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Form 990-EZ

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)

Sponsoning organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

2010

Open to Public Inspection

ΑI	For the 2	2010 calenda	ar year, or tax year beginning , 2010, and	ending			, 20
В	Check if app	plicable	C Name of organization		D Emplo	yer identifi	cation number
	Address ch	hange	GRANDPARENT RAISING GRANDCHILDREN INFORMATION CENTER			42-15	89914
=	Name char	•	Number and street (or P O box, if mail is not delivered to street address)	om/suite	E Teleph	one numbe	r
뭐	initial return Terminated		C/O DANA SPAYDE, P O BOX 74267			225-76	7-3123
Ħ	Amended r		City or town, state or country, and ZIP + 4		F Grou	p Exempti	on
Ĭ	Application	1	BATON ROUGE, LA. 70807		Num	ber ▶	
G.	Account	ing Method.	✓ Cash Accrual Other (specify) ►	Н	Check ▶	√ If the	organization is not
1 '	Website	e: ▶		i	required	to attach	Schedule B
JI	ax-exem	npt status (che	eck only one) — 501(c)(3)	527	(Form 99	0, 990-EZ	, or 990-PF)
	Check ▶		e organization is not a section 509(a)(3) supporting organization and its gross re				
	Form 99	0-EZ or Form	n 990 return is not required though Form 990-N (e-postcard) may be required	(see instrud	ctions) B	ut if the or	ganization chooses
			re to file a complete return				
E /	Add lines	5b, 6c, and 7	b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if	total asset	s (Part II,		117499
line	25, colu) are \$500,000 or more, file Form 990 instead of Form 990-EZ			▶ \$	
	art		e, Expenses, and Changes in Net Assets or Fund Balances				Part I.)
			the organization used Schedule O to respond to any question in t	his Part I			· · · □
	1		ons, gifts, grants, and similar amounts received .		ļ	1	97163 50
	2	Program s	ervice revenue including government fees and contracts	•	[2	
	3	Membersh	ip dues and assessments		ļ	3	
	4	Investmen	t income		ļ	4	250
	5a	Gross amo	ount from sale of assets other than inventory . 5a		5520		
	b	Less: cost	or other basis and sales expenses		1852	5,43	
	С	Gain or (lo	[5c	3668		
	6	Gaming ar	İ	(2 1.3 117 = 127			
	а		ome from gaming (attach Schedule G if greater than		}	درا د بو ه مرستان	
Revenue		\$15,000)			14,565		
ķ	b	Gross inco		ontributioi	ns	ar had and	
æ			aising events reported on line 1) (attent Schedule G if the				
			ch gross income and contributions exceeds \$15,000) 6b		3220	로슈팅 -	
	C	Less: direc	ct expenses from pamilio and fundrals figure events <u>6c</u>			1. J. C. 1	
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6	Sb and su	btract	- F. F.	
	ĺ	line 6c)	OCDEN UI J		(6d	11,345
	7a	Gross sale	es of inventory, less returns and allowances			Lift, A	
	b	Less' cost	of goods sold			: Her	
	С	Gross pro	fit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	
	8		nue (describe in Schedule O)			8	
	9		enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<u></u>	. >	9	112427
	10		d similar amounts paid (list in Schedule O)	•		10	04.425
	11		aid to or for members		•	11	31487
Š	12		other compensation, and employee benefits	•		12	10260
ä	13		hal fees and other payments to independent contractors	•	•		19368
Fxpenses	14	•	ry, rent, utilities, and maintenance			14	·
ш	٠, ١	• • •	sublications, postage, and shipping			15	
	16	•	enses (describe in Schedule O)			16	66851
	17		enses. Add lines 10 through 16	· ·	. ▶	17	117705
Ų.	18	Excess or	(deficit) for the year (Subtract line 17 from line 9)	 	حادثت م	18	-5278
ď	19		s or fund balances at beginning of year (from line 27, column (A)) (r	nust agre	e with	红。	
ď	É		ar figure reported on prior year's return)			19	14584
Not Accets	20		nges in net assets or fund balances (explain in Schedule O)	•		20	0200
_	21	Net asset	s or fund balances at end of year. Combine lines 18 through 20	·		21	9306

For Paperwork Reduction Act Notice, see the separate Instructions.

