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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 Open to Public

Department of the Treasury

benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements

7	A_	or the 2	2010	calendar year, or tax year beginning 10/1/2010 , and end	ding 9/30	0/2011							
Ī	ВС	heck if ap	plicabl	e C Name of organization Nazareth Farm, Inc.	D Employer	identification number							
	A	ddress ch	ange	Doing Business As	55-0739518	3							
[N	ame chan	ge	Number and street (or P O box if mail is not delivered to street address) Room/suite	E Telephone	number							
[In	itial return	1	Route 2, Box 194-3	(304) 782-2	742							
	T-	erminated		City or town, state or country, and ZIP + 4									
	╗╸	mended re	eturn	Salem WV 26426	G Gross rece	eipts \$ 290,898							
Ī	Ā	pplication	pendı	F Name and address of principal officer	H(a) Is this a group retu	rm for affiliates? Yes X No							
				Kate Kosydar Route 2, Box 194-3, Salem, WV 26426	H(b) Are all affiliates inc	cluded? Yes No							
-	Ta	x-exempt	status	X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527	If "No," attach a lis	st (see instructions)							
-					H(c) Group exemption r	number >							
_		orm of orga											
					of formation 1995	M State of legal domicile WV							
I	F	art l		describe the organization's mission or most significant activities. Nazaro	oth Form is unusu	o in that it							
		1		des two distinct activities, yet are able to merge them as one. The first is to	eth Farm is uniqu	e in macit							
	ø			de low-income, disabled, and/or elderly in Doddridge County, WV and surro	unding area								
	Jan	with home repairs for the cost of the material only. The labor is provided for free.											
	Ven			k this box I if the organization discontinued its operations or disposed of more than	25% of its not assets								
	ဖိ			per of voting members of the governing body (Part VI, line 1a) .	20 /0 01 113 1161 433613	3 13							
	Activities & Governance			per of independent voting members of the governing body (Part VI, line 1b)		4 13							
	Ϋ́	ı		number of individuals employed in calendar year 2010 (Part V, line 2a)		5 14							
	Act	l .		number of volunteers (estimate if necessary)		6 626							
				unrelated business revenue from Part VIII, column (C), line 12		7a							
_		d d	Net u	nrelated business taxable income from Form 990-T, line 34		7b							
					Prior Year	Current Year							
	₫			ibutions and grants (Part VIII, line 1h)		5,959 79,504							
	Revenue		_	am service revenue (Part VIII, line 2g)		3,811 188,758							
	æ			tment income (Part VIII, column (A), lines 3, 4, and 7d)		5,894 5,964							
				revenue (Part VIII, column (A) rlines-5, 6d, 8c, 9c, 10c, and 11 e) revenue—add lines 8 through 11 (must edga Pan VII) (A) կերի (A), line 12) .		7,517 3,130							
-		13 (2rant	(A) I		3,181 277,356 9,757 49,003							
		14 E	3 ann	s and similar amounts paid (Partix, column (A), lines 1=3,0 [] fits paid to or for members (Partix, column (A), line 4) . (2)	303	49,003							
		15	Saları	es, other compensation, employed benefits (Part IX, column (A), lines 5-10).	84	77,613							
	1Ses	16a F	Profe	ssional fundraising fees (Part IX, column (A), line 11e)		,0.0							
	Expenses			fundraising expenses (Part IX, column (D) IDENS) > 1 T 2,938									
	ũ	17 (Other	expenses (Part IX, column (A)-lines 11a 11a 11f 24f) .	123	3,898 147,399							
				expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) .		3,306 274,015							
-		19 F	Reve	nue less expenses. Subtract line 18 from line 12		2,125 3,341							
	ts or				Beginning of Current								
201	Saela	1		assets (Part X, line 16)		0,063 472,467							
10	Net / Fund			liabilities (Part X, line 26)		5,336 74,399 4,727 398,068							
F=4		ill		Signature Block	334	1,727 398,068							
				rjury, I declare that I have examined this return, including accompanying schedules and statements	s, and to the best of my	knowledge							
				orrect, and complete Declaration of preparer (other than officer) is based on all information of which									
	Sig	n		Kathryn>y Korydar)	1116	2012 2/13/2012							
M	Her			Signature of officer	Date	•							
Ź					itive Director								
CANNED				Type or print name and title Print/Type preparer's name Preparer's signature	Date	PTIN							
S	Pai	d	'	Title Type preparer's flame		heck X if							
		u parer's	<u>.</u>	Hilarion Cann Hulandry (Ex	7/16/2012 se	elf-employed P00768237							
		Only		Firm's name ► Hilarion V.Cann, CPA	Firm's EIN ▶	55-0752885							
			F	rirm's address ► 200 South 2nd Street, Clarksburg, WV 26301	Phone no	(304) 623-5657							
-	Mav	the IRS		cuss this return with the preparer shown above? (see instructions)		X Yes No							
				eduction Act Notice, see the separate instructions.	<u> </u>	Form 990 (2010)							
	(HTA)	•	n IV		a_{17}	-77 (2010)							
					717	4							
					\sim	· - 1 /							

