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Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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.

OMB No 1545-1150

2009

Open to Public Inspection

A	For th	ne 2009 calend	ar year,	, or tax year beginning	July 1	, 2009,	and ending	_ Ju	ine 30	ο ,	20 10		
В	Check i	f applicable	Please	C Name of organization				D Emplo	yer id	lentification nu	ımber		
		ess change e change or print or print or print or expression of the Greater Contribution The Greater Contribution The Greater Contribution The Greater Contribution Number and street (or P.O box, if mail is not delivered to street address) Room/suite E Telep							26-0597892				
닏									E Telephone number				
H	tortial n		type. See	3096 Apache Circle					80	5-493-2434			
H			Specific	1 -	IP + 4		<u> </u>	F Grou					
H		led return ation pending	instruc- tions.	Thousand Oaks, CA, 91360-102	23				ber •	•			
=				<u></u>		do must ettech	G Acces	4		✓ Cash	7 Accruci		
	- 30	scaon soricits	-	zations and 4947(a)(1) nonexemp mpleted Schedule A (Form 990 o		is must attach	1	(specify)		Casii L	_ Accidai		
	Maha	nites b. ummu	amata	rcontribution.org						organization is			
			<u> </u>	 -		7/->/1\ 🗍 5/	1	red to atta EZ, or 990		chedule B (Fo	orm 990,		
			_	inly one) — ✓ 501(c) (3) ◀ (in:									
	Check			ization is not a section 509(a)(3) sup							000. A		
_				eturn is not required, but if the organic					ste re	tum.			
				e 9 to determine gross receipts; if \$5					\$, for Don I	,		
	art			penses, and Changes in N				instruc		s ior Part i.			
	1		_	ts, grants, and similar amounts				· · }	1		32863		
	2	•		revenue including government					2		0		
	3		•					· · }	3		0		
	4							[4		0		
	5	a Gross amo	ount fro	om sale of assets other than inv	ventory	<u>5a</u>		0					
		b Less: cost	or othe	er basis and sales expenses .		<u>5b</u>		0					
Φ.		•		n sale of assets other than inve	- 1		•	·	5c		0		
Ž	6	Special event	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ □										
Revenue		a Gross revenue (not including \$ of contributions											
8		reported on line 1)						0					
	1							0					
}	([6c		0		
,	7:	a Gross saļē	s of inv	ventory, less returns and allowa	ances	7a		0					
} i		b Less:ငြဝ်ရုံ	of,goo	ds.sold		7b		0					
;	1 .	c Gross prot	Gross profit or (loss) from sales of myentory (Subtract line 7b from line 7a)								0		
)	8	Other reve	nue (de	escnbe ► <u> </u>					8		0		
•	9	Total reve	£Q.Ã	dd lines 1, 2, 3, 4, 5¢, 6c, 7c, a	and 8			. ▶	9		32863		
	10	Grants and	simila	a amounts paid (attach schedu	^{nje)} (SEE E	хнівіт ў)		10		26000		
	11	Benefits pa	aid to d	or for members				[11	-			
_	12	Salaries, o	ther co	ompensation, and employee be	enefits			[12				
ns(13	Profession	al fees	and other payments to indepe	endent contract	ors		[13				
Expenses	. 14	Occupanc	y, rent,	utilities, and maintenance .				[14		1400		
ũ	15	Printing, p	ublicati	ions, postage, and shipping .				[15		1060		
	16	Other expe	enses (describe > Subscriptions, su	ipplies, travel) [16		1549		
	17	Total expe	enses.	Add lines 10 through 16				_, ▶	17		30009		
	18) for the year (Subtract line 17					18		2854		
Net Assets	19	Net assets	or fur	nd balances at beginning of y	ear (from line 2	7, column (A)	(must agre	e with [
Ąŝ	1	end-of-yea	ar figure	e reported on prior year's retur	m)			[19		2691		
et.	20	Other char	nges in	net assets or fund balances (a	attach explanati	on)		[20		0		
Ž	21		_	d balances at end of year. Con					21		5545		
	art			ets. If Total assets on line 25,						ad of Form 9	990-EZ.		
				(See the instructions for Par		1-1-1		ginning of		(B) End			
2	22 Cash, savings, and investments						2691	22	5545				
2		_								23			
2			_	pe▶						24			
2									2691		5545		
2		Total liabilitie							- 1	26			
2	7	Net assets or	fund I	balances (line 27 of column (B) must agree w	th line 21)	-' 	•	2691		5545		