Cat No 106421

Form **990-EZ** (2010)



. GRAND PARENT RAISING GRANDCHILDREN INFORMATION CENTER_ EIN 42-1589914

-	30 22 (20.0)			· · · · · ·		Page Z
Par	Balance Sheets. (see the instructions to Check if the organization used Schedule		tion in this Part II			
				inning of year		(B) End of year
22	Cash, savings, and investments			14584	22	9306
23	Land and buildings		· -		23	
24	Other assets (describe in Schedule O)				24	
25	Total assets			14584	-	8306
26	Total liabilities (describe in Schedule O)				26	
27	Net assets or fund balances (line 27 of column	(B) must agree with line 21)	· ·	14584		9306
Par		<u> </u>				Expenses
	Check if the organization used Schedule				(Req	uired for section
What	is the organization's primary exempt purpose?					c)(3) and 501(c)(4)
	ibe what was achieved in carrying out the organization'	s exempt purposes. In a clear	and concise mann	er, describe		nizations and section (a)(1) trusts, optional
the se	ervices provided, the number of persons benefited, and o	ther relevant information for ea	ach program title.			thers)
28	NON DISORETIONARY AND GRANT POWER					

	(Grants \$ 13637) If this amount	includes foreign grants, che	ck here	. ▶ 🗆	28a	5250
29	SEN BROOME					

		······································				
	(Grants \$ 7896) If this amount	includes foreign grants, che	ck here	. ▶ □	29a	1210
30	CITF MANAGEMENT AND JUNIOR LEAGUE					
	****	t				
	}		•••••			
	(Grants \$ 21093) If this amount	ıncludes Öreign grants, che	ck here .	▶ 🗆	30a	9421
31	Other program services (describe in Schedule O)	. 3	······································			
		includes oreign grants, che	ck here	▶ □	31a	
32	Total program service expenses (add line 28a t	hrough 31 a)			32	15881
Par		Employees. List each one ev	en if not compensa	ted. (see the i	nstru	ctions for Part IV)
	Check if the organization used Schedule	O to respond to any ques	tion in this Part I	V		· · · 🗀
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contribution employee benefit		(e) Expense account and
	(2,714	devoted to position	enter -0-)	deferred comper		
MS.	DANA SPAYDE	PRESIDENT/20HRS				
PO	BOX 66242, BATON ROUGE, LA 70802	1 KESIDER 17201 KS	0			0
JAN	HAWORTH					
1155	LAKE DRIVE, WOODWORTH, LA71485	MEMBER/25HRS				
		WEWBER2311K3	5548		C	0
MAR	Y BARBERA	MEMBER/10HRS				
312	SLIGO STREET, BOYCE, LA 71409	WEWBER/101R3	794 50			
MAR	GARET JONES					l
3920	JENNIFER STREET, ALEXANDRIA, LA. 71302	MEMBER/20HRS				
		WEW BEN ZOT IN S	3472			0
DOT	THIBODEAUX	VICE PRESIDENT/40HRS				
9322	CEDAR GLEN DRIVE, BATON ROUGE, LA	TIGET RESIDENT VOLING	1200			0
PAT	ROBINSON		·			
1465	SUFFOLK DRIVE	PROJECT MANAGER/60HR				
BAT	ON ROUGE, LA	PROJECT WANAGER/BURK	13,872		(0
ROS	EMARY DAVIS			<u></u>		
PO	BOX 61	SECRETARYMOURS				
BAK	ER LA 70714	SECRETARY/40HRS	0			0
sus	AN FREUNDLICH					<u> </u>
5223	B ARGONNE BLVD	SEOUNE LIDS				
ALE	XANDRIA LA. 71303	6600/25HRS	6600		(0

