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Short Form Return of Organization Exempt From Income Tax

2009

OMB No 1545 1150

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form
990 All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

Α	For	he 2009 calendar year, or tax year beginning $5/01$, 2009, and en	ding 4/30_		,	2010				
В	Check	ıf applicable C) Emp	loyer ıde	entification number				
	Address change Please use IRS TRANSFORMATION PRAYER FOUNDATION 65-1									
		change label or 2520 BOCOIIE ENITEDADA TENTI	E Telephone number							
		return type ALBUQUERQUE, NM 87120-3156	·							
	Termi	See	(5	<u>05)</u>	314-3331					
F		ted return Instruc-	[F	C	un Eva					
F		ation pending tions.	'	· Gro	up EXE iber	emption •				
	ייקקיי		C Association			Cook Assess				
		- Section Sol(c)(S) organizations and 4547 (a)(1) nonexempt chartaple (145(5	G Accounting m		X	Cash				
		must attach a completed Schedule A (Form 990 or 990-EZ).	Other (specifi							
			H Check ►			inization is not				
ı	Web	site: ► N/A				ule B (Form 990,				
J	Tax-e	xempt status (check only one) $ X $ 501(c) (3) \triangleleft (insert no) 4947(a)(1) or 527	990-EZ, or 99							
Κ	Che		oss receipts are r	norma	lly not	more than				
	\$25,	OOO A Form 990-EZ or Form 990 return is not required, but if the organization chooses	to file a return, b	e sure	to file	e a complete return				
L	ЬЬА	lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Forr	n 990							
-	inste	ad of Form 990-EZ	11 990		⊳ Ś	137,126.				
D:	ırt I	Revenue, Expenses, and Changes in Net Assets or Fund Balance	cas (Saa tha	netri	iction					
1 -			ces (See the	11500	1000					
	1	Contributions, gifts, grants, and similar amounts received		_ ⊢	1	101,590.				
	2	Program service revenue including government fees and contracts		L	2	35,519.				
	3	Membership dues and assessments			3					
	4	Investment income			4	17.				
	5 a	Gross amount from sale of assets other than inventory 5a								
		Less cost or other basis and sales expenses 5b		\neg						
R		Gain or (loss) from sale of assets other than inventory (Subtract in 5b from in 5a)			5c					
E	6	·		¬ ⊨	- 3					
REVENU	_	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check	nere	-						
Ŋ	a	Gross revenue (not including \$of contributions								
Ε	ĺ	reported on line 1) 6a								
	Ŀ	Less direct expenses other than fundraising expenses 6b								
		Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	•		6c					
		Gross sales of inventory, less returns and allowances 7a								
		Less cost of goods sold 7b		\dashv		•				
					- . l					
		Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		<u> </u>	7c					
	8	Other revenue (describe >	i) _	8					
	9	Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		▶	9	137,126.				
	10	Grants and similar amounts paid (attach schedule) See St.	atement 1	1	0	38,580.				
	11	Benefits paid to or for members		_	11					
Ε	12	Salaries other compensation, and employee bonofits		<u> </u>	2					
Ê			-D]	_	_					
EXPENSE	13		1O[_	3	550.				
S	14	Occupancy, rent, utilities, and maintenance	ဖြွ		4	8,613.				
S	15	Printing, publications, postage, and shipping Other express (describe > See Statement 2		<u> </u>	15					
	16	Other expenses (describe > See Statement 2		1	16	106,655.				
	17	Total expenses. Add lines 10 through 16	100	▶ 1	7	154,398.				
	18	Excess or (deficit) for the year (Subtract line 17 from line 9) OGDEN,	117	1	8	-17,272.				
Ą				_ -		11,212.				
N S E S T E	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree four or property column (A))	ee with end-of-ye	ar	اما	17 000				
N S E S T E	20	figure reported on prior year's return)		· -	9	17,806.				
S	20	Other changes in net assets or fund balances (attach explanation)		_	20	·				
	21	Net assets or fund balances at end of year Combine lines 18 through 20			21	534.				
Pa	rt II	Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more	, file Form 990 in	stead	of For	m 990-EZ				
		(See the instructions for Part II)	(A) Beginning o			(B) End of year				
22	Ca	sh, savings, and investments	17,8		22	534.				
23		id and buildings	,-	, , , ,	23					
		· · · · · · · · · · · · · · · · · · ·								
24		er assets (describe >)	46 6	00.6	24					
25		al assets	17,8		25	534.				
26		al liabilities (describe 🟲)		0.	26	` 0.				
27	Ne	assets or fund balances (line 27 of column (B) must agree with line 21)	17,8	306.	27	534.				