Form **990-EZ** (2009)

Form **990-EZ** (2009)

Form	990-EZ (2009) '					Page 2				
Par	t III Statement of Program Service Accom	plishments (See the instr	uctions for Part II	l.)	Π	Expenses				
	t is the organization's primary exempt purpose?					uired for section (3) and 501(c)(4)				
	cribe what was achieved in carrying out the org					nizations and section				
	ner, describe the services provided, the number of	or persons benefited, and t	other relevant into	rmation for		(a)(1) trusts; optional hers.)				
	each program title. 28 Funded village banks which provide micro loans to those in extreme poverty.									
28	Funded village banks which provide micro loans to	inose in extreme poverty.		·	1					
	•									
	(Grants \$) If this amount	includes foreign grants, oh		<u> Г</u>	200-	26000				
29					28a	2000				
	(Grants \$) If this amount	includes foreign grants, ch	eck here	. ▶ 🗆	29a					
30										

		includes foreign grants, ch			30a					
31	Other program services (attach schedule)									
	(Grants \$) If this amount	includes foreign grants, ch	eck here	. ▶ □	31a					
	Total program service expenses (add lines 28a				32	<u> </u>				
Par	t IV List of Officers, Directors, Trustees, and Ke	(b) Title and average	ven if not compensation	(d) Contribution						
	(a) Name and address	hours per week	(If not paid,	l employee benefit	clans &	(e) Expense account and				
	on Wright	devoted to position	enter -0)	deferred compe	nsation	other allowances				
	S Apache Circle, Thousand Oaks, 91360	President of Board - 35	۰ ا		0	0				
	ny Tamashiro					0				
	Paseo Tosamar, Camarillo 93012.	Vice President of Board -1	l 0		0	٥				
	on Boling				<u>`</u>					
	Corte Tiara, Camarillo, Ca 93012	Treasurer of Board -4	o[0	o				
Pelli	e Anderson									
1229	Hidden Springs Avenue Oak Park CA 91377	Board Member - 10	0		0	0				
Elen	a Standel	Constant of Board 40								
2204	l9 Parthenia St. West Hills CA 91304-2339	Secretary of Board - 10	0		0	0				
Step	hanie Young Gonzaga	Board Member - 5								
793	Via Colinas Westlake Village CA 91362	Doard Melliber - 3	0		0	0				
				ĺ						
	rama a characatrica and a succession of the control									
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						<u> </u>				
		•	1	:		1				

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			i	i		I				

Part	Other Information (Note the statement requirements in the instructions for Part V.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		1
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0			
b	Did the organization file Form 1120-POL for this year?	37b		1
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 0			
39	Section 501(c)(7) organizations. Enter:	ĺ		
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	-		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4915 ▶ 0			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	<u> </u>	ļ	
	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified			,
	person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		V
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed. ▶ California			
42a	The organization of books are in our of the control	305-49	3-243	4
	Located at ► 3096 Apache Circle, Thousand Oaks ZIP + 4 ►	91360	-1023	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		<u> </u>	
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	
	account)?	42b	ļ	✓
	If "Yes," enter the name of the foreign country: ► N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		1
	If "Yes," enter the name of the foreign country: ► N/A			<u> </u>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		•	0
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			1
• •	Form 990-EZ	44	<u> </u>	1
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If			_
	"Yes," Form 990 must be completed instead of Form 990-EZ	45		1
)-EZ	(2009