orm 991	D-EZ (2010)		P	age 3
Part	Other Information (Note the statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V			_
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	163	<u>√</u>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			✓
35	change on Schedule O (see instructions)	34 7	1 2.	
а	not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T. Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5) or 501(c)(6) or 501(c)	2	्रेच्य	
b	501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	35a 35b		✓
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	37.	✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ [37a]	19.79	100	
þ	Did the organization file Form 1120-POL for this year?	37b		✓
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 tax year covered by this return?	38a	2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	يون الأيكس "	الجائد الآنيانية الجائية المائية	41.7
39	Section 501(c)(7) organizations Enter.		1	rus "reitu
а	Initiation fees and capital contributions included on line 9	ي نتو	September 1	
b	Gross receipts, included on line 9, for public use of club facilities		The same	ALE CALL
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under	参写	Selection of	
	section 4911 ▶ , section 4912 ▶ ; section 4955 ▶	7	1 To	ا من توسطها من توسطها من توسطها
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	113	7.	7. 14.6.4
~	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been) · ·	1 A 10	ن تنگ
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	1000	MK Talling	2. 2. 2. 2.
C	organization managers or disqualified persons during the year under sections 4912,	3	1	新 列
	4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization	State State		
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	奉近	/
41	List the states with which a copy of this return is filed. ▶			
42a	The organization's books are in care of ▶ Telephone no ▶			
	Located at ► ZIP + 4 ►			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		V
	If "Yes," enter the name of the foreign country. ▶	St. 1	1	C Section
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	= *	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1177 (15 (17)) 1177 (17)
	and Financial Accounts.	777	1	PER PE
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country	42c	<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			▶ □
			Vac	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	34,5 2165	Yes	No
b	completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		×
	·	44b		
c d	Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44c 44d	1 10 Cylin	7.25
	C. P. C.	1 440		· •

GRANDPARENT RAISING GRANDCHILDREN INFORMATION CENTER _ FIN_42_1589914

Form 990	D-EZ (2010)					Page 4
					Yes	No
	Is any related organization a controlled entity of		-		45	✓
	Did the organization receive any payment from c				14 15 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	67.5
	meaning of section 512(b)(13)? If "Yes," Form	990 and Schedule R may r	need to be comp	leted instead of		32.
	Form 990-EZ (see instructions)				45a	1
	Did the organization engage, directly or indirectl to candidates for public office? If "Yes," complete		vities on behalf of	or in opposition	46	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Part V	Section 501(c)(3) organizations and	section 4947(a)(1) nonex	empt charitabl	e trusts only. A	II section	
	501(c)(3) organizations and section 494 and 52, and complete the tables for lin	47(a)(1) nonexempt charit	able trusts must	answer question	ns 47–49	ıb
	Check if the organization used Schedule	O to respond to any ques	tion in this Part V	1		. 🗆
					Yes	No
47	Did the organization engage in lobbying activitie	s? If "Yes," complete Sched	lule C, Part II .		47	✓
48	Is the organization a school as described in section	on 170(b)(1)(A)(ii)? If "Yes," co	mplete Schedule	E	48	✓
49a	Did the organization make any transfers to an ex	cempt non-charitable related	d organization?		49a	✓
	If "Yes," was the related organization a section 5				49b	1
	Complete this table for the organization's five hi					
	employees) who each received more than \$100,	(b) Title and average	(c) Compensation	(d) Contributions to	(e) Expe	
	(a) Name and address of each employee paid more than \$100,000	hours per week devoted to position	(c) Compensation	employee benefit plans & deferred compensation	account other allow	and
NONE			· ··- ·-		 	
		-			Į.	
						
• • • • • • • • •		•				
						_
		-				
				<u> </u>	.,,	
	Total number of other employees paid over \$10					41
51	Complete this table for the organization's five \$100,000 of compensation from the organization	nignest compensated inde	pendent contracti one "	ors who each rec	eivea mor	e than
	(a) Name and address of each independent contracto	·		pe of service	(c) Compen	sation
		<u> </u>			-,-	
NONE						
				,		
						