orm 9	90 (2010)	Nazareth Farm, Inc	55-0739518	Page 2
Pa	rt III	Statement of Program Service Accomplishments		
		Check if Schedule O contains a response to any question in this Part III		
1	Briefly o	escribe the organization's mission		
-	•	h Farm is a Catholic community in rural West Virginia that transforms lives through		
		e retreat experience. We are devoted to living out the Gospel message through the		
			· 	
		rs to address sub-standard housing by providing home repair. We celebrate the	• • • • • • • • • • • • • • • • • • • •	·
2		organization undertake any significant program services during the year which were not listed o	n	
		Form 990 or 990-EZ?	Yes	X No
		describe these new services on Schedule O.		_
3		organization cease conducting, or make significant changes in how it conducts, any program		
	services	· · · · · · · · · · · · · · · · · · ·	. Yes	X No
	If "Yes."	describe these changes on Schedule O.		
4		e the exempt purpose achievements for each of the organization's three largest program service	es by expenses	
		501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the a		nd
		ons to others, the total expenses, and revenue, if any, for each program service reported	ŭ	
4a	(Code:) (Expenses \$ 115,150 including grants of \$) (Rever	nue \$ 35	5,853)
		ome housing rehabilitation program. Individuals and families of low income are assisted in		
		epair and renovation such as reroofing homes, replacing rotten floors, plumbing, painting,		
		al, insulation, and finishing work		
4b) (Expenses \$ 16,841 including grants of \$) (Rever		
		ninistry program. Volunteers stay at Nazareth Farm for a week long visit. During their stay		
	they live	in extremely simple conditions, spending long hours in work and prayer. The volunteers		
	come to	know the life and spirit of the less fortunate.		
		·		
		\(\sigma \)	6	
4c	(Code.) (Expenses \$ 47,255 including grants of \$) (Rever	nue \$)
		aith and service community: Full-time and volunteer staff live and work at Nazareth Farm		
		ing and guiding volunteers in home repair projects. Local residents are invited to weekly		
	ainners	to promote a sense of community.		
	Other	regram convece (Describe in Schodule O.)		<u>., </u>
4d		rogram services (Describe in Schedule O.)	\	
40	(Expen	ses \$ including grants of \$) (Revenue \$		

	90 (2010) Nazareth Farm, Inc 55-07399	518	F	age \$
Par	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		١.,	
2	complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	1 2	X	
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		 ^- -	
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			 ^
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	<u> </u>		Ė
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	_6_		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	l _		١.,
_	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes,"</i>			
	complete Schedule D, Part IV	9		×
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			├^
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	Sain.	1	<i>(</i> € ***
	VII, VIII, IX, or X as applicable	15.5	200	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	11a	X	3479.3944.44.6
	Schedule D, Part VI			
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	المما		
Δ.	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	- i i e		├^
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	×	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	X
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	446		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	14b	 	X
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	 '		 ^
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV.	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	٣		
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	<u></u>	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		1	
	If "Yes," complete Schedule G, Part III	19	l	ΙX

20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H.

b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some

Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) . N/A

20a

		<u>5-0739518</u>	F	age 4
Par	t IV Checklist of Required Schedules (continued)		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations		162	140
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			<u> </u>
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	. 22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	·		-
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to line 25	. 24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	. 24c		Х
d	Did the organization act as an "on behalf of' issuer for bonds outstanding at any time during the year?	. 24d		Х
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	. 25a		X
b	Is the organization 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		ļ	
	990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee,	or		
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part	t II . 26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	. 27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			22
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)		suina i	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			١
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	. 28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	00	•	
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N,</i>	30		X
31	Part I	31	İ	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	31		X
32	If "Yes," complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		 ^
00	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	. 33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	. 00		 ^
• .	III, IV, and V, line 1	34		x
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
	Did the organization receive any payment from or engage in any transaction with a	55	 	 ^`
_	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R,			
		No		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
-	organization? If "Yes," complete Schedule R, Part V, line 2 .	. 36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		i	
	and that is treated as a partnership for federal income tax purposes? If "Yes " complete Schedule R. Part]	1	1

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O

VI

Form 990 (2010) Nazareth Farm, Inc. 55-0739518 Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V No Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? N/A 1c Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Χ If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . N/A 3b 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 account)? . If "Yes," enter the name of the foreign country. b See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? C N/A 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?... If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? b N/A Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year ... d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?. Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? N/A g **7g** h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-IN/A 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A 8 9 Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? N/A 9a Did the organization make a distribution to a donor, donor advisor, or related person? h 9b 10 Section 501(c)(7) organizations. Enter. Initiation fees and capital contributions included on Part VIII, line 12 10a N/A Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter 11 Gross income from members or shareholders а NA 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? N/A Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans N/A 13b Enter the amount of reserves on hand . . . 13c C Did the organization receive any payments for indoor tanning services during the tax year? . 14a 14a

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

N/A

Section A. Governing Body and Management

Part VI Governance, Manage

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI.

•	•
ŧ	•
•	•

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . 13	2 x 2	, ,	·77
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 13			4
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	18. N.		1.00
_	any other officer, director, trustee, or key employee?	_2_		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		_X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?			v
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7a_		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	7b	'HAR'	^
U	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	 		
-	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue C			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization? N/A	10b		
11a	J J J J J J J J J J J J J J J J J J J			
	form?	11a	Χ	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		'in +	7 T E Z
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	_X_	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done.	40.	v	
13	Does the organization have a written whistleblower policy?	12c	Χ	X
14	Does the organization have a written document retention and destruction policy?	14		$\frac{\hat{x}}{x}$
15	Did the process for determining compensation of the following persons include a review and approval by		10 .87	81
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official.	15a	Line na.	X
b	Other officers or key employees of the organization .	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)	3944	ŕ `.× i ∰•	Jan.
16a			13	750
	with a taxable entity during the year?	16a		Χ
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			. TOTAL
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► WV		 -	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s or	ıly)		
	available for public inspection. Indicate how you make these available. Check all that apply			
40	Own website X Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest and financial statements available to the public	st		
20	policy, and financial statements available to the public.	_		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: Kate Kosydar (304) 782-2			
	organization: ► Kate Kosydar (304) 782-2:	42		
	1000 2, 50x 107-0, 0alcill, 444 20720			

