

## Short Form Return of Organization Exempt From Income Tax

# 2008

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 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.*

<b>A For the 2008 calendar year, or tax year beginning</b>		<b>, and ending</b>	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C Name of organization</b>	
		Lower Lights Ministries Inc	
		Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite
		1066 Bellows Ave	
City, town, or country		State	ZIP + 4
Columbus		OH	43223
		<b>D Employer identification number</b>	
		31-1300561	
		<b>E Telephone number</b>	
		<b>F Group Exemption Number</b> . . . ▶	

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

**G Accounting method:**  Cash  Accrual  
Other (specify) ▶

**H Check**  if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**I Website:** ▶ www.lower-lights.org

**J Organization type** (check only one)—  501(c) ( 3 ) ◀ (insert no.)  4947(a)(1) or  527

**K Check**  if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ** ▶ \$ 344,450

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

<b>Revenue</b>	1	Contributions, gifts, and similar amounts received . . . . .	1	296,701
	2	Program service revenue including government fees and contracts . . . . .	2	37,955
	3	Membership dues and assessments . . . . .	3	
	4	Investment income . . . . .	4	
	5a	Gross amount from sale of assets other than inventory . . . . .	5a	
	b	Less: cost or other basis and sales expenses . . . . .	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) . . . . .	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ <input type="checkbox"/>		
	a	Gross revenue (not including \$ _____ of contributions reported on line 1) . . . . .	6a	9,794
b	Less: direct expenses other than fundraising expenses . . . . .	6b		
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	6c	9,794	
7a	Gross sales of inventory, less returns and allowances . . . . .	7a		
b	Less: cost of goods sold . . . . .	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c		
8	Other revenue (describe ▶ _____ )	8		
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . . ▶	9	344,450	
<b>Expenses</b>	10	Grants and similar amounts paid (attach schedule) . . . . .	10	
	11	Benefits paid to or for members . . . . .	11	
	12	Salaries, other compensation, and employee benefits . . . . .	12	204,311
	13	Professional fees and other payments to independent contractors . . . . .	13	11,767
	14	Occupancy, rent, utilities, and maintenance . . . . .	14	26,197
	15	Printing, publications, postage, and shipping . . . . .	15	6,974
	16	Other expenses (describe ▶ See attached statement )	16	74,335
17	<b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶	17	323,584	
<b>Net Assets</b>	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	20,866
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	19	139,585
	20	Other changes in net assets or fund balances (attach explanation) . . . . .	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ▶	21	160,451

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.)

		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments . . . . .	13,828	22	21,539
23	Land and buildings . . . . .	267,416	23	259,168
24	Other assets (describe ▶ Accounts receivable )	30,272	24	6,471
25	<b>Total assets</b> . . . . .	311,516	25	287,178
26	<b>Total liabilities</b> (describe ▶ See attached statement )	171,931	26	126,727
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	139,585	27	160,451

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III.)		<b>Expenses</b>	
What is the organization's primary exempt purpose? <u>Faith based social services</u>		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
<b>28</b>	Rachel's House serves female ex-offenders to limit recidivism through comprehensive housing and mentoring. In 2008 approximatley 80 women received mentoring and 12 women received housing. Recidivism among participants is approx 10%. (Grants \$ ) If this amount includes foreign grants, check here . . . . ▶ <input type="checkbox"/>	<b>28a</b>	102,395
<b>29</b>	Project AIM is a family mentoring program providing case management & mentoring for low-income families to reduce isolation & remove barriers as well serve as a community liaison for families and children. 18 families participated (Grants \$ ) If this amount includes foreign grants, check here . . . . ▶ <input type="checkbox"/>	<b>29a</b>	34,790
<b>30</b>	Light-the-Way-Home is a service enriched housing program to assist low-income families to overcome barriers and improve their overall housing situation. 8 families received housing, mentoring and case-management. (Grants \$ ) If this amount includes foreign grants, check here . . . . ▶ <input type="checkbox"/>	<b>30a</b>	70,653
<b>31</b>	Other program services (attach schedule) . . . . . (Grants \$ ) If this amount includes foreign grants, check here . . . . ▶ <input type="checkbox"/>	<b>31a</b>	76,533
<b>32</b>	<b>Total program service expenses.</b> (add lines 28a through 31a) . . . . . ▶	<b>32</b>	284,371