Part \	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 and	section 4947(a)(1) none 47(a)(1) nonexempt char ad 51.	xempt charitatitable trusts mus	ele trusts only. A st answer question	ll sec ns 46	tion -49t	-
	Did the organization engage in direct or indirect					Yes	No
	candidates for public office? If "Yes," complete \$				46		✓
	Did the organization engage in lobbying activities	· · · · · · · · · · · · · · · · · · ·			47		√
	Is the organization a school as described in section		•		48 49a		√
	If "Yes," was the related organization a section 5				49b		√
	Complete this table for the organization's five his employees) who each received more than \$100,0		the organization.				
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	acc	Expen count a allowa	ınd
NONE							
				<u> </u>			
					ļ		
51	Complete this table for the organization's five \$100,000 of compensation from the organizatio	highest compensated indensity in the compensated indensity in the compensated in the compensate of the	ependent contractione."	ors who each rec	eived	more	than
	(a) Name and address of each independent contractor	paid more than \$100,000	(b) Ty	pe of service	(c) Cor	npensa	ation
							
d	Total number of other independent contractors of	each receiving over \$100,0	00▶				
	Under penalties of perjury, I declare that I have examinand belief, it is true, correct, and complete. Declaration	ed this return, including accompa- i of preparer (other than officer) is	nying schedules and st based on all informatio	atements, and to the bean of which preparer has	st of my any kno	knowl	edge e
Sign	Signature of officer Date						
Here	Signature of officer			Daio			
Here	Signature of officer Karon Wright Type or print name and title						
Paid	Karon Wright Type or print name and title Preparer's signature	Date	Check if self- employed ▶ □	Preparer's identifying nui	mber (Se	 e instrud	tions)
Paid Prepar	Karon Wright Type or print name and title Preparer's signature Firm's name (or	Date	setf	Preparer's identifying nui	mber (Se	e instruc	ctions)
Paid Prepar Use Or	Karon Wright Type or print name and title Preparer's signature Firm's name (or		self- employed ▶ □	Preparer's identifying nui	mber (Se		ctions)

SCHEDULE A' (Form 990 or 990-EZ)

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
2009
Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Inspection
Employer identification number

The	Gre	eater Contrib	ution						26		0597892
Pa	rt I	Reason	for Public Ch	arity Status (All or	ganizatio	ons mus	t compl	ete this	part.) Se	e instru	ctions.
The	he organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)										
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).										
2				on 170(b)(1)(A)(ii). (Att						7(7-	
3	$\overline{\Box}$			nospital service organ			in sectio	n 170(b)	(1)(A)(iii)		
4	=	•	•	tion operated in conj							I)(A)(iii). Enter the
	_		me, city, and st								
5	Ц	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)									
6		A federal, st	ate, or local gov	ernment or governme	ntal unit	describe	d in sect	ion 170(l	b)(1)(A)(v).	
7				receives a substantia 1)(A)(vi). (Complete P		its suppo	ort from a	governm	nental un	it or from	the general public
8		A community	y trust described	! in section 170(b)(1)	(A)(vi). (C	omplete	Part II.)				
9	V	An organizat	on that normally	receives: (1) more tha	an 331/3 %	of its su	pport from	m contrib	utions, n	nembersh	ip fees, and gross
				ed to its exempt funct							
				ent income and unre						1 511 tax) from businesses
		acquired by	the organization	after June 30, 1975.	See sec	tion 509((a)(2). (Co	omplete F	Part III.)		
10		An organizat	tion organized ar	nd operated exclusive	ly to test	t for publ	ic safety.	See sec	tion 509	(a)(4).	
11				nd operated exclusiv							
				olicly supported organit describes the type							
		a 🗌 Type	ı b 🗆	Type II c	☐ Tvo	e III-Fun	ctionally	ıntegrate	d	dГ	Type III-Other
е				ify that the organizat							
				n managers and other							
			section 509(a)(2)				,		3		
f		If the organi	zation received	a written determinati	on from	the IRS	that it is	a Type i	Type II	or Type	ill supporting
·		_	, check this box		071 110111	ine into	uiai ii is	a type	, type ii	, or Type	
g		•		the organization acce	nted any	 (aift or c	 ontributio	n from s	nv of the		
9		following per		and organization adde	pica any	gint of o		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	y O	•	
				ndirectly controls, e	ither alo	ne or too	ether wit	h nersor	e decri	hed in (ii)	Yes No
			-	ning body of the supp		_		in person	15 003011	DCG 111 (11)	11g(i)
			_	rson described in (i) a		94					11g(ii)
				of a person described		(ii) above					11g(iii)
h				ation about the suppo				• • •			
(i)	Name	e of supported	(ii) EIN	(iii) Type of organization		organization	 	ou notify	(vi)	Is the	(vii) Amount of
	org	ganization		(described on lines 1–9 above or IRC section		sted in your		nization in		tion in col	support
				(see instructions))	governing	document?		of your port?		ized in the .S?	ļ
					Yes	No	Yes	No	Yes	No	
							l	L	Í	ļ	
							1				
			<u> </u>				ļ		<u> </u>		
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				_ :		l	1		1	1	