				_								
Form 990 (2010)	Nazareth Farm, Inc									55-07395	518 Pa	age 7
Part VII	Compensation of Officers, Dire		es, k	Key	En	npl	oyee	s, I	lighest Comp			
	Employees, and Independent C										_	_
	Check if Schedule O contains a re	` •								<u> </u>	·	╝_
Section A.	Officers, Directors, Trustees, Key I											
1a Complete organization's	this table for all persons required to be s tax year.	e listed. Report o	com	pens	satio	on f	or the	ca	lendar year end	ing with or withir	n the	
	of the organization's current officers, of the organization (b), (E), and							als o	or organizations), regardless of	amount	
 List the who received 	of the organization's current key emple organization's five current highest correportable compensation (Box 5 of Foundament and approximation)	mpensated emp	ploye	ees	(oth	er t	han a	ın o	fficer, director, t	rustee, or key e		
• List all	and any related organizations of the organization's former officers, k								ed employees w	ho received moi	e than	
	reportable compensation from the orga		-			-			·		6.0	
	of the organization's former directors more than \$10,000 of reportable comp										e of the	
List persons i	in the following order: individual trustee demployees, and former such persons	es or directors; ı		_				-	•			
<u> </u>	is box if neither the organization nor ai		nızatı	on c	com	pen	sated	l ar	y current officer	, director, or true	stee	
	(A)	(B)				C)			(D)	(E)	(F)	
	Name and Title	Average hours per week (describe hours for related organizations in Schedule O)	Por director	_	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount o other compensati from the organizatio and relate organizatio	of ion on ed
(1) Nick Hi	uck	2	x		x							
(2) Karen Secretary	Seifert	2	×		x							
	Plywaczynski		Ϊ́	\dagger	 ^	<u> </u>	1				<u> </u>	

Р	art VI Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee	s, a	nd	High	est	Compensated	Employee	s (cont	inued)	
	(A)	(B)	 			>)			(D)	(E)		(F)	
	Name and title '	Average hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director		Officer		Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportat compensa from relat organizati (W-2/1099-f	ition ted ons	Estima amoun othe compens from torganiza and relations	t of or sation he ation ated
(17)		-											
(18)													
(19)		_											
(20)													
(21)					,								
(22)													
(23)													
(24)													
(25)													
(26)													
(27)													
(28)													
1b c d	Sub-total Total from continuation sheets to Part VII, 5 Total (add lines 1b and 1c)							> > >					
2	Total number of individuals (including but not leading to reportable compensation from the organization	limited to those					ho red	ceiv	ved more than \$	100,000 in			
3	Did the organization list any former officer, diremployee on line 1a? If "Yes," complete Sche					yee,	, or hi	ghe	est compensate	d		Ye:	s No X
4	For any individual listed on line 1a, is the sum the organization and related organizations greundividual	of reportable c	ompe	nsa	tior						\$	4	X
5	Did any person listed on line 1a receive or according services rendered to the organization? If "										22.00	5	X
Sec	tion B. Independent Contractors											<u></u>	
1	Complete this table for your five highest comp compensation from the organization	ensated indepe	enden	it co	ntra	acto	rs tha	at re	eceived more th	an \$100,00)0 of		
	(A) Name and business add	ress							(B) Description of ser	vices	Cor	(C) npensatio	on
			-										
2	Total number of independent contractors (inclimore than \$100,000 in compensation from the	-	nited	to t	hos	e lis	sted a	ibo	ve) who receive	d			

Par	VIII	Statement of Revenue							
		• •				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts ts	1a	Federated campaigns		1a					,
Contributions, gifts, grants and other similar amounts	b	Membership dues		1b					
g,	C			1c					
fts	_	=		1d	<u> </u>				
ig , ila	d	Related organizations .		1e					
ons Sir	e	Government grants (contribution		1e					
utic	T	All other contributions, gifts, gra		ا ا	=====				
ri b		similar amounts not included ab		1f	79,504				
Cont	g	Noncash contributions included in I	lines 1a-1t [.]	\$		 			
<u>5</u> 8	h	Total. Add lines 1a–1f .	•		<u>. </u>	79,504			
θ				ļ	Business Code				
Ven	2a	Participant Fees			900099	152,905	152,905		
æ	b	Repayment of client loans		l	900099	35,853	35,853		
ice	С			-					
Šen	d								
Ē	е			-					
Program Service Revenue	f	All other program service reven	ue	ı					
Pro	a	Total. Add lines 2a–2f			•	188,758		٠ ₃ *′;	* 1
	3	Investment income (including di				, , , , , , ,		<u> </u>	
	,	other similar amounts).	ividends, int	CICSI	i, and	5,964			5.064
	4	Income from investment of tax-	avamet bana	4	acada -	5,904			5,964
	4		exempt bond	ı pio	ceeus				
	5	Royalties	() 81			\ .			~
	_		(ı) Real		(II) Personal	٠ دي٠ الريخ ١٠٠	,	-	, , , , , , , , , , , , , , , , , , ,
	6a	Gross Rents					wine a	35	72 * / (),
	b	Less: rental expenses							
	С	Rental income or (loss)				A Company			
	d	Net rental income or (loss)			<u></u> ▶				
	7a	Gross amount from sales of	(i) Secuntie	es	(II) Other	*			t de
		assets other than inventory.						321.4 v	
	b	Less: cost or other basis				***		ا الإداري	77.3%
		and sales expenses					ก๋	100	
	С	Gain or (loss)					C	,1	
	d	Net gain or (loss)	•		•				
		• • •				(10 1 16 16 16 16 16 16 16 16 16 16 16 16 1	4.6	The Parkey	1.89 P
Ē	8a	Gross income from fundraising				72.	s	<u>*</u>	* * _
Other Revenue		events (not including \$, ,			
è		of contributions reported on line	e 1c)				,	•	, ,,,
<u> </u>		See Part IV, line 18		а			<u>د</u> ا	Sign.	
Ę	h	Less direct expenses .		b					
0		Net income or (loss) from fundra	 alsing avant			<u> </u>		<u> </u>	287 98 1 1 18
	C	Gross income from gaming acti				· * * *	`		2-
	Эа			_					
		See Part IV, line 19		a		-			
	i .	· ·		b					
		Net income or (loss) from gamin	ng activities		<u> ▶</u> .				
	10a	Gross sales of inventory, less				,	,		
		returns and allowances		а	16,672		1	1,006 ·	
	b	Less. cost of goods sold		b	13,542	~*;			
	c	Net income or (loss) from sales	of inventory	<u> </u>	<u> </u>	3,130			
		Miscellaneous Revenue			Business Code				
	11a								
	b								
	c								
	₄	All other revenue .		•		<u> </u>			
	🚡	Total. Add lines 11a–11d				†			
	12	Total revenue. See instructions	 e			277,356	188,758	 	5,964
			-	-			, ,,,,,,,	1	1 5,504