**Part IV List of Officers, Directors, Trustees, and Key Employees** List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name <u>Larry Pfahler, MD</u> Str <u>1535 Buckpoint Ln</u> City <u>Worthington</u> ST <u>OH</u> ZIP <u>43085</u>	Title <u>Chairperson</u> Hr/WK <u>2.00</u>			
Name <u>Sue Toth</u> Str <u>1300 Newbury Dr</u> City <u>Worthington</u> ST <u>OH</u> ZIP <u>43085</u>	Title <u>Vice-Chair</u> Hr/WK <u>2.00</u>			
Name <u>Rev Rodney Kuhn</u> Str <u>6239 Barberrry Hollow</u> City <u>Columbus</u> ST <u>OH</u> ZIP <u>43213</u>	Title <u>Secretary</u> Hr/WK <u>2.00</u>			
Name <u>Barbara Trent</u> Str <u>2475 Greshwin Ave</u> City <u>Grove City</u> ST <u>OH</u> ZIP <u>43123</u>	Title <u>Treasurer</u> Hr/WK <u>2.00</u>			
Name <u>Norbert Fischer</u> Str <u>5327 Sutter Home Rd</u> City <u>Hilliard</u> ST <u>OH</u> ZIP <u>43026</u>	Title <u>Director</u> Hr/WK <u>1.00</u>			
Name <u>Gloria Fitzpatrick</u> Str <u>651 Elaine Dr</u> City <u>West Jefferson</u> ST <u>OH</u> ZIP <u>43162</u>	Title <u>Director</u> Hr/WK <u>1.00</u>			
Name <u>Scott Imboden</u> Str <u>6393 Falkirk Pl</u> City <u>Columbus</u> ST <u>OH</u> ZIP <u>43229</u>	Title <u>Director</u> Hr/WK <u>1.00</u>			
Name <u>Trevor Johnston</u> Str <u>5741 Platinum Dr</u> City <u>Grove City</u> ST <u>OH</u> ZIP <u>43123</u>	Title <u>Director</u> Hr/WK <u>1.00</u>			
Name <u>Sharlon Koch</u> Str <u>889 Bellows Ave</u> City <u>Columbus</u> ST <u>OH</u> ZIP <u>43223</u>	Title <u>Director</u> Hr/WK <u>1.00</u>			
Name <u>Jim Laws</u> Str <u>2633 Geyerwood Ct</u> City <u>Grove City</u> ST <u>OH</u> ZIP <u>43123</u>	Title <u>Director</u> Hr/WK <u>1.00</u>			
Name <u>Bill Mowry</u> Str <u>35 Brevoort Rd</u> City <u>Columbus</u> ST <u>OH</u> ZIP <u>43214</u>	Title <u>Director</u> Hr/WK <u>1.00</u>			
Name <u>Darrell Ranum, Esq</u> Str <u>5624 Donnally Ct</u> City <u>Dublin</u> ST <u>OH</u> ZIP <u>43016</u>	Title <u>Director</u> Hr/WK <u>1.00</u>			
Name <u>Mike Redcay</u> Str <u>115 Martin Ave</u> City <u>Columbus</u> ST <u>OH</u> ZIP <u>43222</u>	Title <u>Director</u> Hr/WK <u>1.00</u>			
Name <u>Rev Mike Vallangeon</u> Str <u>1066 Bellows Ave</u> City <u>Columbus</u> ST <u>OH</u> ZIP <u>43223</u>	Title <u>Director</u> Hr/WK <u>1.00</u>			
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____			
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____			
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____			
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____			

