

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 \$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.

OMB No. 1545-1150

# 2009

Open to Public Inspection

**A For the 2009 calendar year, or tax year beginning and ending**

<p><b>B</b> Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Terminated</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>Please use IRS label or print or type. See Specific instructions.</p>	<p><b>C Name of organization</b></p> <p style="font-size: 1.2em; font-weight: bold;">NAMASTE CHILDRENS FUND</p> <p>Number and street (or P.O. box, if mail is not delivered to street address) Room/suite</p> <p style="font-size: 1.2em; font-weight: bold;">512 FIRST AVE S</p> <p>City or town, state or country, and ZIP + 4</p> <p style="font-size: 1.2em; font-weight: bold;">SEATTLE, WA 98104</p>	<p><b>D Employer identification number</b></p> <p style="font-size: 1.2em; font-weight: bold;">80-0187565</p> <p><b>E Telephone number</b></p> <p style="font-size: 1.2em; font-weight: bold;">206-839-0377</p> <p><b>F Group Exemption Number</b></p> <p>▶</p>
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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) ▶

**I Website:** ▶ WWW.NAMASTECHILDRENSFUND.ORG

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

**J Tax-exempt status (check only one)** -  501(c) ( 3 ) ◀ (insert no.)  4947(a)(1) or  527

**K Check** ▶  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ** ▶ \$ 78,354.

**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	78,354.
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	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		
<b>9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8</b>	<b>9</b>	<b>78,354.</b>	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	50,665.
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	300.
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	10.
	16 Other expenses (describe ▶ SEE STATEMENT 1 )	16	1,016.
	<b>17 Total expenses. Add lines 10 through 16</b>	<b>17</b>	<b>51,991.</b>
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	26,363.
	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	3,725.
	20 Other changes in net assets or fund balances (attach explanation)	20	
	<b>21 Net assets or fund balances at end of year. Combine lines 18 through 20</b>	<b>21</b>	<b>30,088.</b>

**Part II Balance Sheets.** If total assets on line 25, column (B) are \$1,250,000 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	22	3,725.	22	30,088.
23	Land and buildings	23		23	
24	Other assets (describe ▶ _____)	24		24	
25	<b>Total assets</b>	25	3,725.	25	30,088.
26	<b>Total liabilities (describe ▶ _____)</b>	26	0.	26	0.
27	<b>Total assets or fund balances (line 27 of column (B) must agree with line 21)</b>	27	3,725.	27	30,088.



Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? SEE STATEMENT 4

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, and other relevant information for each program title.

28 SEE STATEMENT 3

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

29 (Grants \$ ) If this amount includes foreign grants, check here 28a 50,665.

30 (Grants \$ ) If this amount includes foreign grants, check here 29a

31 (Grants \$ ) If this amount includes foreign grants, check here 30a

31 Other program services (attach schedule) 31a

31 (Grants \$ ) If this amount includes foreign grants, check here 31a

32 Total program service expenses (add lines 28a through 31a) 32 50,665.

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

Table with 5 columns: (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. Rows include Philip Crean (President, 20.00 hours, 0.00 compensation), Cora Edmonds (Secretary, 20.00 hours, 0.00 compensation), and Sandy Clark (Director, 10.00 hours, 0.00 compensation).

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