Part IX Statement of Functional Expenses

Nazareth Farm, Inc

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)										
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21.			general expenses	expenses						
2	Grants and other assistance to individuals in										
	the U S. See Part IV, line 22	49,003	49,003	,*-	11.74						
3	Grants and other assistance to governments,				- A San						
	organizations, and individuals outside the				The state of the s						
4	U.S See Part IV, lines 15 and 16			AND	Aller legt of the state of the state of						
4 5	Benefits paid to or for members Compensation of current officers, directors,			reserve - C. A.	1 m Such Sall Miller Ch						
•	trustees, and key employees	13,720		13,720							
6	Compensation not included above, to disqualified	10,720		13,720							
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)										
7	Other salaries and wages	18,017	18,017								
8	Pension plan contributions (include section 401(k)	,									
	and section 403(b) employer contributions).										
9	Other employee benefits	43,448	24,665	18,783							
10	Payroll taxes	2,428									
11	Fees for services (non-employees)										
a	Management .										
b	Legal										
C	Accounting	8,163		8,163							
d	Lobbying			na Stranger							
e f	Professional fundraising services See Part IV, line 17 Investment management fees		-1000, p. 1 16.6 x 1								
g	Other	-									
12	Advertising and promotion	630		630							
13	Office expenses	9,999		1,225	2,938						
14	Information technology .	5,000	9,000	1,220	2,000						
15	Royalties										
16	Occupancy	22,482	10,659	11,823							
17	Travel										
18	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings	2,528	1,362	1,166							
20	Interest	5,182		5,182							
21 22	Payments to affiliates	16,074	16.074	-	 -						
23	Insurance	10,074	16,074								
24	Other expenses Itemize expenses not covered			7 × 10 10 10 10 10 10 10 10 10 10 10 10 10							
	above (List miscellaneous expenses in line 24f If										
	line 24f amount exceeds 10% of line 25, column										
	(A) amount, list line 24f expenses on Schedule O)				All and the second						
а	Food	18,756		6,940							
b	Repairs and Maintenance	35,402									
C	Postage, Printing, and Publications	10,650		7,987							
d	Bad Debts	12,171	12,171		<u></u>						
e •	Community and Young Adult Support	4,986		070							
f 25	All other expenses Property Taxes Total functional expenses. Add lines 1 through 24f	376 274,015		376	2 000						
25	Joint costs. Check here ▶ If following	2/4,015	179,246	91,831	2,938						
26	SOP 98-2 (ASC 958-720) Complete this line										
	only if the organization reported in column										
	(B) joint costs from a combined educational										
	campaign and fundraising solicitation										
					Form 990 (2010)						

	990 (20 rt X						55-0739518 Page 11
Гa	rt X	Balance Sheet	<u> </u>		(A)	ľ	(B)
		•			Beginning of year		End of year
	1	Cash—non-interest-bearing			10,139	1	101,798
	2	Savings and temporary cash investments			228,310		147,701
	3	Pledges and grants receivable, net		•		3	7.17,70
ļ	4	Accounts receivable, net .			40,132	_	38,925
- {	5	Receivables from current and former officers,	directors, trustees, kev	•	10,102	Ė	/ -:
- 1	•	employees, and highest compensated employ					* /
- 1		Schedule L	•			5	· · · · · · · · · · · · · · · · · · ·
	6	Receivables from other disqualified persons (a	n	they they	rie to	* * * * * * * * * * * * * * * * * * * *	
- 1		4958(f)(1)), persons described in section 4958			and the same of th	19 160 272	Sugar State
		employers and sponsoring organizations of se			Market Vi		
<u>ν</u>		employees' beneficiary organizations (see insi	٠,	I Surface Control of the Control of	6	A STATE OF THE STA	
Assets	7	Notes and loans receivable, net	•	•		7	
As	8	Inventories for sale or use			8		
	9	Prepaid expenses and deferred charges .	•		8,326	<u> </u>	3,183
	10a	Land, buildings, and equipment, cost or		•	0,520	an line .	3,10 3
	IVa	other basis Complete Part VI of Schedule D	10a 29	7,402			
	b	Less accumulated depreciation .		6,542	183,156	100	180,860
	11	Investments—publicly traded securities	100	0,542	103,130	111	100,000
- 1	12	Investments—publicly traded securities Investments—other securities See Part IV, Im				12	
- 1	13	Investments—program-related. See Part IV, III				13	
- 1	14	Intangible assets	ne ii .			-	
- 1	15	Other assets See Part IV, line 11		•		14 15	
- 1	16	Total assets. Add lines 1 through 15 (must ed	 		470.062		470 407
	17	Accounts payable and accrued expenses	qual line 34) .		470,063 2,106		472,467
	18		•	•	2,100		3,437
- 1	19					18 19	
- 1	20		• •	•		20	
	21	Escrow or custodial account liability Complete				21	
	22	Payables to current and former officers, direct			5. *	21	Ware Some
<u>=</u>	~~	employees, highest compensated employees,				7 12 30 30 00 00	
ᆵ		persons. Complete Part II of Schedule L .	and disquaimed			22	<u> </u>
- 1	23	Secured mortgages and notes payable to unre	lated third partice		73,230		70.000
	24	Unsecured notes and loans payable to unrelate			73,230	24	70,962
- 1	25	Other liabilities Complete Part X of Schedule	•			25	
	26	Total liabilities. Add lines 17 through 25.			75,336	_	74 200
-+	20			<u> </u>	73,330	. 20	74,399
ses		Organizations that follow SFAS 117, check complete lines 27 through 29, and lines 33				表。 (1) ************************************	
ᆴ	27	Unrestricted net assets			394,727	27	398,068
<u>ğ</u>	28	Temporarily restricted net assets .	• •		004,727	28	330,000
평	29	Permanently restricted net assets	•			29	· · · · · · · · · · · · · · · · · · ·
.들ㅣ		•		•		\(\)[\(\)\(\)\(\)	
٦		Organizations that do not follow SFAS 117, and complete lines 30 through 34.	, cneck nere ►			27	
Net Assets or Fund Balances		-	3 2 2 2 7 2				
se	30	Capital stock or trust principal, or current fund		•		30	
As	31	Paid-in or capital surplus, or land, building, or	• •	•		31	
<u>e</u>	32	Retained earnings, endowment, accumulated	income, or other funds	٠		32	
	33	Total net assets or fund balances .			394,727		398,068
	34	Total liabilities and net assets/fund balances			470,063	34	472,467