Form 990-EZ (2009)

Part III Statement of Program Se				(C	Expenses						
What is the organization's primary exempt purpose? De	velop & fund a glo	bal prayer move	ement	501(d	uired for section c)(3) and (4) nizations and section (a)(1) trusts, optional						
Describe what was achieved in carrying out the describe the services provided, the number of	orga	nižátions ànd section									
program title	persons benefited, or other in	elevant information for t	eacii	for o	thers.)						
28 The Transformation Prayer	Foundation vision	is to develop	and fund								
a global prayer movement											
and prayer leaders whose											
				28 a	96,389.						
29	(Grants \$) if this amount includes loreign grants, check here										
29											
	(Grants \$) If this amount includes foreign grants, check here										
30											
	is amount includes foreign gr	ants, check here		30 a							
31 Other program services (attach schedule	-										
	is amount includes foreign gr	ants, check here		31 a	96,389.						
32 Total program service expenses (add lin											
Part IV List of Officers, Directors											
(a) Name and address	(b) Title and average hours per week devoted	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit plar		(e) Expense account and other allowances						
(a) Name and address	to position	not paid, circi 6.9	deferred compensa	tion	and other dilondrides						
John Robb	President	0.		0.	43,897.						
2520 Bosque Entrada Trail NW	0										
Albuquerque, NM 87120	_										
Graham Power	Director	0.		0.	0.						
PO Box 129	21100001	• •									
Blackheath, 7581 South Afri	7.0										
Bennie Mostert	Director	0.		0.	0.						
	Director	0.		٥.	0.						
Private Bag X22	Courth Africa										
Lynnwood Ridge, Pretoria 004					0.						
Rev. Moses Tay	Director	0.		0.	0.						
PO Box 17	U										
Jalan Kayu PO, 918001 Singa											
Paul Cedar	Director	0.		0.	0.						
69495 Las Camelias	0										
Cathedral City, CA 92234											
Roberta Hromas	Director	0.		0.	0.						
2 Quail Ridge S	0										
Rolling Hills, CA 90274											
				-							
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Form 990-EZ (2009) TRANSFORMATION PRAYER FOUNDATION

<u>Pai</u>	1 V	Other Information (Note the statement requirements in the instrictor Part V.) See State	emei	<u>וד י</u>	<u> </u>
		- · · · · · · · · · · · · · · · · · · ·	`	Yes	No
33		e organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of	33		X
34	Were	any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34		X
35	If the or attach a	rganization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, a statement explaining why the organization did not report the income on Form 990-T		I	
ā	Did th	e organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, ing, and proxy tax requirements?	35 a		X_
t	If 'Yes	s,' has it filed a tax return on Form 990-T for this year?	35 b		
36	Did th year?	The rest complete applicable parts of concade it	36		X
		amount of political expenditures, direct or indirect, as described in the instructions 37a 0. e organization file Form 1120-POL for this year?	37 b		X
38 a	Did th any si	e organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were uch loans made in a prior year and still outstanding at the end of the period covered by this return?	38 a		X
t	If 'Yes amou	s,' complete Schedule L, Part II and enter the total nt involved 38b N/A		Ī	
		on 501(c)(7) organizations. Enter			
		on fees and capital contributions included on line 9			
		receipts, included on line 9, for public use of club facilities. 39b N/A			
40 a		on 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under.		- 1	
	sectio	n 4911 ► 0., section 4912 ► 0., section 4955 ►		ı	
ŀ	transa	on 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit action during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If complete Schedule L, Part I	40Ь		<u>X</u>
c	Section :	on 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization gers or disqualified persons during the year under sections 4912, 4955, and 4958		İ	
	by the	on 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed organization		l	
e	All org	ganizations. At any time during the tax year, was the organization a party to a prohibited tax r transaction? If 'Yes,' complete Form 8886-T	40 e	ı	X
41		states with which a copy of this return is filed None			
	books a Located	anization's ire in care of John Robb Telephone no. (505) 3 at 2520 BOSQUE ENTRADA TRAIL NW ALBUQUERQUE NM ZIP + 4 87120-3 A time during the calendar year, did the organization have an interest in or a signature or other authority over a lial account in a foreign country (such as a bank account, securities account, or other financial account)?	3156	333 	1 NoX
		1 1 N 7 N 7 N 1 N 1 N 1 N 1 N 1 N 1 N 1	72.0	_	
	11 163	, enter the name of the foreign country:	I	1	
c	: At any	, who daring the defendal year, and the organization mannant are once exceed a size of the even	42 c		<u>X</u>
	11 1 65	, enter the name of the foreign country.			
43	Section	on 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	>	\Box	N/A
		nter the amount of tax-exempt interest received or accrued during the tax year			N/A
			Г		
		r		Yes	No_
44	Did th of For	e organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead m 990-EZ	44		X
45	ls any Form	related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' 990 must be completed instead of Form 990-EZ	45		X

