

Critical Messages

None

Electronic Filing

None

Informational Messages

Preparer 'David E Rupp'

Missing Data

Prior Year Data

Extensions

- | | |
|--|---------|
| <input type="checkbox"/> Extension calculate | 1 |
| <input type="checkbox"/> Extended due date 1st ext | 2/17/09 |

Electronic Filing

- | | |
|---|---|
| <input type="checkbox"/> File 1st ELF extension | X |
|---|---|

Balance Sheet - Assets

- | | |
|--|--------|
| <input type="checkbox"/> Savings - EOY | 86,300 |
|--|--------|

Forms 990 / 990-EZ Return Summary

For calendar year 2008, or tax year beginning **7/01/08** , and ending **6/30/09**

34-1719319

Solid Rock Missions

Net Asset / Fund Balance at Beginning of Year		<u>362,381</u>
Revenue		
Contributions	<u>853,297</u>	
Program service revenue	<u> </u>	
Investment income	<u>7,391</u>	
Capital gain / loss	<u> </u>	
Special events:		
Gross revenue	<u> </u>	
Direct expenses	<u> </u>	
Net income	<u> </u>	
Other income	<u> </u>	
Total revenue	<u>860,688</u>	
Expenses		
Program services	<u> </u>	
Management and general	<u> </u>	
Fundraising	<u> </u>	
Total expenses	<u>1,019,989</u>	
Excess / (deficit)		<u>-159,301</u>
Other changes		<u> </u>
Net Asset / Fund Balance at End of Year		<u><u>203,080</u></u>

Reconciliation of Revenue

Total revenue per financial statements	<u> </u>
Less:	
Unrealized gains	<u> </u>
Donated services	<u> </u>
Recoveries	<u> </u>
Other	<u> </u>
Plus:	
Investment expenses	<u> </u>
Other	<u> </u>
Total revenue per return	<u><u> </u></u>

Reconciliation of Expenses

Total expenses per financial statements	<u> </u>
Less:	
Donated services	<u> </u>
Prior year adjustments	<u> </u>
Losses	<u> </u>
Other	<u> </u>
Plus:	
Investment expenses	<u> </u>
Other	<u> </u>
Total expenses per return	<u><u> </u></u>

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>365,226</u>	<u>206,954</u>	
Liabilities	<u>2,845</u>	<u>3,874</u>	
Net assets	<u><u>362,381</u></u>	<u><u>203,080</u></u>	<u><u>-159,301</u></u>

Miscellaneous Information

Amended return _____
 Return / extended due date **11/16/09**
 Failure to file penalty _____

**Penrod & George
421 Independence Drive
Napoleon, OH 43545
419-599-8045**

November 5, 2009

CONFIDENTIAL

Solid Rock Missions
PO Box 334
Wauseon, OH 43567

Dear Solid Rock Missions:

We have prepared the enclosed returns from information provided by you without verification or audit. We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached to each return is an instruction sheet for signing and filing. Please follow those instructions carefully.

Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Penrod & George

Income Tax Returns

June 30, 2009

**Penrod & George
421 Independence Drive
Napoleon, OH 43545
419-599-8045**

**Penrod & George
421 Independence Drive
Napoleon, OH 43545
419-599-8045**

November 5, 2009

CONFIDENTIAL

Solid Rock Missions
PO Box 334
Wauseon, OH 43567

For professional services rendered in connection with the preparation of the following tax forms
for year ending 6/30/09.

Form 990-EZ (Exempt Organization Tax Return)	\$	<u>30.00</u>
Amount due	\$	<u><u>30.00</u></u>

Filing Instructions

Solid Rock Missions

Short Form Exempt Organization Tax Return

Taxable Year Ended June 30, 2009

- Date Due:** November 16, 2009
- Remittance:** None is required. Your Form 990-EZ for the tax year ended 6/30/09 shows no balance due.
- Signature:** You are using a Personal Identification Number (PIN) for signing your return electronically. Sign the IRS e-file Authorization and mail it as soon as possible to:
- Penrod & George
421 Independence Drive
Napoleon, OH 43545
- Other:** Initial and date the copies of the IRS e-file Signature Authorization and the Form 990-EZ. Retain them for your records.
- Your return is being filed electronically with the IRS and is not required to be mailed. Mailing a paper copy of your return to the IRS will delay the processing of your return.

