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)

c), 527, or 4947(a)(1) of the Internal Revenue Code

(except black tung benefit trust or private foundation)

Sponsonng 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 \$500,000 and total assets less than \$1,250,000 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

2009

OMB No 1545-1150

Open to Public Inspection

A	For the	he 2009 calenda <u>r year, or tax year beginning</u> , 2009, and en			d ending		, 20		
В	Check if a	f applicable C Name of organization			D Emplo	yer identification number			
	Address cl	change Please use IRS JESUS CHRIST THE LIVING GOD INC			31	1-1733740			
	Name cha	inge	laibel or print or	Number and street (or P O box, if mail is no	ot delivered to street address)	Room/suite	E Teleph	one nu	ımber
	Initial retur	m	type.						
	Terminate	d	See Specific	271 LEHIGH AVE PO BOX	140		(6:	LO) 99	0-5325
	Amended	return	Instruc	City or town, state or country, and ZIP + 4			F Group	Exemp	otion
	Application	n pending	tions.	PALMERTON, PA 18071			Numbe	r 🕨	
	Sect	tion 501(c)(3)	organiz	zations and 4947(a)(1) nonexempt of	charitable trusts must attach	G	Accounting M	ethod	X Cash Accrual
			a cor	mpleted Schedule A (Form 990 or 9	90-EZ).		Other (specify) ▶	
						Н	I Check ► X	ıf the	organization is not
ı	Website	: > www.	JCLG.	ORG			required to att	ach Sc	hedule B (Form 990,
J	Tax-exe	mpt status (c	heck on	ily one) - X 501(c) (3) ◀ (ins	sert no) 4947(a)(1) or	527	990-EZ, or 99)-PF)	
K	Check	X if the oi	rganızat	ion is not a section 509(a)(3) suppo	rting organization and its gross	receipts	are normally not	more t	han \$25,000 A
	Form 99	0-EZ or Form	990 ret	turn is not required, but if the organia	zation chooses to file a return,	be sure to	file a complete r	eturn	
L	Add line	s 5b, 6b, and	7b, to li	ne 9 to determine gross receipts, if	\$500,000 or more, file Form 99	0 instead	of Form 990-EZ	▶ \$	10,879
_	शति ।			penses, and Changes in Ne	· - · · · · · · · · · · · · · · · · · ·			ons for	Part I)
2				grants, and similar amounts receive		• • • •		1	10,879
	1 2			venue including government fees an				2	<u> </u>
6				nd assessments · · · · · ·				3	
		Investment i						4	-
DFC	í 5a	Gross amou	nt from	sale of assets other than inventory	5a				
	ь			pasis and sales expenses					
Ç				sale of assets other than inventory (<u> </u>	••••		5c	
SC.A PRATE	6	Special events	and activit	ties (complete applicable parts of Schedule G) If any amount is from garning.	check here	▶ □		
Y	a	Gross reven			of contributions				
AL.			•		- • • • • • • • • • 6a	ı			
Ø	ь	•	•	es other than fundraising expenses		,			
			-) from special events and activities (6c	
				ntory, less returns and allowances	ı	1			
	1			sold · · · · · · · · · · · · · · · ·		,			
			•) from sales of inventory (Subtract li				7c	
	8	Other reven)	8	
	9		•	l lines 1, 2, 3, 4, 5c, 6c, 7c, and 8			· · · · · · · ·	9	10,879
_	10			amounts paid (attach schedule) .				10	
_	11							11	
E	12	Salaries, oth	ner com	pensation, and employee benefits	RECEI	WED.		12	
р	13	Professiona	l fees ar	nd other payments to independent c	ontractors - F	VLU.	٠٠٠٠	13	408
e n	14			ilities, and maintenance			<u> </u>	14	1,666
S	15			s, postage, and shipping		. 2010 .	(S)	15	110
S	16	•		scribe > STM130			J& }	16	8,744
	17			dd lines 10 through 16	·····OGDEN	1114		17	10,928
_	18			or the year (Subtract line 17 from line		⊽, Ų 		18	(49)
NS NS	19	•		palances at beginning of year (from	•	e with	-		<u> </u>
ez				eported on prior year's return) • •				19	685
ťť	20	-	-	et assets or fund balances (attach ex				20	
S	21	_		palances at end of year Combine lin				21	636
P	वाति 🛮	Balance		· ·	umn (B) are \$1,250,000 or mo				990-EZ
(d = 42			- Cilot	(See the instructions for Part II)		Ī	(A) Beginning of year		(B) End of year
22	Cash	n, savings, and	d invest	ments · · · · · · · · · · · · · · · · · · ·		t		685 2	
23								2	
24		er assets (desc) h		24	
25		l assets • •		• • • • • • • • • • • • • • • • • • • •		∵. ⊦		685 2	·
26		l liabilities (de		>		, h		20	
27		•		ces (line 27 of column (R) must core	o with line 21)	<u>-</u> ′.		685 2	