Form 990-EZ (2009)

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Form 990.F7 (2009)	TRANSFORMATION	PRAYER	FOUNDATION

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Part VI	Section 501(c)(3) organization 501(c)(3) organizations and se 46-49b and complete the table	s and section 4947 ction 4947(a)(1) no s for lines 50 and 5	(a)(1) nonexer nexempt chari 1.	npt charitable trusts only table trusts must answer	y. All s questi	ectio ons	n			
46 Did th	ne organization engage in direct or indirec	t political campaign acti	vities on behalf of	or in opposition to candidates		Yes	No			
for pu	ublic office? If 'Yes,' complete Schedule C	, Part I		••	46		X			
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E										
	he organization make any transfers to an e		elated organization	17	49 a		X			
	s,' was the related organization a section				49Ь					
50 Complempl	plete this table for the organization's five h oyees) who each received more than \$100	nighest compensated em 0,000 of compensation fi (b) Title and average	iployees (other that om the organization (c) Compensation	on. If there is none, enter 'None	· <u> </u>	pense				
	Name and address of each employee paid more than \$100,000	hours per week devoted to position		benefit plans and deferred compensation	accou other all	nt and	;			
None										
										
51 Comp	number of other employees paid over \$10 colete this table for the organization's five highestion from the organization. If there is	nighest compensated ind	ependent contract	tors who each received more that	an \$100,	,000 oi	f			
	(a) Name and address of each independent contr	actor paid more than \$100,000		(b) Type of service	(c) Comp	ensatio	<u> </u>			
None_										
d Total	number of other independent contractors	each receiving over \$10	00,000	>						
Sign	Under penalties of perjury, I declare that I have exam true, correct, and complete Declaration of preparer	ained this return, including according the return officer) is based on a	mpanying schedules and til information of which	1 8-12-10		belief, it	ıs			
Here	Signature of officer John Robb			Date Chairman		·				
	Type or print name and title		12.77	Dranas	er's Identii	ívina Nii	mber			
Paid Pre-	Preparer's bull Gamen		Date /4	Check if self- self- employed ► X N/A	er's Identii nstructions)g				
parer's	Firm's name (or W. Brian Russell yours if self				7					
Use Only	employed), - 1250 E. Walnut S			EIN ► N/ Phone no ► (626)	A 577-	8006				
Only	ZIP + 4 Pasadena, CA 911		tions		X Yes		No No			
BAA	S discuss this return with the preparer sho	DMII anove: See Highric	IIOHS		orm 99					
				·		'	/			

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545 0047

Open to Public Inspection

Employer identification number

TRANSFORMATION PRAYER FOUNDATION 65-1276685 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described 7 X in section 170(b)(1)(A)(vi). (Complete Part II.) community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives. (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts 9 from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type III- Other Type III - Functionally integrated d Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes Νo a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) 11 g (i) below, the governing body of the supported organization? 11 g (ii) a family member of a person described in (i) above? 11 q (iii) a 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organizations h (v) Did you notify the organization in col (i) of (vi) Is the (vii) Amount of Support (ii) EIN (iv) Is the (i) Name of Supported (iii) Type of organization (described on lines 1.9 above or IRC section zation in col rganizátion in col Organization (i) listed in your (i) organized in the US? (see instructions)) your support? Yes Yes No Yes Nο No