om 9	90 (2010) Nazareth Farm, Inc 55-07	39518	Pag	je 12
Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI	<u> </u>		
1	Total revenue (must equal Part VIII, column (A), line 12)		277	<u>,356</u>
2	Total expenses (must equal Part IX, column (A), line 25)		274	<u>,015</u>
3	Revenue less expenses Subtract line 2 from line 1		3	<u>,341</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		394	,727
5	Other changes in net assets or fund balances (explain in Schedule O)			
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33,			
	column (B))		398	,068
Part			_	
	Check if Schedule O contains a response to any question in this Part XII		L	
	<u> </u>		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	6/ 1	áK.	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	1.77		
	Schedule O			36/1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
b	Were the organization's financial statements audited by an independent accountant?	2b	_ X _	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in	2/3		133
	Schedule O.		爱郑	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were		2 1	
	issued on a separate basis, consolidated basis, or both:		5. S.	* 15
	X Separate basis		~ * · ·	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		Χ
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. N/A	3b		
		Form	990 (2010)

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.

Open to Public

Inspection

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶See separate instructions.

Naza	reth	Farm, Inc.								55-07	739518	
Pa	τl	Reason	for Public Ch	arity Status (All org	janizatioi	ns must o	complete	this par	t.) See ir	struction	is.	
The •	o <u>rga</u> r		*	ation because it is (Fo		_		•	•			
1,	Ш	A church, co	envention of chu	rches, or association of	of churche	es describ	ed in sec	tion 170((b)(1)(A)(i).		
2	Щ	A school de	scribed in secti o	on 170(b)(1)(A)(ii). (Ai	ttach Sch	edule E)						
3	Ц	A hospital or	r a cooperative l	nospital service organi	zation de	scribed in	section	170(b)(1)	(A)(iii).			
4			esearch organiza ime, city, and st	ation operated in conju ate.	ınction wi	th a hospi	tal descri	bed in se	ction 170	D(b)(1)(A)	(iii). Enter t	he
5		_		r the benefit of a colle (Complete Part II)	ge or univ	ersity owr	ned or ope	erated by	a govern	mental ur	nit describe	d
6		A federal, st	ate, or local gov	ernment or governme	ntal unit d	lescribed	in sectio r	170(b)(1)(A)(v).			
7				y receives a substanti (1)(A)(vi). (Complete l		its suppoi	t from a g	jovernme	ental unit	or from th	e general p	ublic
8				d in section 170(b)(1)		Complete F	Part II)					
9	$\overline{\mathbf{x}}$	An organizar receipts from support from	tion that normall n activities relate n gross investme	ly receives. (1) more the dot its exempt function of the entincome and unrelated after June 30, 1975	nan 33 1/3 ons—sub ted busin	3% of its s ject to cer ess taxabl	support fro tain excel le income	otions, an (less sec	nd (2) no i ction 511	more than	33 1/3% o	fits
10	Ш	An organiza	tion organized a	nd operated exclusive	ly to test	for public	safety Se	ee sectio	n 509(a)	4).		
11	Ш	purposes of 509(a)(3). C	one or more pu heck the box tha	and operated exclusive blicly supported organ at describes the type o	izations of of support	lescribed ing organi	in section zation an	509(a)(1 d comple) or secti	on 509(a)	(2). See se	ction
		a Type	:I b [Type II c	Type	e III–Func	tionally in	tegrated		d [] T	ype III-Otl	ner
е		persons other		y that the organization on managers and othe 2).			_	-	-		•	ection
f		If the organi	zation received	a written determination	n from the	RS that	it is a Typ	e I. Type	II. or Tvr	e III supp	ortina	
			, check this box				,	., .,.	.,			Γ
g		_		the organization acce	pted any	gift or con	tribution f	rom any	of the			
		following per			_:411_		. 41 41-				<u> </u>	
			·-	or indirectly controls, verning body of the su		_		persons (described	ı ın (ıı)	Ye	s No
				person described in (1		ngamzanc		•	•		11g(i) 11g(ii)	
			-	y of a person describe	•	· (II) above	ع		٠		11g(iii)	<u> </u>
h				ation about the suppor	• •							
(i)		of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col (i) li	organization sted in your document?	col (ı)	ization in	organiza (i) organ	Is the tion in col ized in the S?	(vii) Amo supp	
		<u></u> 11			Yes	No	Yes	No	Yes	No		
A)												
B)										<u> </u>	 	
										.		
C)												
D)												
E)												
Γota	í											