Total

	(Complete only if you check		Described in on line 5, 7,				
	tion A. Public Support lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
-	teridal year (or ilsoal year beginning iii)	(a) 2003	(b) 2000	(6) 2007	(4) 2000	(e) 2005	(1) 10141
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	<u></u>	<u> </u>			ļ	
5 6	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) Public support. Subtract line 5 from line 4.						
	tion B. Total Support	 	<u> </u>	<u> </u>		<u> </u>	
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
		(4) 2000	(2) 2000	(6) 200.	(4) 2000	(6, 2000	(1) 10101
7 8	Amounts from line 4	44-					
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
0	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
1	Total support. Add lines 7 through 10 .		1	L	<u></u>	ļ	<u> </u>
2	Gross receipts from related activities, etc	(see instruction	ons) .			12	
3 —	First five years. If the Form 990 is for organization, check this box and stop he	re <u></u>	<u> </u>				
ec	tion C. Computation of Public Sup	oport Perce	ntage				
4	Public support percentage for 2009 (line 6	6, column (f) d	-			14	9
5	Public support percentage from 2008 Sch	nedule A, Part	II, line 14 .			15	
6a	33\% % support test-2009. If the organization qualifies			•		· -, - ·	
b	33\% % support test -2008. If the organization qua						
7a	10%-facts-and-circumstances test — 20 more, and if the organization meets the "facts-and-circums organization meets the "facts-and-circums	acts-and-circui	mstances" test,	check this box	and stop here	. Explain in Parl	t IV how the
ь 8	10%-facts-and-circumstances test—2008. more, and if the organization meets the "facts-and-circumstan Private foundation. If the organization did	acts-and-circun nces" test. The	nstances" test, o organization qui	check this box alifies as a publi	and stop here . cly supported o	Explain in Part rganization .	IV how the

	dule A (Form 990 or 990-EZ) 2009	· · · ·			1401			Page 3
Par	Support Schedule for Orga (Complete only if you checke)(2)			
Sec	tion A. Public Support	3G 1110 DOX 01	1 1110 0 01 1 0		· · · · · · · · · · · · · · · · · · ·			
	llendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e)	2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				25159		32863	58022
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5				25159		32863	58022
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	:			:			
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
С	Add lines 7a and 7b							
8	Public support (Subtract line 7c from line 6.)							
	tion B. Total Support		T					
	llendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008 25159	(e)	2009 32863	(f) Total 58022
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				23139		32003	30022
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975				0			
С	Add lines 10a and 10b				0			
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on				0			
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)				0			
13	Total support. (Add lines 9, 10c, 11, and 12.)				25159		32863	58022
14	First five years. If the Form 990 is for organization, check this box and stop	here	<u> </u>	nd, third, fourtl				
	tion C. Computation of Public Su			10:	(A)	4-		
15 16	Public support percentage for 2009 (lir Public support percentage from 2008 street Public Support percentage from 2008 street Public Support	Schedule A, P	art III, line 15			15 16		<u>%</u> %
	tion D. Computation of Investmen			ad bu lie a 40 =	olumn (6)	17		%
17	Investment income percentage for 200	e (iiiie TUC, CO	numm (1) divide	tu by line 13, C	oiumm (I)) .	17		

Investment income percentage from 2008 Schedule A, Part III, line 17 331/3 % support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 331/3 %, and line 17 is not more than 33% %, check this box and stop here. The organization qualifies as a publicly supported organization 🕨 🗆 331/3 % support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33/5 %, and line 18 is not more than 331/3 %, 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 >

ichedule A (F	orm 990 or 990-EZ) 2009				Page 4
Part IV	Supplemental Inform	nation. Complete this o; and Part III, line 12	s part to provide the 2. Provide any other	e explanations required additional information.	by Part II, line 10; See instructions.

					•••••