Form 990-EZ (2009) JESUS CHRIST THE LIV	ING GOD INC		31-	173374	10 Page
Part III Statement of Program Service Acce	mplishments (See the	instructions for Part III)		Expenses
What is the organization's primary exempt purpose? PROVID	ING AID TO ORPHANS	AND HOMELESS	<u> </u>	(Requ	ired for section
Describe what was achieved in carrying out the organization's			 	501(c)(3) and 501(c)(4)
					izations and section
manner, describe the services provided, the number of person	s benefited, or other releval	nt information for			a)(1) trusts, option
each program title				for oth	ners)
28 MISSION AID TO ORPHANS AND HOMELESS IN	INDIA				
					
				1	
(Grants \$) If this arr	ount includes foreign grants	s, check here - · · ·	• • • • ▶	28a	6,56
9				1	
		 			
(Grants \$) If this arr	ount includes foreign grants	chack here		29a	
GOTATIO V / IT BITS ATT	ount includes foreign grants	s, check here		250	
			···		
		 			
					
(Grants \$) If this arr	ount includes foreign grants	s, check here • • • •	• • • • •	30a	
31 Other program services (attach schedule) • • • • • • •		• • • • • • • • • • •			
(Grants \$) If this arr	ount includes foreign grants	s, check here · · · ·	• • • • □	31a	
Total program service expenses (add lines 28a through 3	1a) • • • • • • • • • • • • • • • • • • •		• • • • • •	32	6,56
Part IV List of Officers, Directors, Trustees, and Key E		en if not compensated	(See the instru	ctions fo	
Tulefo	(b) Title and average	(c) Compensation	(d) Contribution		(e) Expense
(a) Name and address	hours per week devoted to position	(If not paid,	employee benefit pl	ans &	account and
THOMAS TAGORE	DIRECTOR	enter -0)	deferred compens	auon	other allowances
271 LEHIGH AVE PO BOX 140 PALMERTON, 180				a	2 00
		 		_ 4	3,00
OHARMARAJ ABEL	FINANCIAL DIREC				
271 LEHIGH AVE PO BOX 140 PALMERTON, 180		<u> </u>		q	
JAMES MCANDREW	CHAIRMAN		}		
271 LEHIGH AVE PO BOX 140 PALMERTON, 180	71 10			q	
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	1		i .		

Pa	Other Information (Note the statement requirements in the instructions for Part V)		<u> </u>	-3
	Other information		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		v
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of	-		X
	the changes · · · · · · · · · · · · · · · · · · ·	34	l	х
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but	04		
	not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section			
-	6033(e) notice, reporting, and proxy tax requirements?	35a		v
h	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		<u> X</u>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	335		
	during the year? If "Yes," complete applicable parts of Schedule N	36		v
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ••••• 37a	30		<u> X</u>
	Did the organization file Form 1120-POL for this year?	37b		v
38 a		37.0		X
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		v
b	If "Yes," complete Schedule L, Part II and enter the total amount involved •••••••• 38b	Jua		Х
39	Section 501(c)(7) organizations Enter			
	Initiation fees and capital contributions included on line 9 · · · · · · · · · · · · · · · 39a		!	
	Gross receipts, included on line 9, for public use of club facilities • • • • • • • • • • • • • • • • • • •	i {		
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under		ļ	
	section 4911 ▶ , section 4912 ▶ , section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit			
	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified			
	person in a prior year, and that the transaction has not been reported on any of the organization's prior	j		
	Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		х
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912,	,	ļ	
	4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations 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	40e		X
41	List the states with which a copy of this return is filed PA			
42 a	The organization's books are in care of ▶ GARY HUGHES Telephone no ▶ 215-6	60-49	46	
	Located at ▶ 121 E CHESTNUT ST STE 202 SOUDERTON, PA ZIP+4 ▶ 1896	4		
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	Х	
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		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 Form 1041-Check here	• • •	• • ▶	
	and enter the amount of tax-exempt interest received or accrued during the tax year ••••••• 43			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		į	
4-	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_

. .

