## Form 990-EZ

#### **Short Form** Return of Organization Exempt From Income Tax

OMB No. 1545-1150 2008

Open to Public Inspection

Department of the Treasury

SCANNED JUN

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.

For the 2008 calendar year, or tax year beginning , 2008, and ending . 20 Check if applicable C Name of organization Please D Employer identification number use IRS Address change Portion for Orphans, Inc. 8887189 Name change print o Number and street (or P O box, if mail is not delivered to street address). Room/suite E Telephone number Initial return type. P.O. Box 458 (337) 824-4176 Termination Specific Amended return City or town, state or country, and ZIP + 4 F Group Exemption Instruc-Application pending Marshall, TX 75671-0458 tions. Number . G Accounting method: ☐ Cash ☑ Accrual Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Other (specify) ▶ H Check ► if the organization is not l Website: ▶ www.potionfororphans.org required to attach Schedule B (Form 990, 990-EZ, or 990-PF). J Organization type (check only one) –  $\boxed{2}$  501(c) (3) ◀ (insert no.)  $\boxed{1}$  4947(a)(1) or  $\boxed{1}$  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. 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 Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 1 37,950.68 Contributions, gifts, grants, and similar amounts received. . . . . 1 2 0.00 2 Program service revenue including government fees and contracts 3 0.00 3 4 0.00 5a 0.00 5a Gross amount from sale of assets other than inventory . . . . . **b** Less: cost or other basis and sales expenses . . . . 5c 0 00 c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) . Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here 🕨 🗌 a Gross revenue (not including \$ \_\_\_\_\_ of contributions 180.05 6b 135.64 **b** Less: direct expenses other than fundraising expenses . . . . . . . 44 41 c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . 6c 0.00 Gross sales of inventory, less returns and allowances . . . . 0 00 0.00 7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 0.00 8 8 Other revenue (describe ▶ Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8. 37,995 09 9 9 0.00 10 10 Grants and similar amounts paid (attach schedule) 11 0.00 11 Benefits paid to or for members . . . . . . . . 0.00 12 12 Salaries, other compensation, and employee benefits 0.00 13 Professional fees and other payments to independent contractors 0.00 14 14 144.75 15 15 Printing, publications, postage, and shipping. . . Other expenses (describe see addendum Total expenses Aut mes) 10 through 16 16 28,358.54 16 17 17 28,503.29 18 9491 80 18 Assets National States of tends balances (to beginning of year (from line 27, column (A)) (must agree with encoor-year figure reported on prior year's return).

Other changes in net assets of the balances (attach explanation).

Net assets of the balances at end of year. Combine lines 18 through 20.

Balance of the balances on line 25, column (B) are \$2,500,000 or more. file Form 990 19 19 8,157.00 že 20 20 21 17,648.80 21 esets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ. Part II (A) Beginning of year (B) End of year (See the instructions for Part II.) 8,157.00 22 17.648.80 22 Cash, savings, and investments 23 24 Other assets (describe > \_ 8,157.00 25 17,648.80 25 Total assets . . . 26 Total liabilities (describe ▶. 17,648.80 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 17,648 80 Form 990-EZ (2008)

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

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990-FZ	

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)  What is the organization's primary exempt purpose?				and	Expenses (Required for 501(c)(3) and (4) organizations	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, and 4947(a					4947(a)(1) trusts; onal for others.)	
28 CHINA CARE: SEE ADDEDUM						
			<u></u>	28a		
(Grants \$ ) If this amount inclination ACRES OF MERCY: SEE ADDENDUM	(Grants \$ ) If this amount includes foreign grants, check here ▶ □ 29 ACRES OF MERCY: SEE ADDENDUM				2,314.74	
29						
(Grants \$ ) If this amount incl	udes foreign grants, check	here	▶ □	29a	795.00	
	udes foreign grants, check	here	<u>. ▶ □</u>	30a	21,727.79	
31 Other program services (attach schedule) (Grants \$ ) If this amount incl				31a	380.33	
32 Total program service expenses (add lines 28a th				32	25217.86	
Part IV List of Officers, Directors, Trustees, and Key	Employees. List each one eve (b) Title and average	n if not compensate	d. (See the ins		ons for Part IV.)	
(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred comper	plans &		
SALLY LOCKETT	PRESIDENT	0.00		0.00	0.00	
CMR 445 BOX 8 APO, AE 09046 SLAVA TROFIMOV	10HRSAMEEK SECRETARY	0.00		0.00	0.00	
101 COUNTRY CLUB PL. APT 611 MARSHALL, TX	2HRSAMEEK	0.00		0.00	0.00	
CASEY LOCKETT  CMR 445 BOX 8 APO, AE 09046	TREASURER 2HRS/MEEK	0.00		0.00	0.00	
KRISTI GARBER	BOOKEEPER	0.00		•	0.00	
TOTA, LA 70543	2 HRS/WEEK	000	٤	60.0	0.00	
			<u> </u>			
				,		
			<u> </u>			
				·		