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2008, or fiscal year beginning 7/01, 2008, and ending 6/30, 2009

▶ Do not send to the IRS. Keep for your records.

2008

Department of the Treasury
Internal Revenue Service

▶ See instructions.

Name of exempt organization

Solid Rock Missions

Employer identification number

34-1719319

Name and title of officer

**David E. Rupp
Treasurer**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990, line 12)	1b	
2a Form 990-EZ check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	860,688
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2008 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize Penrod & George to enter my PIN 91391 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature }

Date } **11/03/09**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

34307935971

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2008 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature }

Date }

**ERO Must Retain This Form—See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2008)

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2008

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

u 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.

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

Department of the Treasury
Internal Revenue Service

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 7/01/08, **and ending** 6/30/09

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	Please use IRS label or print or type. See Specific Instructions.	C Name of organization <div style="text-align: center; font-weight: bold; font-size: 1.2em;">Solid Rock Missions</div> Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <div style="text-align: center; font-weight: bold;">PO Box 334</div> City or town, state or country, and ZIP + 4 <div style="text-align: center; font-weight: bold;">Wauseon OH 43567</div>	D Employer identification number <div style="text-align: center; font-weight: bold;">34-1719319</div> E Telephone number <div style="text-align: center; font-weight: bold;">419-335-8046</div> F Group Exemption Number u
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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) **u**

I Website: **u** www.solidrockmissions.org
J Organization type (check only one)— 501(c) (3) **t** (insert no.) 4947(a)(1) or 527

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

K Check u 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 **u \$** 860,688

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

Revenue	1 Contributions, gifts, grants, and similar amounts received	1		853,297
	2 Program service revenue including government fees and contracts	2		
	3 Membership dues and assessments	3		
	4 Investment income	4		7,391
	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 sch.)	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		
	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			
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 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶	9		860,688	
Expenses	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		120,414
	13 Professional fees and other payments to independent contractors	13		7,970
	14 Occupancy, rent, utilities, and maintenance	14		
	15 Printing, publications, postage, and shipping	15		
	16 Other expenses (describe ▶ <u>See Statement 1</u>)	16		891,605
17 Total expenses. Add lines 10 through 16 ▶	17		1,019,989	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18		-159,301
	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		362,381
	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		203,080

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	365,226	22	206,954	
23 Land and buildings		23		
24 Other assets (describe ▶ _____)		24		
25 Total assets	365,226	25	206,954	
26 Total liabilities (describe ▶ <u>See Statement 2</u>)	2,845	26	3,874	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	362,381	27	203,080	

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

Form **990-EZ** (2008)

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)	Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
What is the organization's primary exempt purpose? See Statement 3	
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.	
28 See Statement 4 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> u	28a 876,371
29 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> u	29a
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> u	30a
31 Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> u	31a
32 Total program service expenses (add lines 28a through 31a) u	32 876,371