d	Total number of other independent contractors	each receiving over \$100,00	00▶			
52	Did the organization complete Schedule A? No			7(a)(1)		
	nonexempt charitable trusts must attach a com	pleted Schedule A	<u> </u>	. ▶ [] Yes	No
Under p	penalties of perjury, I declare that I have examined this return, i prect, and complete Declaration of preparer (other than officer	ncluding accompanying schedules a) is based on all information of whic	and statements, and to h preparer has any kno	the best of my knowle wledge	dge and beli	ef, it is
		22 / /1				
Sign	1 X LUMMA & SIK	Layde				
Here	Signature of officer	- 010		Date		
	Type or print name and title	yde				
Delet	Préc	arer's signatu	Date	Check if	PTIN	
Paid	KIM LOFTON	UL SHOW		self-employed		
Prep Use	Only Firm's name H&RBLOCK	VV - 0 110		Firm's EIN ▶	43-187184	
	Firm's address ▶ 246 MAIN STREET, BAKER				25-778-106	
May t	he IRS discuss this return with the preparer show	vn above? See instructions		<u> </u>	✓ Yes 🗌] No

GRANDPARENT RAISING GRANDCHILDREN IN FORMATION CENTER_ EIN_42_1589914

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.

2010

OMB No 1545-0047

Department of the Treasury

Open to Public

	evenue Service	► At	tach to Form 990 or Fo	rm 990-E2	z. ► See s	separate i	nstructio	ns.		Inspection
	the organization	IC CDANDOUR DE	REN INFORMATION CE	NTER			E	Employer id	entification	
Part					- must s	a malata	Albin - on		42-158	
_			rity Status (All organition because it is: (Fo				<u> </u>		nstructio	ns.
			nes, or association of						١	
						, a iii 300			,.	
	 ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 									
			on operated in conjunc)(b)(1)(A)(iii). Enter the
	hospital's nan	ne, city, and state	e'							•
5 [sization operated for the benefit of a college or university owned or operated by a governmental unit described in 170(b)(1)(A)(iv). (Complete Part II)								
		•	nment or government					, , , , ,		
7 [receives a substantia (A)(vi). (Complete Par		its suppo	ort from a	a governr	nental un	it or from	the general public
8 [A community	trust described in	n section 170(b)(1)(A)	(vi). (Con	nplete Pa	rt II.)				
9 [🗹 An organizatio	on that normally	receives: (1) more tha	an 33¹/₃%	of its su	ipport fro	om contri	butions,	members	hip fees, and gross
			to its exempt functi		•					
			nt income and unrel						n 511 tax	() from businesses
40 5	_	•	fter June 30, 1975. Se					•	••	
	-	_	operated exclusively operated exclusive		-	•			-	
11 [licly supported organ							
			describes the type of				•			, ,, ,
	a 🗌 Type			□ Тур	-				-	Type III-Other
e [that the organization	,		•	•			* *
		-	ers and other than one			-				
	or section 509	9(a)(2).					_			
f	If the organiz	zation received a	a written determinatio	on from t	the IRS t	that it is	а Туре	I, Type I	I, or Typ	e III supporting
	-	check this box .								🗆
g	_		he organization accep	oted any	gift or co	ontributio	n from a	ny of the)	
	following pers									
			ndirectly controls, eith						d in (ii) an	
		• •	ody of the supported of	-	ЮП?					11g(i) ✓
			on described in (i) abo			•		•		11g(ii) /
h		•	a person described in on about the supporte					•		[11g(iii)] ✓
	ame of supported	(ii) EIN	(iii) Type of organization	·	rganization	,	ou notify	600	- +1	(vii) Amount of
(1)	organization	(11) 2.114	(described on lines 1-9	in col (i) lis	sted in your	the organ	nization in	organizat	s the tion in col	support
			above or IRC section (see instructions))	governing	document?		of your port?		zed in the S ?	
			(555	Yes	No	Yes	No	Yes	No	
A)										
						ļ		ļ		
B)										
		- 				 	<u> </u>	 		<u> </u>
(C)										
(D)										
(E)								1		
					Car Ca	15,75		S:		
Total		1- 1- 25 17		1. , , ,	1 ' ''	1 2	: -,	1	.]. *	

GRANDPARENT RAISING GRANDCHILDREN INFORMATION CENTER_EIN- 42-1589914

Schedule A (Form 990 or 990-EZ) 2010 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (a) 2006 Calendar year (or fiscal year beginning in) (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . revenues levied for 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. Total. Add lines 1 through 3 The portion of total contributions by person (other than governmental unit publicly or 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. Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2006 **(b)** 2007 (d) 2009 (c) 2008 (e) 2010 (f) Total Amounts from line 4 8 Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 4.5 12 Gross receipts from related activities, etc. (see instructions) . 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 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) 100 % 14 Public support percentage from 2009 Schedule A. Part II. line 14 15 100 % 16a 331/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 331/3% support test-2009. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18

