## Form **990-EZ**

Department of the Treasury Internal Revenue Service

## Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) 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.

OMB No. 1545-1150

2008

Open to Public Inspection

A F	or the 2	2008 calenda	ar year,	or tax year beginning	July 1	, 2008, and er	iding	June		, 20	
B	Check if app	olicable:	Please	C Name of organization				D Employ	er identi	fication	number
_	Address ch	•	Spel of Landing Additioners				2091339				
	Name chan		print or Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Telepho						ne num	ber	
_	initial return		type. See	2514 Plantation Center D	rive		43.400-00-0000-000	( 866	)	364-9	980
_	Termination Amended re	Specific City or fown state or country, and ZIP + 4									
	Amended n Application		Instruc- tions.	Matthews, NC 28105				Numbe		<b>&gt;</b>	
			- STORE STORE	ations and 4947(a)(1) nonexe	mot charitable	trusts must attach	G Acco	unting meth	od: 「	Cash	Accrual
				pleted Schedule A (Form 99			11 12 12 12 12 12 12 12 12 12 12 12 12 1	(specify)	_		
			. 0.01-1-4	- Attach com				k ► 🔲 ii			
	Website	-	-y= -y-	ryWatch.com				red to attac		tule B (F	orm 990,
				nly one) – 🗹 501(c) ( 3 ) ◀ (i	The state of the s	947(a)(1) or 527		EZ, or 990-l			
K	Check 🟲	if the org	ganizatio	on is not a section 509(a)(3) su	pporting organiza	ation <b>and</b> its gross rece	lpts are nor	mally <b>not</b> m	ore thai	n <b>\$25,</b> 00	0. A return is
	not requi	ired, but if th	e organi	zation chooses to file a return	, be sure to file a	complete return.		200 57			
				ne 9 to determine gross receipts					<b>▶</b> \$	D-d I	
Р				nses, and Changes in		or Fund Balances	(See the	Instruction		Part I.	04.000
				s, grants, and similar amoun					1		81,682
	2	Program s	ervice i	revenue including governm	ent fees and c	ontracts , , , ,			2		91,455
	3	Membersh	ip dues	and assessments					3		
	4	Investment	t incom	e					4		-354
	5a	Gross amo	ount fro	m sale of assets other tha	in inventory .	5a			SAT		
	Ь	Less: cost	or oth	er basis and sales expense	es	5b					
4.	C	Gain or (los	s) from	sale of assets other than inv	entory (Subtrac	t line 5b from line 5a)	(attach sch	redule).	5c		
چ	6										
Revenue	а	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here Gross revenue (not including \$ of contributions									
Re		reported on line 1)							arite.		
	b	b Less: direct expenses other than fundraising expenses							4		
	C	At 1 to the first the control of the							6c		
	7a	a Gross sales of inventory, less returns and allowances									
	1	b Less: cost of goods sold									
		6							7c		
	8	Other revenue (describe >)							8		
	9	Total reve	enue. A	dd lines 1, 2, 3, 4, 5c, 6c,	7c, and 8	** * * ****		>	9		172,783
	10	Grants and	d simila	ar amounts paid (attach sc	hedule)				10		
	11										
(A)		Salaries, other compensation, and employee benefits									162,266
Expenses	13	Professional fees and other payments to independent contractors							13		6,800
e e	14	Occupancy, rent, utilities, and maintenance							14		
ŵ	15	Printing, publications, postage, and shipping.							15		
	16	Other expenses (describe Deffice, Website, Internet						A 10	16		8,366
	17			Add lines 10 through 16					17		177,432
y,	18	Excess or	(defici	t) for the year (Subtract line					18		-4,649
Net Assets	19			nd balances at beginning					The last		
V		end-of-ve	ar ficur	e reported on prior vear's	return)	= ,	, , <b></b>		19		13,098
ŧ	20	end-of-year figure reported on prior year's return)						20			
Z	21	Net assets	s or fur	nd balances at end of year	. Combine line:	s 18 through 20.		>	21		8,449
F	art II	Balance	Sheet	s. If Total assets on line 2	25, column (B)	are \$2,500,000 or m				of Form	990-EZ.
			(	See the instructions for Pa	ırt II.)		(A) B	eginning of y	-	(B) End	of year
2	2 Casi	h, savings,	•		•			14,3	63 22		7,445
	3 Land	d and build	inas		ು ಆರ್.ವ. ಚಿ. ಪ. ಸೆ.	. av 250 35 35 51 51 76 7			23		
	4 Othe	er assets (d	escrib	Prepaid expenses, fl	ixed assets, in	vestments	,		47 24		3,019
	5 Tota	al assats	. 5001100		1 020 H4 N0 K4	20 020 021 02 02 02 0		16,9	10 25		10,464
	6 Tota	al liabilities	(descr	be Account payable a	nd accrued ex	penses	)		12 26		2,015
_	7 Net	assets or	fund b	alances (line 27 of column	(B) must agre	e with line 21) .	2	13,0	98 27		8,449