Pa	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	33		1
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	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
h	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	<u> </u>	J
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes,"	36		1
37a	complete applicable parts of Schedule N	_==-		
	Did the organization file Form 1120-POL for this year?	37b		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?	38a		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	330		<u> </u>
39	Section 501(c)(7) organizations. Enter:	7	'	
	Initiation fees and capital contributions included on line 9			ļ
	Gross receipts, included on line 9, for public use of club facilities	7	}	į
	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	40b		1
С	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	-	'	1
9	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. ► TEXAS			
42a	The books are in care of ► KRISTI GARBER  Located at ► 2736 DES CANNES HWY IOTA, LA  ZIP + 4 ►		24-41 43	76
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	
	account)?	42b	<b> </b>	1
	If "Yes," enter the name of the foreign country: ▶	}		1
	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	_ <b>√</b> _]	L
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			ightharpoons
	and enter the amount of tax-exempt interest received or accrued during the tax year			
		1	Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			L
	Form 990-EZ	44		1
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If			L
	"Yes," Form 990 must be completed instead of Form 990-EZ	45	لــــا	1
	E	.m 99(	)-EZ	(2008)

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Part	VI Section 501(c)(3) organizations only. and complete the tables for lines 50 ar	All section 501(c)(3) ond 51.	organizations mu	st answer questi	
47 D 48 Is	old the organization engage in direct or indirect p andidates for public office? If "Yes," complete So- lid the organization engage in lobbying activities? Is the organization operating a school as describe	chedule C, Part I If "Yes," complete Sche Id in section 170(b)(1)(A)(i	edule C, Part II . i)? If "Yes," comple	ete Schedule E	Yes No 46
<b>b</b> If <b>50</b> C	olid the organization make any transfers to an exe "Yes," was the related organization(s) a section complete this table for the five highest compensation ach received more than \$100,000 of compensations.	527 organization?	n officers, director		49b
	(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					
					· · · · · · · · · · · · · · · · · · ·
<b>51</b> C	umber of other employees paid over \$100,000  complete this table for the five highest compensa ompensation from the organization. If there is no		tors who each rece	ll eived more than \$1	00,000 of
	(a) Name and address of each independent contractor p	paid more than \$100,000	<b>(b)</b> Ty	pe of service	(c) Compensation
NONE					<del></del>
					<del></del>
		<del></del>			
Total r	umber of other independent contractors each re Under penalties of perjury, I declare that I have examinand belief, it is true, correct, and complete. Declaration	ned this return, including accom	panying schedules and er) is based on all inform	statements, and to the lination of which prepare	pest of my knowledge or has any knowledge
Sign Here	Signature of officer		1	5-14-09 Date	· · · · · · · · · · · · · · · · · · ·
	KRISTI GARBER BOOK EEPE Type or print name and title.	<u>k</u>			
Paid Prepare	Preparer's signature	Date	Check if self- employed		Number (See Instructions)
Use Or	I Firm's name for yours k			EIN ► :	
May th	ne IRS discuss this return with the preparer show	n above? See instruction	ns	<b>.</b>	☐ Yes ☐ No

9:14 AM 05/14/09

TAX FORM 990EZ PART I EXPENSES ADDEDUM

# Portion For Orphans, Inc EXPENSE REPORT

January through December 2008

	Jan - Dec 08
Expense	
Operating Expenses	
Travel	
Transportation	1,765.71
Travel - Other	747.50
Total Travel	2,513.21
Banking Fees	
Bank Service Charge	12.00
Wire Transfer Fees	85 00
Monthly Check Card Fee	18.00
Total Banking Fees	115 00
Office Supplies	
Check Order	22.40
Office Supplies - Other	474.36
Total Office Supplies	496.76
Operating Expenses - Other	15 71
Total Operating Expenses	3,140.68
Program Expenses	
Supplies	22,301 88
Program Expenses - Other	2,915 98
Total Program Expenses	25,217.86
Total Expense	28,358.54

#### Addendum A to Tax Form 990EZ

# Part III Statement of Program Service Accomplishments What is the organization's primary exempt purpose?

This organization is organized to educate the public and raise awareness of the plight of orphans worldwide and shall raise funds from voluntary donations to assist and relieve the suffering of orphans and further shall provide financial to individuals, groups and organizations who feed, clothe, educate, medicate and minister to orphans. Finally, to educate the public regarding the benefits of adoption and promote and encourage adoption.

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.

CHINA CARE:

\$2314.74

Two shipments of infant soy formula sent to Philip Hayden Foundation in China; Two cleft pallet surgeries were funded for children; Three months of home supplies and a hot water heater were donated to China Care

ACRES OF MERCY:

\$795.00

113 Bibles were delivered to children at AIC Orphanage in Kenya

MERCY INTERNATIONAL:

\$21,727.79

Purchased a transformer for Mercy Orphanage in Thailand. Furnished one home in a new children's village in Phrae, Thailand. These funds have completely furnished every room of what will soon be home to more than 20 orphans. This includes all kitchen appliances, fans and hot water heaters, fencing and other household necessities. Funds also provided for a Christmas celebration and are helping to cover the costs of food, providing 3,180 meals, electricity and water.

PAZIRAT NESTING HOME:

\$306.60

Funds provided craft and school supplies for orphanage in Nepal. Funds also supported all needed supplies and fees for swimming lessons.

### ORNAMENT SPONSORSHIP PROGRAM:

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Program created to match an orphan child with a sponsor to meet the orphans' needs throughout the coming year.

\$73.73