**Part V Other Information** (Note the statement requirements in the instructions for Part VI.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity. . . . .		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes . . . . .		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? . . . . .		X
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N . . . . .		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions▶ <b>37a</b>		
b	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		X
38 a	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 unpaid at the start of the period covered by this return? . . . . .		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . <b>38b</b>		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b>		
b	Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b>		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I . . . . .		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ _____		
d	Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ _____		
e	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. . . . .		X
41	List the states with which a copy of this return is filed. ▶ _____		
42 a	The books are in care of ▶ Name David Gay Telephone no. ▶ 614-228-3855 Located at ▶ 1066 Bellows Ave City Columbus ST OH ZIP + 4 ▶ 43223-1442		
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 account)? . . . . .	Yes	No
	If "Yes," enter the name of the foreign country: ▶ _____		X
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . .		X
	If "Yes," enter the name of the foreign country: ▶ _____		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here . . . . . <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b>  N/A		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		X

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

	Yes	No
<b>46</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. . . . .	<b>46</b>	X
<b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II. . . . .	<b>47</b>	X
<b>48</b> Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>48</b>	X
<b>49 a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	<b>49a</b>	X
<b>b</b> If "Yes," was the related organization(s) a section 527 organization? . . . . .	<b>49b</b>	

**50** Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name <u>None</u> Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____			
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____			
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____			
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____			
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____			
Total number of other employees paid over \$100,000 ▶				

**51** Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name <u>None</u> Str _____ City _____ ST _____ ZIP _____		
Name _____ Str _____ City _____ ST _____ ZIP _____		
Name _____ Str _____ City _____ ST _____ ZIP _____		
Name _____ Str _____ City _____ ST _____ ZIP _____		
Name _____ Str _____ City _____ ST _____ ZIP _____		
Total number of other independent contractors each receiving over \$100,000 . . . . ▶		

**Sign Here** Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: David Gay - Executive Director Date: \_\_\_\_\_  
Type or print name and title.

**Paid Preparer's Use Only**

Preparer's signature: <u>Jerry Stephens EA</u>	Date: <u>5/18/2009</u>	Check if self-employed: <input checked="" type="checkbox"/>	Preparer's Identifying Number (See instructions): <u>P00496428</u>
Firm's name (or yours if self-employed), address, and ZIP +4: <u>Ministry Consulting Group LLC</u>	EIN: <u>20-1994548</u>	Phone no.: <u>(614) 707-7871</u>	

May the IRS discuss this return with the preparer shown above? See instructions . . . . .  **Yes**  **No**

**Part III, Line 31 (990-EZ) - Other Program Services**

	Program Service Expenses
Childrens' Day Camp is a four week summer day camp serving low-income children. 70 children received meals, education enrichment, spiritual/moral lessons, and various cultural and recreational activities.	
(Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	18,708
Other outreach and volunteer programs to serve the Franklinton community. Approximately 400 individuals were served.	
(Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	57,825
(Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	
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(Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	
(Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	
<p style="text-align: right;">Total</p>	<p style="text-align: right;">Total 76,533</p>



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	83,078	142,048	254,116	226,452	296,701	1,002,395
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total</b> Add lines 1-3 . . . . .	83,078	142,048	254,116	226,452	296,701	1,002,395
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4.						1,002,395

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4 . . . . .	83,078	142,048	254,116	226,452	296,701	1,002,395
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .				34		34
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .	640			25,072	9,794	35,506
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						1,037,935
<b>12</b> Gross receipts from related activities, etc. (see instructions.) . . . . .					<b>12</b>	
<b>13 First five years.</b> 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 <b>stop here</b> . . . . . ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	96.58%
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f . . . . .	<b>15</b>	95.90%
<b>16a 33 1/3% support test—2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ► <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test—2007.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances-test—2008.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. . . . . ► <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2007.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. . . . . ► <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. . . . . ► <input type="checkbox"/>		

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> 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 . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1-5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

**14 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**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g . . . . .	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2008</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b> Investment income percentage from <b>2007</b> Schedule A, Part IV-A, line 27h . . . . .	<b>18</b>	