Otti	1 350 12 (2000)					
Pa	rt III Statement of Program Service Accom	plishments (See the instr	uctions for Part I	II.)	<b>/-</b>	Expenses
Mh	at is the organization's primary exempt purpose?	tewardship education and	donor advocate.		(Requ	uired for 501(c)(3)
7V118	cribe what was achieved in carrying out the organiza	tion's everent purposes. In	a algar and conci	co manner	and	(4) organizations 4947(a)(1) trusts;
Jes	cribe the services provided, the number of persons ber	nations exempt purposes, in	rmation for each or	ogram title	optio	nal for others.)
					1	
28	Donor advocate facilitating the information needs	s of donors. Profiling Publ	ic Charities, chu	rch and	1	
	parachurch ministries and educating how to be a	responsible giver. Carrie	d out its mission	through	1 1	
	(1) MinistryWatch.com, (2) Individual Research S					
					28a	150,817
	(Grants \$ 0) If this amount inclu	ides foreign grants, check	nere		20a	100,017
29	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
					l 1	
					1 1	
	(Grants \$ ) If this amount incli	idaa faralan aranta ahaak	horo		29a	
					200	
30					1 1	
				~~~~	1 1	
	(Grants \$ ) If this amount incl	udes foreign grants, check	here	<b>▶</b> □	30a	
24	Other program services (attach schedule)	Total granta, The				
<b>J</b> I	. •				24-	
		udes foreign grants, check			31a	
32	Total program service expenses (add lines 28a th	rough 31a)		🕨	32	150,817
Pa	art IV List of Officers, Directors, Trustees, and Key	Employees. List each one eve	n if not compensate	d. (See the in:	structio	ns for Part IV.)
		(b) Title and average	(c) Compensation	(d) Contribution	ons to	(e) Expense
	(a) Name and address	hours per week devoted to position	(If not paid,	employee benefit deferred compe	plans &	account and other allowances
_		devoted to position	enter -0)	deterred compe	nsauon	Other allowances
	oward (Rusty) Leonard	CEO/ Chairman			-	2
25	14 Plantation Center Dr., Matthews, NC 28105	4 hours	0		0	0
	rolynn Leonard	Board Member				
	14 Plantation Center Dr., Matthews, NC 28105	Control of the Contro	0		0	0
-		0				
	m Burns	Treasurer/ Board	_			
25	14 Plantation Center Dr., Matthews, NC 28105	Member 0	0		0	0
Ro	odney Pitzer	COO/ Managing Dir. of				
	14 Plantation Center Dr., Matthews, NC 28105	Research 40 hours	79,999.92	9,4	30.27	0
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Par	Other Information (Note the statement requirements in the instructions for Part VI.)			
			Yes	No
	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		1
	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	34		1
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.			
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		1
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	-	
	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		1
b	Enter amount of political expenditures, direct or indirect, as described in the instructions.     37a	37b	Block	1
	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? If "Yes," complete Schedule L, Part II and enter the total amount involved	38a		1
39	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9	E		
b	Gross receipts, included on line 9, for public use of club facilities	37.		
	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	40b		1
	L, Part $I$	400	iene	
	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		TE"	
	Enter amount of tax on line 40c reimbursed by the organization	La d	SEA.	
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e		1
41	List the states with which a copy of this return is filed. ► North Carolina  The books are in care of ► Howard (Rusty) Leonard  Telephone no. ► (704)	) 8	41-78	28
	Located at ▶ 2514 Plantation Center Dr., Matthews, NC ZIP + 4 ▶	281	05	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		/
	If "Yes," enter the name of the foreign country: ▶		(E)	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	1	
43	Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041—Check here	* *		
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
	Did the appropriate and the second standard founded in 1900 " Form 000 must be completed instead of	20	199	19.0
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	44		1
45	Form 990-EZ	umii		
70	"Yes," Form 990 must be <b>completed</b> instead of Form 990-EZ	45		1
		orm 99	0-E	2 (2008