Par	Support Schedule for Organizat	ions Describ	ed in Sectio	ns 170(b)(1)	(A)(iv) and 17	70(b)(1)(A)(vi)
	(Complete only if you checked the	box on line 5	, 7, or 8 of Pa	art I or if the o	rganization fa	iled to qualify	under
	Part III If the organization fails to	qualify under	the tests liste	d below, plea	se complete I	Part III)	
Sect	ion A. Public Support					•	
Cale	ndar 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")						
2	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	ıts 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	/ * * / s visas	COMMENSATION CONTRACTOR	be ,	186 2 80 m 1 286 1 5 50	W/// U. Namana Mark	
5	The portion of total contributions by each			March St. To			
	person (other than a governmental unit	5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		· (1) · (1) · (2) · (3) · (4)			
	or publicly supported organization)			, , ,			
	included on line 1 that exceeds 2% of the amount shown on line 11,						
	column (f)				alpin		
6	Public support. Subtract line 5 from line 4	A STATE OF THE STA		· · · · · · · · · · · · · · · · · · ·	CATALONNE SONO SONO TENNAMONO NO POSSO	PERMIT TO THE	
	ion B. Total Support	#1000 (ST - N.T M. S M.		**************************************	MERCINE #7/* / //*** \$77/	DATE ALL MAN	
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	(4) 2000	(5) 2007	(0) 2000	(4) 2003	(e) 2010	(i) Total
8	Gross income from interest, dividends,					-	·
0	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
9	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		Winds of the state			1 Marianing	ia Tena	
12	Gross receipts from related activities, etc. (s					12	
13	First five years. If the Form 990 is for the o		rst, second, thi	rd, fourth, or fit	th tax year as	a section 501(c)(3)
	organization, check this box and stop here	<u> </u>	•		<u> </u>	· · · · ·	. ▶∐
Sect	ion C. Computation of Public Support	Percentage					
14	Public support percentage for 2010 (line 6,			column (f))		14	
15	Public support percentage from 2009 Scheo					15	
16a	33 1/3% support test-2010. If the organiza				ne 14 is 33 1/3º	% or more, che	ck this box
	and stop here. The organization qualifies a						▶∐
b	33 1/3% support test–2009. If the organiza				ind line 15 is 3	3 1/3% or more	, check this
	box and stop here. The organization qualifi			=	•		· •
17a	10%-facts-and-circumstances test-2010.						
	is 10% or more, and if the organization mee						
	Part IV how the organization meets the "fac	ts-and-circums	tances" test. T	he organızatıoı	n qualifies as a	publicly suppo	rted
	organization.	1645	ali ili ili ili ili ili ili ili ili ili				. ▶∐
b	10%-facts-and-circumstances test–2009.						
	15 is 10% or more, and if the organization in						explain in
	Part IV how the organization meets the "fac supported organization	is-and-circums		ne organizatioi	ı qualifies as a	publicly	. [-
40							▶ []
18	Private foundation. If the organization did instructions				r 1/b, check th	is box and see	▶□

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

Sect	tion A. Public Support						
Cale	ndar 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")	83,886	117,766	151,892	65,959	60,319	479,822
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the						
3	organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513	191,953	273,399	279,617	176,811	188,758	1,110,538
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 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	275,839	391,165	431,509	242,770	249,077	1,590,360
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						
8	Add lines 7a and 7b Public support (Subtract line 7c from line 6)	100 × 100	A / top				1,590,360
	tion B. Total Support	T					
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6	275,839	391,16 <u>5</u>	431,509	242,770	249,077	1,590,360
10a	Gross income from interest, dividends,						
	payments received on securities loans,	4 040	E 000	40.705	5.004	5.004	25.040
b	rents, royalties and income from similar sources Unrelated business taxable income (less	4,949	5,638	12,765	5,894	5,964	35,210
Ü	section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	4,949	5,638	12,765	5,894	5,964	_35,210
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12)	280,788					1,625,570
14	First five years. If the Form 990 is for the organiz organization, check this box and stop here	ation's first, seco	nd, third, fourth,	or fifth tax year a	s a section 501(c)(3)	▶ 🗆
	tion C. Computation of Public Support		<u></u>				
15	Public support percentage for 2010 (line 8, column	•	e 13, column (f))	1		15	97 83%
16 Soc	Public support percentage from 2009 Schedule A, tion D. Computation of Investment Inc.			-		16	98.22%
<u>3ec</u> 17	Investment income percentage for 2010 (line 10c,	-		ımn (fi)	-	17	2.17%
18	Investment income percentage for 2010 (line 10c,			(1 <i>))</i>		18	1.78%
19a	33 1/3% support tests-2010. If the organization of			and line 15 is mo	re than 33 1/3%		1.1070
b	not more than 33 1/3%, check this box and stop to 33 1/3% support tests-2009. If the organization of	nere . The organiz	ation qualifies as	s a publicly supp	orted organizatio	n	► X
	line 18 is not more than 33 1/3%, check this box a						▶ 🗀
20	Private foundation. If the organization did not che	eck a box on line	14, 19a, or 19b,	check this box a	nd see instruction	ons	▶ □

Schedule A (Form	990 or 990-EZ) 2010	Nazareth Farm, Ir	nc			55-07395	18Page 4
Part IV	Supplemental	Information. Con or 17b, and Part I	nplete this part	t to provide the	e explanations i	equired by Part II	, line 10,
	instructions)						
							· • • • • • • • • • • • • • • • • • • •
					· · · · · · · · · · · · · · · · ·		
		····					
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SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990,

► See separate instructions.

Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

	reth Farm, Inc.			<u>55-0739518</u>
Par				inds or Accounts. Complete if
	the organization answered "Yes" to			
		(a) Donor advised fund	s	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and d			
_	funds are the organization's property, subject	<u> </u>	•	
6	Did the organization inform all grantees, dor			
	used only for charitable purposes and not for		lonor advisor,	· — —
	purpose conferring impermissible private be		<u> </u>	· · · Yes No
Par	Conservation Easements. Comp	lete if the organization ans	wered "Yes"	to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held	by the organization (check a	I that apply)	
	Preservation of land for public use (e.g., recr	eation or education)	Preservation	of an historically important land area
	Protection of natural habitat			of a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization	ation held a qualified consenu	ation contribut	ion in the form of a consequation
-	easement on the last day of the tax year	ation field a qualified conserve	ation continuat	ion in the form of a conservation
	outsiment on the last day of the tax year			Held at the End of the Tax Year
а	Total number of conservation easements	_		2a
b	Total acreage restricted by conservation ear	sements		2b
С	Number of conservation easements on a ce		led in (a)	
d	Number of conservation easements include		, ,	
	historic structure listed in the National Regis	iter .		2d
3	Number of conservation easements modifie	d, transferred, released, extin	guished, or te	rminated by the organization
	during the tax year			
4	Number of states where property subject to			
5	Does the organization have a written policy			on, handling of
_	violations, and enforcement of the conserva			Yes No
6	Staff and volunteer hours devoted to monito	ring, inspecting, and enforcin	g conservation	n easements during the year
7	Amount of expanses incurred in monitoring	inapportung and enforcement		
7	Amount of expenses incurred in monitoring,	inspecting, and emorcing col	nservation eas	sements during the year
8	Does each conservation easement reported	on line 2(d) above satisfy the	roguromonto	of coation
U	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	on line 2(d) above satisfy the	requirements	
9	In Part XIV, describe how the organization re	 enorts conservation easemen	Its in its reven	
	balance sheet, and include, if applicable, the			•
	the organization's accounting for conservation		gamzations in	nancial statements that describes
Par			res. or Other	Similar Assets.
	Complete if the organization answere			
1a	If the organization elected, as permitted und	ler SEAS 116 (ASC 958), not	to report in its	revenue statement and halance shoot
Ia	works of art, historical treasures, or other sil			
	of public service, provide, in Part XIV, the te			
b	If the organization elected, as permitted und			
_	works of art, historical treasures, or other sin			
	of public service, provide the following amou			and, or receased in factoristative
	(i) Revenues included in Form 990, Part VII	Line		▶ \$
	(ii) Assets included in Form 990, Part X.			► \$ ► \$
2	If the organization received or held works of			sets for financial gain, provide the
_	following amounts required to be reported u			
а	Revenues included in Form 990, Part VIII, li			> \$
b	Assets included in Form 990, Part X		•	▶ \$

_	
Page	4

Part	Organizations Maintaining	Collection	s of A	rt, Histor	ical Tre	asures, or Of	her Si	milar Assets	(continu	ied)	
3	Using the organization's acquisition, a		and othe	er records	, check a	ny of the follow	ving tha	at are a signific	ant		
	use of its collection items (check all the	nat apply)			ı						
а	Public exhibition			d	Loan	or exchange p	rogram	s			
b	Scholarly research			е 🗌	Other						<i>-</i>
С	Preservation for future generati	ons									
4	Provide a description of the organizat Part XIV.	ion's collec	tions an	d explain	how they	further the org	ganızati	ion's exempt ρι	ırpose ın		
5	During the year, did the organization assets to be sold to raise funds rather								☐ Ye	s \square	No
Part									990. Par	<u> </u>	
	IV, line 9, or reported an am	_		•	-					-	
1a	Is the organization an agent, trustee,						other as	ssets not			
	included on Form 990, Part X?								Ye	s \square	No
b	If "Yes," explain the arrangement in P	art XIV and	comple	ete the foll	lowing ta	ble					
	· -				_				Amount		
С	Beginning balance						1c				
d	Additions during the year .						1d				
е	Distributions during the year						1e				
f	Ending balance	•					1f	<u> </u>			
2a	Did the organization include an amou	nt on Form	990, Pa	art X, line	21?				Ye	s 🛛	No
b	If "Yes," explain the arrangement in P	art XIV									
Part	V Endowment Funds. Compl	ete if the c	rganiza	ation ans	wered "\	es" to Form	990, P	art IV, line 10			
		(a) Curren	t year	(b) Prid	or year	(c) Two years b	ack (d) Three years back		ır years	back
1a	Beginning of year balance						37.189 1333 15° a.		and describe	ه کرو کر	
b	Contributions						11.	**************************************	The second programs	Valare	
С	Net investment earnings, gains, and losses						-				
d	Grants or scholarships						- -	<u> </u>		2 - 30 PB	\$ 1
e	Other expenditures for facilities						2.1	(1,1) (341)	P GROOT	7878781 787878781	All
-	and programs										
f	Administrative expenses										1 (1 to 1
g	End of year balance						- 	San Company	Y 638/ /	77.87.86	
2	Provide the estimated percentage of	the vear en	d baland	ce held as	<u> </u>	1	1.		S1 3.5 7		
a	Board designated or quasi-endowme	-	•								
b	Permanent endowment										
С	Term endowment ▶		-								
3a	Are there endowment funds not in the	possessio	n of the	organizat	tion that a	are held and a	dministe	ered for the	_		
	organization by:									Yes	No
	(i) unrelated organizations .	•							3a(i)		
	(ii) related organizations .	•							3a(ii)		
b	If "Yes" to 3a(II), are the related organ			•			•		3b		
4	Describe in Part XIV the intended use										
Part	VI Land, Buildings, and Equi	pment. Se	e Form	n 990, Pa	art X, line	2 10		·	***		
	Description of investment	(a)	Cost or ot (investm		. , ,	ost or other is (other)	de	ccumulated preciation	(d) Bo	ok value	
1a	Land	·									
b	Buildings	· ·				197,499		47,921			9,578
C	Leasehold improvements	ļ				15,658		1,566			4,092
d	Equipment	<u> </u>				84,245		80,833		1	7,190
<u>е</u>	Other	1	J F	000 0-4	V anti-	- (D) /i 10(:					
ıota	I. Add lines 1a through 1e. (Column (d	ı must equa	ıı rom	yyu, Part	A, COIUM	ri (¤), ii⊓e 10(d	<i>))</i>	<u> </u>		18	0,860