. GRAND PARENT RAISING GRANDCHILDREN INFORMATION CENTER _ EIN_ 42-1589914

Schedule A (Form 990 or 990-EZ) 2010

Page 3

rart						1.6	an David II
	(Complete only if you checked the	ne box on line	9 of Part 10	r if the organi	zation falled t	o quality unde	er Part II.
0 4:	If the organization fails to qualify	under the te	sts listed belo	ow, please co	mplete Part II)	
	on A. Public Support	(-) 200C	1 (6) 0007	(-) 0000	- (I) 0000	(1)0010	
	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")				21996	30356	52352
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		1				
4	Tax revenues levied for the	1	11				
	organization's benefit and either paid	1				ŀ	
	to or expended on its behalf	ļ .	-				
5	The value of services or facilities	į.	.			İ	
	furnished by a governmental unit to the	1]			j	
	organization without charge	<u> </u>					
6	Total. Add lines 1 through 5		 				
7a	Amounts included on lines 1, 2, and 3	}			İ	1	
	received from disqualified persons .		ļ				
b	Amounts included on lines 2 and 3	1	1			İ	
	received from other than disqualified		İ				
	persons that exceed the greater of \$5,000	1]	Ì	i	
	or 1% of the amount on line 13 for the year	<u> </u>	ļ				
	Add lines 7a and 7b	<u></u>	<u> </u>			2.3	
8	Public support (Subtract line 7c from	1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Marin E. T.	1. S. C. C. C. C. C. C. C. C. C. C. C. C. C.	The State of the S		52352
	line 6.)	7 4500 1- 5 5 7	942.70 to 1		Trumpe : " . Etc.	から からの かんかん	
	on B. Total Support	(=) 000G	(t) 0007	(-) 0000	(-1) 0000	(1) 0010	(0 T to 1
	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6	ļ	ļ				52352
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,	1		'	1	1	
	royalties and income from similar sources	<u> </u>	ļ <u> </u>				
b	Unrelated business taxable income (less	}					
	section 511 taxes) from businesses						
	acquired after June 30, 1975	<u> </u>	 				
-	Add lines 10a and 10b		<u> </u>	<u> </u>			
11	Net income from unrelated business						
	activities not included in line 10b, whether			<u> </u>		1	
	or not the business is regularly carried on						
12	Other income Do not include gain or						
	loss from the sale of capital assets			1			
	(Explain in Part IV)		-				
13	Total support. (Add lines 9, 10c, 11,					l.	52352
	and 12) ,	<u> </u>	<u> </u>	<u> </u>		_ 	
14	First five years. If the Form 990 is for t			id, third, fourth	i, or fifth tax ye	ear as a section	1 501(c)(3)
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	on C. Computation of Public Suppo					T 1	-
15	Public support percentage for 2010 (line		,	13, column (f))		15	100 %
16	Public support percentage from 2009 Sc			<u> </u>		16	100 %
Sect	on D. Computation of Investment Ir						
17	Investment income percentage for 2010				mn (f))	17	100 %
18	Investment income percentage from 200					18	100 %
19a	331/3% support tests—2010. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests—2009. If the organi						
	line 18 is not more than 331/3%, check this		_	•			
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GRANDPARENTS RAISING GRANDCHILDREN INFORMATION EIN – 42-1589914 LINE 16 (990-EZ) – OTHER EXPENSE

BANK CHARGES	6 -0-
AWARDS	- 0 -
CONFERENCE	18,723.00
ENTERTAINMENT	5,316.00
FOODS	5,842.00
REPAIRS	5,000.00
PHONE	842.00
PROFESSIONAL FEES	- 0 -
OFFICE SUPPLIES	9,325.00
TRAVEL EXPENSE	4,424.00
TRAINING	14,156.00
PRINTING	3,223.00
TOTAL OTHER EXPENSE, ENTER HERE AND ON PAGE 1, LINE 27	\$66. 851.00