Page	4

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	Part	Section 501(c)(3) organizations on and complete the tables for lines 50	ly. All section 501(cand 51.	)(3) organiza	tions <b>m</b> u	st ans	swer questi	ons 4	6–49	
None  Total number of other employees paid over \$100,000 ▶ 0  Some and address of each employee spaid over \$100,000 ▶ 0  Total number of other employees paid over \$100,000 ▶ 0  Some and address of each 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 ♠ 0  Index penalties of perjury, Ideater that I have examined this return, including accompanying schedules and statements, and to the beat of my knowledge and befole, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and befole, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and befole, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and befole, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and befole, it is return, and the preparer (other than officer) is based on all information of which preparer has any knowledge and befole, it is return and title.  Paid Preparer's Firm's name for yourse it is effective than officer is self-penalty of address, and ZIP + 4  May the IRS discuss this return with the preparer shown above? See instructions  Proparer's Firm's name for yourse is effective than above? See instructions  Proparer's Firm's name for yourse is effective than above? See instructions	47 48 49a b	Did the organization engage in direct or indirect candidates for public office? If "Yes," complete Did the organization engage in lobbying activitie is the organization operating a school as described the organization make any transfers to an elf "Yes," was the related organization(s) a section of the sec	spolitical campaign ac Schedule C, Part I . es? If "Yes," complete bed in section 170(b)( exempt non-charitable on 527 organization? esated employees (oth ation from the organization?	Schedule C, 1)(A)(ii)? If "Ye related organ er than officel ation. If there	Part II	ete Sc rs, trus	hedule E . stees and key	47 48 49a 49b emple	oyees Expens	y y y y who
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 ♠ 0  Total number of other independent contractors each receiving over \$100,000 ♠ 0  Under penalties of perjury, I declare that I have examined the return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is two, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Signature of officer    Preparer's		(a) Name and address of each employee paid more than \$100,000	hours per week							
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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 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 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 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 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 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 and belief, it is true, correct, and to the best of my knowledge and belief, it is true, correct, and to the best of my knowledge and belief, it is true, correct, and to the best of my knowledge and belief, it is true, correct, and to the best of my knowledge and belief, it is true, correct, and to the best of my knowledge and belief, it is true, correct, and to the best of my knowledge and belief, it is true, correct, and to the best of my knowledge and belief, it is true, correct, and to the best of my knowledge and belief, it is true, correct, and to the best of my knowledge and belief, it is true, correct, and to the best of my knowledge and belief, it is true, correct, and to the best of my knowledge and belief, it is true, correct, and to the best of my knowledge and belief, it is true, correct, and to the best of my knowledge and belief, it is true, correct, and to the best of my knowledge and should be and the best of my knowledge and	Nor									
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Sign Here    Check if self-employed, address, and ZIP + 4     May the IRS discuss this return with the preparer shown above? See instructions   Appendix of the content of	Tota									
Tim Burns Treesurer  Type or print name and title.  Paid Preparer's signature  Preparer's Use Only  Preparer's lightly in a name (or yours if self-employed), address, and ZIP + 4  May the IRS discuss this return with the preparer shown above? See instructions	Sig	and belief, it is true, correct, and complete. Deck	amined this return, including aration of preparer (other th	accompanying an officer) is bas	schedules and ed on all info	rmation	of which prepar	best of er has a	my kno iny kno	wledge wledge
Preparer's signature Firm's name (or yours if self-employed), address, and ZIP + 4  May the IRS discuss this return with the preparer shown above? See instructions	Her	Tim Burns Treasur	'ey			- Communication				
Use Only   Firm's name (or yours if self-employed), address, and ZIP + 4   Phone no. ▶ ( )   Yes □ No.		signature signature		Date	self-	▶□	Preparer's Identifyin	g Number	(See in:	structions
address, and ZIP + 4 ✓ Phone no. ➤ ☐ Yes ☐ No. ■ ☐ Yes ☐ Yes ☐ No. ■ ☐ Yes ☐ No. ■ ☐ Yes ☐ Yes ☐ No. ■ ☐ Yes ☐ Ye		Only if self-employed).				-				
		address, and ZIP + 4	hawa ahawa 0 Caa !:	ruotiona		Phone			Vac	□ No
_ NOT L 7 1000	iviay	the indicuss this return with the preparer si	nown above? See Inst	ructions .						