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
Rod Meyer PO Box 334 Wauseon OH 43567	Executive Di 40	46,575	0	0
Greg German PO Box 334 Wauseon OH 43567	Board member 0	0	0	0
David Rupp PO Box 334 Wauseon OH 43567	President 2	0	0	0
Orville Fricke PO Box 334 Wauseon OH 43567	Board member 0	0	0	0
Jay L Faletti PO Box 334 Wauseon OH 43567	Board member 0	0	0	0
Dr. James Blankship PO Box 334 Wauseon OH 43537	Board member 0	0	0	0
Jim Bramlett PO Box 334 Wauseon OH 43567	Vice Preside 0	0	0	0
Linda Gottschalk PO Box 334 Wauseon OH 43567	Board member 0	0	0	0
Cora Hunse PO Box 334 Wauseon OH 43567	Board member 0	0	0	0
Tammy Leinbach PO Box 334 Wauseon OH 43567	Board member 0	0	0	0
Mike Unternahrer PO Box 334 Wauseon OH 43567	Board member 0	0	0	0
Bob Williams PO Box 334 Wauseon OH 43567	Board member 0	0	0	0
Dr. Claude Woollen PO Box 334 Wauseon OH 43567	Board member 0	0	0	0
John Mann, III, MD PO Box 334 Wauseon OH 43567	Board member 0	0	0	0
Roger Zimmerman PO Box 334 Wauseon OH 43567	Board member 0	0	0	0
David McCarty PO Box 334 Wauseon OH 43567	Board member 0	0	0	0

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 Form 990-T 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
37a	Enter amount of political expenditures, direct or indirect, as described in the instr. u 37a		
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still 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	38b	
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 u ; section 4912 u ; section 4955 u		
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	40b	X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 u		
d	Enter amount of tax on line 40c reimbursed by the organization u		
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	40e	X
41	List the states with which a copy of this return is filed. u OH		
42a	The books are in care of u Solid Rock Missions Telephone no. u 419-335-8046 10196 Co Rd 14 Located at u Wauseon, OH ZIP + 4 u 43567		
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)? If "Yes," enter the name of the foreign country: u See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	X
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: u	42c	X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here u and enter the amount of tax-exempt interest received or accrued during the tax year u 43		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	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	45	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
46 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		X
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
b If "Yes," was the related organization(s) a section 527 organization?		

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
None				

Total number of other employees paid over \$100,000 **0**

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
None		

Total number of other independent contractors each receiving over \$100,000 **0**

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.

Sign Here

Signature of officer: **David E. Rupp** Date: _____
 Type or print name and title: **Treasurer**

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed **u**

Firm's name (or yours if self-employed), address, and ZIP + 4: **Penrod & George**
421 Independence Drive
Napoleon, OH 43545

Preparer's Identifying Number (See instr.): **P00068393**
 EIN **u 34-1176143**
 Phone no. **u 419-599-8045**

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

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) u	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	746,180	760,890	1,013,650	903,244	853,297	4,277,261
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1-3	746,180	760,890	1,013,650	903,244	853,297	4,277,261
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						4,277,261

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	746,180	760,890	1,013,650	903,244	853,297	4,277,261
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	14,458	8,232	12,142	11,131	7,391	53,354
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 Total support. Add lines 7 through 10						4,330,615
12 Gross receipts from related activities, etc. (see instructions)					12	
13 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	98.7680 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	98.9255 %
16a 33 1/3 % support test—2008. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3 % support test—2007. 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 stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. 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) u	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included 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.)						

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

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

Section D. Computation of Investment Income Percentage

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

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

Federal Statements

Statement 1 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	\$
Capital projects	102,171
CCED school	227,303
CCSI clinic	68,871
Medical support	9,069
Special Dominican funds	36,381
El Rosario school	37,621
Morales support	2,160
Work teams room and board	210,108
Returned contribution	152,966
Printing and promotion	7,653
Shipping and supplies	3,576
Rent non cash	18,000
Utilities	2,581
Miscellaneous	4,984
Unrealized investment los	8,161
Total	\$ <u>891,605</u>

Statement 2 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year	End of Year
Accounts Payable and Accrued Expenses	\$ 2,845	\$ 3,874
	<u>2,845</u>	<u>3,874</u>

Statement 3 - Form 990-EZ, Part III - Organization's Primary Exempt PurposeDescription

To provide assistance in constructing and maintaining schools, medical clinics and churches in poor areas of the world.

Statement 4 - Form 990-EZ, Part III, Line 28 - Statement of Program Service AccomplishmentsDescription

Provided assistance in constructing schools, churches, and medical clinics in poor areas of the world including providing funds for individuals and other needs of poor people throughout the Dominican Republic.