Pant\					. All section	
	501(c)(3) organizations and section 4947(a)(nonexempt charitable trus	ts must answer que	stions 46-49b		
46 D	and complete the tables for lines 50 and 51 Old the organization engage in direct or indirect poli	treal comparan activities on h	shalf of or in oppos	tion to		400 N
	andidates for public office? If "Yes," complete Sch		enan or or in oppos	RION LO	46	res No
	old the organization engage in lobbying activities?		C Partil		47	X
	s the organization a school as described in section				48	X
	Old the organization make any transfers to an exem		-		49a	X
	F"Yes," was the related organization a section 527	. •	amzation.		49a 49b	X
	Complete this table for the organization's five higher	-	other than officers	directors trustees and key		
	employees) who each received more than \$100,000			•		
	mpiopood, mile dustricontrat mare than \$100,000	(b) Title and average	(c) Compensation	(d) Contributions to	(e) Exp	ense
	(a) Name and address of each employee paid more than \$100,000	hours per week devoted to position		employee benefit plans & deferred compensation	accoun other allov	
NONE					ļ	
					ļ	
					<u> </u>	
f T	otal number of other employees paid over \$100,00	0 •				
51 C	Complete this table for the organization's five higher	st compensated independent	contractors who ea	ch 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	i more than \$100,000	(b) ⊤yp	pe of service	(c) Compensa	ition
NONE						
					<u> </u>	
		<u> </u>				
						_
d T	Total number of other independent contractors each	receiving over \$100,000	• • • •	<u></u>		
		3		_		
	Under penalties of penjury, I declare that I have ex and belief, it is true, correct, and complete Declar	amined this return, including accompation of preparer (other than officer)	anying schedules and sta is based on all informatio	atements, and to the best of my kinn of which preparer has any know	nowledge vledge	
Sign		_	_	11-15-	2010	
Here	Signature of officer	1	1	Date		
	THOMAS TAGORE, DIRECTOR	A N'W				
	Type or pnnt name and title		• /			
Poid	Preparer's signature Gary Hughes	<i>II</i>	1 1 5 2010	self-	dentifying No (S	ee inst)
Propar			13-2010			
Prepare Use On	Firm's name (or yours	that St Ste 202-203		EIN P		
OSA OL	if self-employed), address, and ZIP + 4 Souderton,	_/	<u> </u>	215_4	560-4946	
May the	e IRS discuss this return with the preparer shown a			Phone no 215-6	X Yes	No
way in	o into disouss this return with the preparer shown a	bove. Oce matructions •			Form 990-	No No
			EEA		1 01111 330.	(ZUUS

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2009

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990 or Form 990-EZ.

► See separate instructions.

Open to Public Inspection

		organiza CHRTS		ING GOD INC						1	identification r 733740	number		
					y Status (All organiza	ations mus	complete	this nart \	See instri		733740			
	<u>भितिता</u>				use it is (For lines 1 thro				See ilistit	uctions				
1	∪igai				ssociation of churches de	_	•		va)					
2	님			•	(A)(ii). (Attach Schedule		Section	10(D)(1)(A)	((1)·					
	\mathbb{H}			• • • •		•	i 470/h)	/4\/ A\/!!!\						
3	Щ		·	•	vice organization describ					= .				
4	Ш			organization opera	ted in conjunction with a	nospital de	escribed in	section 1	70(b)(1)(A	i)(III). Enter	the hospit	ai's nar	ne,	
_	C	•	nd state											
5	L	_	•	erated for the benef (iv). (Complete Par	it of a college or universi rt II)	ty owned o	r operated	l by a gove	rnmental	unit descri	bed in			
6		A fede	ral, state, or l	ocal government or	governmental unit desc	ribed in se	ction 170(b)(1)(A)(v).						
7	Ī	An org	anization that	t normally receives	a substantial part of its s	support from	n a goverr	mental un	it or from	the general	l public			
	_	descri	bed in sectio r	n 170(b)(1)(A)(vi). ((Complete Part II)	• •	•			Ū	•			
8					170(b)(1)(A)(vi). (Comp	lete Part II)							
9	X		-		(1) more than 33 1/3% (•	ntributions	member	ship fees a	and aross			
	41	_	•	•	empt functions - subject t				•	•	•			
		•			and unrelated business		•	• •						
			•		30, 1975 See section !		•		1 1027 1101	III DUDIII COO	.05			
10					d exclusively to test for p			•	1/41					
11	H	_		•	•		-	•		ara, out the				
• •		_		•	d exclusively for the ben					-				
					orted organizations desc		•	, , ,	•	, , ,	section			
					the type of supporting o			•			□ *			
		a	∫ Type I	b 📋 Typ	<u></u>	_ ••		lly integrat		d	Type II	i-Otner		
6	Ш	-	=		rganization is not contro					-				
				-	rs and other than one or	more pub	icly suppo	rted organ	izations d	escribed in	section			
			(1) or section											
f			•		etermination from the IRS	S that it is a	a Type I, T	ype II, or T	ype III sur	porting				_
		•	zation, check			• • • • •	• • • • •	• • • • •	• • • • •	• • • • •	• • • • •	• • • •	• • •	••
g		Since	August 17, 20	006, has the organiz	zation accepted any gift	or contribu	tion from a	iny of the						
		follow	ing persons?											·
		(i) <i>A</i>	person who	directly or indirectly	controls, either alone or	together v	vith persor	ns describe	d in (ii)				Yes	No
		а	ınd (ııı) below,	, the governing bod	y of the supported organ	ization?	• • • • •	• • • • •	• • • • •		• • • •	11g(i)		
		(ii) A	family memb	per of a person desc	cribed in (i) above?			• • • •		• • • • •		11g(ii)		
		(iii) A	35% controll	led entity of a perso	n described in (i) or (ii) a	above? •						11g(iii	,	
h		Provid	le the followin	g information about	t the supported organiza	tion(s)								
	0 0	lame of s	supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Did y	ou notify	(vi)	s the	(vii)	Amount	of
		organiz	ation		(described on lines 1-9	ın col (i) listed in your the organization in				organization in col		:	support	
					above or IRC section (see instructions)	governing	locument?	col (i)	of your port?	(ii) organiz	ced in the			
					(000 1101 000 110)	Yes	No	Yes	No	Yes	No			
										 				