## **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury

## **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047
2008
Open to Public Inspection

Internal Revenue Service Employer identification number Name of the organization Wall Watchers 2091339 Reason for Public Charity Status (All organizations must complete this part.) (see instructions) Part I The organization is not a private foundation because it is: (Please check only one organization.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(I). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/4 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/4 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III-Functionally integrated a Type I b ☐ Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting f organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) 11g(ii) (ii) A family member of a person described in (i) above? . . . 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . h Provide the following information about the organizations the organization supports. (iv) is the organization in col. (i) listed in your (i) Name of supported (vii) Amount of (II) EIN (iii) Type of organization (v) Did you notify (vi) Is the the organization in organization in col. support (described on lines 1-9 organization governing document? col. (i) of your above or IRC section (i) organized in the U.S.? (see instructions)) support? Yes No No Yes No Yes

Total

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support (b) 2005 (d) 2007 Calendar year (or fiscal year beginning in) (a) 2004 (c) 2006 (e) 2008 (f) Total Gifts, grants, contributions, and membership fees received. (Do not 146,639 146,939 174,021 161,715 81,682 710,996 include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge , , , 146,939 174,021 161,715 146,639 81,682 710,996 Total. Add lines 1-3 , . . . . . 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 340,030 shown on line 11, column (f) Public support. Subtract line 5 from line 4. 336,766 Section B. Total Support (d) 2007 (e) 2008 (f) Total Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 174,021 146,639 81,682 710,996 146,939 161,715 Amounts from line 4 . . . . . . Gross income from Interest, dividends, payments received on securities loans, rents, royalties and income from similar -230 77 5 28 14 -354sources Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . . Other income. Do not include gain or loss from the sale of capital assets 91,455 91,455 (Explain in Part IV.) . . . . . . 802,221 11 Total support. Add lines 7 through 10 . 0 Gross receipts from related activities, etc. (see instructions) 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 41.98 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f) 67.57 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 16a 331/4 % support test-2008. If the organization did not check the box on line 13, and line 14 is 331/4 % or more, check this box 331/4 % support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 331/4 % or more, check this 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 . . . . . . 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 . . . . . . . . . . . . Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions > 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.)

See	tion A. Public Support	d the box of	Time 3 Of Fe	11 (1.7)			
	lendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
Ja		(11) 2001	(2) 2000	(4) 11000	(-/ 2001	(0) 2000	li) i otai
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						1
_							
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						1
	the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c	Add lines 7a and 7b			1			
8	Public support (Subtract line 7c from						
_	(ine 6.)			E DOCTOR		SINCE INC.	8
	tion B. Total Support alendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
		(a) 2004	(b) 2003	(0) 2000	(4) 2007	(6) 2000	(i) Total
9 10a	Amounts from line 6			-	1		
	payments received on securities loans, rents, royalties and income from similar						
	sources				ļ		
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses				f		
^	acquired after June 30, 1975						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly		1				
	carried on		ļ				
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.)		n resource		EV No.	Kawasan	
14	First five years. If the Form 990 is for organization, check this box and stop					year as a sect	tion 501(c)(3) ▶ □
Sec	ction C. Computation of Public Su						• • • • • •
15	Public support percentage for 2008 (lin			ine 13, column	ı (f))	15	%
16	Public support percentage from 2007	Schedule A, F	Part IV-A, line			16	%
Sec	ction D. Computation of Investmen					T1	
17	Investment income percentage for 200					17	<u>%</u> %
18	Investment income percentage from 20 331/3 % support tests – 2008. If the org				and line 15 is	h	
19a	17 is not more than 33% %, check this b	anization did ox and <b>ston i</b>	not check the <b>tere.</b> The orda	nization qualifie	es as a publiciv	supported or	ganization >
ь	33\% \% support tests-2007. If the organ	nization did no	t check a box	on line 14 or line	e 19a, and line	16 is more tha	n 331/3 %, and
_	line 18 is not more than 331/3 %, check thi	s box and <b>sto</b> j	<b>p here.</b> The org	janization qualif	ies as a publicly	supported org	ganization 🕨 🗀
20	Private foundation. If the organization	did not checl	k a box on line	14, 19a, or 19	b, check this b	oox and see in	istructions 🕨 🗌

Part IV	Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)
Part II, line	10: \$91,455 as program service revenue for Individual Research Service on specific ministries. Some of the
research	ncludes: due diligence, best practices, analyzing various assertions, allegations and/or predication of wrong
doing, and	donor issues of import. In all situations it is to plead the case and cause of donors as an advocate.
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