Page 3

Part VII	Investments—Other Securities	es. See Form 990, Part	X, line 12
	Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
• •	l derivatives		
	held equity interests		
(3) Other			
			
	• • • • • • • • • • • • • • • • • • • •		
(F)			
(G)			
(H)			
<u>(l)</u>			
	b) must equal Form 990, Part X, col (B) line 12)		"是是是这个人的,我们就是一个人的人的。"
Part VIII	Investments—Program Relat	ed. See Form 990, Part	: X, line 13.
	(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)			
(2)			
(3)			
(5)			
(6)			
(7)	·		
(8)			
(9)			
(10)			
	b) must equal Form 990, Part X, col (B) line 13)		The state of the s
Part IX	Other Assets. See Form 990,		(h) Park all a
		a) Description	(b) Book value
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			· · · · · · · · · · · · · · · · · · ·
(9)			
(10)	umn (b) must equal Form 990, Part X,	col (R) line 15)	•
Part X	Other Liabilities. See Form 99		
1.	(a) Description of liability	(b) Amount	
	al income taxes	V-7	The state of the s
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
<u>(9)</u> <u>(10)</u>			
(11)			
	b) must equal Form 990, Part X, col (B) line 25)		

Nazareth Farm, Inc 55-0739518 Schedule D (Form 990) 2010 Page 5 Supplemental Information (continued) Part XIV

SCHEDULEI (Form 990)

Department of the Treasury Name of the organization Internal Revenue Service

Nazareth Farm, Inc

Part I

General Information on Grants and Assistance

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

OMB No 1545-0047

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

2010	Open to Public	Inspection

Employer identification number

55-0739518

Š (h) Purpose of grant or assistance Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000 Part II X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of non-cash assistance (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations the selection criteria used to award the grants or assistance? (c) IRC section if applicable can be duplicated if additional space is needed Enter total number of other organizations (b) EIN 1 (a) Name and address of organization or government Part II 2 $\mathbf{\epsilon}$ 3 <u>න</u> €; €, <u>@</u> 8 5 € <u></u>

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2010)

Nazareth Farm, Inc Schedule I (Form 990) (2010)

Page 2 (f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance Part I Line 1 The organization interviews clients and obtains financial information to verify eligibility 49,003 (c) Amount of cash grant Part III can be duplicated if additional space is needed (b) Number of recipients (a) Type of grant or assistance 1 Shelter for people in need Part III

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Inspection
Employer identification number

Nazareth Farm, Inc	55-0739518
Form 990 Part VI Section B Line 11 A draft copy is provided to the Board of Directors for	
review before Form 990 is finalized	
Form 990 Part VI Section B Line 12(c) The Board of Directors completes a questionaire	
annually.	
Form 990 Part VI Section C Upon request a copy is made available for review on site or for a	
nominal charge the document can be mailed	
	•••••
' 	

Schedule O (Form 990 or 990-EZ) (2010)	Page 2
Name of the organization	Employer identification number
Nazareth Farm, Inc.	55-0739518
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•••••••••••••••••••••••••••••••••••••••	

Part I, Ln 1 and Part III, Ln 1 (990) - Organization's Mission or Most Significant Activities

Part I Line 1 - Briefly describe the organization's mission or most significant activities

Limit to 320 characters.

Nazareth Farm is unique in that it provides two distinct activities, yet are able to merge them as one. The first is to provide low-income, disabled, and/or elderly in Doddridge County, WV and surrounding area with home repairs for the cost of the material only. The labor is provided for free. Secondly, the Farm gives an opportunity for 600-700 High School/College age students to serve

Part III Line 1 - Briefly describe the organization's mission: Limit to 375 characters.

Nazareth Farm is a Catholic community in rural West Virginia that transforms lives through a service retreat experience. We are devoted to living out the Gospel message through the cornerstones of community, simplicity, prayer, and service. We serve alongside our neighbors to address sub-standard housing by providing home repair. We celebrate the richness of Appalachia and experience God through building relationships between our volunteers and the local community.

Part X, Lines 10a and 10b (990) - Land, Buildings, and Equipment

							283,624	100,468	116,542	13,778	183,156	180,860
i	_	Leasehold				Check If		Beginning	Ending			•
		Improve-			Ę	Asset	Cost/Other	cumulated	Accumulated	Disposals/	Beginning	Ending
	Buildings	ments	Equipment	Other	Asset	Disposed	Basis	epreciation	Depreciation	Adjustments	Balance	Balance
L	×						197,499	42,727	47,921			149,578
-			×				50,562	37,713	46,501			10,009
⊢			×				19,905	19,506	20,554	7,830	399	7,181
-		×					15,658	522	1,566			14,092
											•	
_												