**19a 33 1/3% support tests—2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . .

**b 33 1/3% support tests—2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . .

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





**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
		Annual dinner (event type)	(event type)	NONE (total number)	(Add col. (a) through col. (c))	
Revenue	1	Gross receipts . . . . .	9,794		9,794	
	2	Less: Charitable contributions . . . . .				
	3	Gross revenue (line 1 minus line 2) . . . . .	9,794		9,794	
Direct Expenses	4	Cash prizes . . . . .				
	5	Non-cash prizes . . . . .				
	6	Rent/facility costs . . . . .				
	7	Other direct expenses . . . . .				
	8	Direct expense summary. Add lines 4 through 7 in column (d) . . . . . ▶				
	9	Net income summary. Combine lines 3 and 8 in column (d) . . . . . ▶				9,794

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))	
		Revenue	1	Gross revenue . . . . .		
Direct Expenses	2	Cash prizes . . . . .				
	3	Non-cash prizes . . . . .				
	4	Rent/facility costs . . . . .				
	5	Other direct expenses . . . . .				
	6	<input type="checkbox"/> Yes ..... <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... <input type="checkbox"/> No		
	7	Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				
	8	Net gaming income summary. Combine lines 1 and 7 in column (d) . . . . . ▶				

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: .....		
a Is the organization licensed to operate gaming activities in each of these states? . . . . .	9a	
b If "No," Explain: ..... .....		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," Explain: ..... .....	10a	
11 Does the organization operate gaming activities with nonmembers? . . . . .	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .	12	

		Yes	No
<b>13</b>	Indicate the percentage of gaming activity operated in:		
<b>a</b>	The organization's facility . . . . .		
	<b>13a</b>		
<b>b</b>	An outside facility . . . . .		
	<b>13b</b>		
<b>14</b>	Provide the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ▶ .....		
	Address ▶ .....		
<b>15a</b>	Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .		
	<b>15a</b>		
<b>b</b>	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ ..... and the amount of gaming revenue retained by the third party ▶ \$ .....		
<b>c</b>	If "Yes," enter name and address:		
	Name ▶ .....		
	Address ▶ .....		
<b>16</b>	Gaming manager information:		
	Name ▶ .....		
	Gaming manager compensation ▶ \$ .....		
	Description of services provided ▶ .....		
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor		
<b>17</b>	Mandatory distributions:		
<b>a</b>	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .		
	<b>17a</b>		
<b>b</b>	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ .....		

**Part I, Line 1 (990-EZ) - Contributions, Gifts, Grants and Similar Amounts Received**

1	Contributions . . . . .	1	296,701
2	NonCash contributions . . . . .	2	
3	Membership dues and assessments (contributions from the public) . . . . .	3	
4	Government contributions (grants) . . . . .	4	
5	Commercial co-venture . . . . .	5	
6	Special events contributions (Line 6 - Special Events). . . . .	6	
7	Associated organization contributions . . . . .	7	
8		8	
9		9	
10		10	
11	Total . . . . .	11	296,701

**Part I, Line 16 (990-EZ) - Other Expenses**

74,335

1	Travel, Meals and Entertainment		
	a Travel . . . . .	1a	7,625
	b Total meals and entertainment . . . . .	1b	
2	Fundraising . . . . .	2	
3	From Form 4562 - Amortization . . . . .	3	
4	Conferences, conventions, and meetings	4	
5	Depreciation, depletion, etc.	5	13,329
6	Equipment rental and maintenance	6	15,529
7	Interest	7	
8	Supplies	8	
9	Telephone	9	1,606
10	Unrelated business income taxes	10	
11	Supplies	11	14,835
12	Bank fees & interest	12	10,739
13	Dues & fees	13	5,565
14	Professional development	14	390
15	Insurance	15	2,948
16	Bad debt expense	16	1,470
17	Charitable assistance	17	299
18		18	
19		19	
20		20	
21		21	
22		22	
23		23	
24		24	
25		25	
26		26	

**Part II, Line 24 (990-EZ) - Other Assets**

30,272

6,471

Description		Beginning	End
1	Accounts receivable	30,272	6,471
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			

**Part II, Line 26 (990-EZ) - Liabilities**

171,931

126,727

Description		Beginning	End
1	Accounts payable	23,496	13,362
2	Current portion of LT debt		34,699
3	Program participant deposits	805	1,430
4	Notes payable	147,630	77,236
5			
6			
7			
8			
9			
10			