Par	t II Support Schedule for				(b)(1)(A)(iv) aı	nd 170(b)(1)(A)(vi)
	(Complete only if you check	ed the box on line	5, 7, or 8 of Part I	.)				
	tion A. Public Support	1		<u>-</u>				
begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009		(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')		67,818.	43,346.	73,493.	101,59	0.	286,247.
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf				_			0.
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.							0.
4	Total. Add lines 1-through 3	0.	67,818.	43,346.	73,493.	101,59	<u>,0.</u>	286,247.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							0.
	Public support. Subtract line 5 from line 4							286,247.
<u>Sec</u>	tion B. Total Support	, <u> </u>	· · · · · · · · · · · · · · · · · · ·				—т	
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009		(f) Total
7	Amounts from line 4	0.	67,818.	43,346.	73,493.	101,59	0.	286,247.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources		27.	30.	32.	1	.7.	106.
9	Net income from unrelated business activities, whether or not the business is regularly carried on							0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) See Part IV					35,51	9.	35,519.
11	Total support. Add lines 7 through 10							321,872.
12	Gross receipts from related activ	ities, etc. (see ins	tructions)			L	12	0.
13	First five years. If the Form 990 organization, check this box and		tion's first, second	, third, fourth, or	fifth tax year as a	section 501(c)(3)	<u>► X</u>
Sec	tion C. Computation of Pu	ıblic Support I	Percentage					
14	Public support percentage for 20	09 (line 6, column	(f) divided by line	11, column (f)		<u> </u>	14	<u>%</u>
15	Public support percentage from 2	2008 Schedule A,	Part II, line 14			L.	15	%_
16a	33-1/3 support test — 2009. If the and stop here. The organization	e organization did i qualifies as a pub	not check the box licly supported org	on line 13, and ti anization.	he line 14 is 33-1/	3 % or more,	ched	ck this box
b	33-1/3 support test — 2008. If the and stop here. The organization	e organization did i qualifies as a publ	not check a box or licly supported orga	ı lıne 13, or 16a, a anızatıon	and line 15 is 33-	1/3% or more,	, che	ck this box
17 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	nd-circumstances'	test, check this b	ox and stop here.	. Explain in Pa	art IV	/how
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances'	nd-circumstances' test The organiza	test, check this b ition qualifies as a	ox and stop here a publicly support	. Explain in Pa ed organization	art IV on.	how the
	Private foundation. If the organiz	zation did not ched	ck a box on line, 13	s, 16 <u>a, 16b, 17a,</u>				
BAA					Sc	nedule A (FO	ш э	90 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 TRANSFORMATION PRAYER FOUNDATION 65-1276685 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support (d) 2008 (e) 2009 (f) Total (a) 2005 **(b)** 2006 (c) 2007 Calendar year (or fiscal yr beginning in)► Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6.) Section B. Total Support (f) Total **(b)** 2006 (d) 2008 (e) 2009 (a) 2005 (c) 2007 Calendar year (or fiscal yr beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage % 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 16 % 16 Public support percentage from 2008 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))

17 % 18 %

18 Investment income percentage from 2008 Schedule A, Part III, line 17 19a 33-1/3 support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33-1/3 support tests - 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A	(Form	990 or 99	90-EZ) 2	2009	TRANS	SF ORM	ATTON	PRAIL	K FOUN	DATIO	IN .		5-12 <i>1</i>	0083	<u> </u>	age 4
Part IV	Suppl Part I	lement	t al Inf o 17a or	ormatic	on. Co and Pa	mplete	e this p line 12	art to p Provid	rovide e anv (the exp	olanatior dditional	ns requ inform	ired by	Part II, See ins	Tine 10 truction); IS
	Tarti	, mie	174 01	170, 8	and r a	ar (111, 1	12	. 1 10 110	c arry (aditional	11110111	ation.		- detion	
											. 					
															-	
						 .										
						. .										

2009	Federal Statements	Page 1
	TRANSFORMATION PRAYER FOUNDATION	65-1276685
Statement 1 Form 990-EZ, Part I, Line 10 Grants and Similar Amounts F	Paid	
Class of Activity: Donee's Name: Donee's Address: Relationship of Donee: Cash Amount Given:	Religious International Prayer Council Private Bag x22 Lynnwood Ridge, 0040 South Africa None	17,000.
Class of Activity: Donee's Name: Relationship of Donee: Cash Amount Given:	Religious Children in Prayer None	16,015.
Class of Activity: Donee's Name: Donee's Address: Relationship of Donee: Cash Amount Given:	Religious Viva Network 601 Union Street Ste 3010 Seattle, WA 98101 None	5,565.
Statement 2 Form 990-EZ, Part I, Line 16 Other Expenses Bank Charges Conferences, Conventions Office Expenses Travel Utilities Expense Website	\$, and Meetings Total	499. 78,115. 3,393. 18,274. 327. 6,047. 106,655.
(a) Did the organizatio indirectly, to pay premi	ed with Personal Benefit Contracts on, during the year, receive any funds, directly or ums on a personal benefit contract? on, during the year, pay premiums, directly or 1 benefit contract?	No No

•

)09 S		e A, Part					nation		Page 65-12766
	·	TOPHO TOPHO	AHONTK	AILKI					03 12700
Part II, Line 10 - Other	Income								
Nature and Source		2009	2008		2007		2006		2005
UN Prayer Initiat	ive Regis	stration							
	Total 🕸	35,519.	\$	0. \$	<u> </u>	0. \$	(). \$	0.