				 	 			1						
						+		1		-				
				+		-	 			 				
Tot	al				į	1		4						

Schedule A' (Form 990 or 990-EZ) 2009

18

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) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 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 shown on line 11, column (f) Public support. Subtract line 5 from In 4 Section B. Total Support (d) 2008 (a) 2005 (b) 2006 (c) 2007 Calendar year (or fiscal year beginning in) (e) 2009 (f) Total Amounts from line 4 · · · · Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar sources 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) Total support. Add lines 7 through 10 11 12 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) 13 Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) % Public support percentage from 2008 Schedule A, Part II, line 14 15 % 33 1/3% support test - 2009. 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 33 1/3% support test - 2008. 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 17a 10%-facts-and-circumstances test - 2009. 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 10%-facts-and-circumstances test - 2008. 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

Pa	Support Schedule for (Complete only if you check				section 509(a)(2))		<u> </u>
Se	ction A. Public Support				*			
	endar year (or fiscal year beginning In) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not in any "unusual grants")				7,006	11,708	10,879	29,593
2	Gross receipts from admissions, mero dise sold or services performed, or fac- lities furnished in any activity that is re to the organization's tax-exempt purpo	han- c- lated					20,000	
3	Gross receipts from activities that are an unrelated trade or bus under sec 5							
4	Tax revenues levied for the organization benefit and either paid to or expended its behalf • • • • • • • • • • • • • • • • • • •	i on						
5	The value of services or facilities furnished by a governmental unit to thorganization without charge							
6	Total. Add lines 1 through 5 - · · ·	• • • [7,006	11,708	10,879	29,593
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons •							
b	Amounts included on lines 2 and 3 red ed from other than disqualified person that exceed the greater of \$5,000 or 1 of the amount on line 13 for the year	ns %						
C	Add lines 7a and 7b · · · · · ·	• • • [
8	Public support (Subtract line 7c from line 6) · · · · · · · · · · · · · · · · · ·		THE STATE OF THE S	Mary 12 1 The Control of the Control				29,593
	ction B. Total Support			,				
	endar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6	s, ar			7,006	11,708	10,879	29,593
b	Unrelated business taxable income (le section 511 taxes) from businesses acquired after June 30, 1975	ess						
С 11	Net income from unrelated business activities not included in line 10b, whether or not the business is regular carried on	iy						
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)							29,593
14	First five years. If the Form 990 is for organization, check this box and stop	the org	janization's first, s	econd, third, four	th, or fifth tax year as	a section 501(c)(3	s)	· · · · × X
	ction C. Computation of Publ							
15	Public support percentage for 2009 (li			-			15	0.00 %
16	Public support percentage from 2008				• • • • • • • • • •	• • • • • • •	16	%
	ction D. Computation of Inves							
17	Investment income percentage for 200						17	0.00 %
18	Investment income percentage from 2					L	18	%
	1 33 1/3% support tests - 2009. If the or 17 is not more than 33 1/3%, check th 2 33 1/3% support tests - 2008. If the or	is box	and stop here. Th	ne organization qu	alifies as a publicly s	upported organiza	tion	· · · · ▶ □
-	line 18 is not more than 33 1/3%, chec	ck this	box and stop here	e. The organization	or mice 19a, and line 1 n qualifies as a public	cly supported orga	nization • • • •	▶□
20	Private Foundation: If the organizatio			-	•			▶ 🗍

•	Federal Supporting Statements	2009
Name(s) as shown on return		FEIN

FORM 990EZ, PART I, LINE 16 OTHER EXPENSES SCHEDULE 2

DESCRIPTION	AMOUNT
BANK SERVICE CHARGES	304
INTERNET AND COMPUTER	239
TELEPHONE	641
TRAVEL EXPENSES	893
OFFICE	100
PROGRAM EXPENSES	6,567
TOTAL	8,744