

2005

Open to Public Inspection

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)

For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.

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

Form 990-EZ

Department of the Treasury Internal Revenue Service

A For the 2005 calendar year, or tax year beginning 2005, and ending 20

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: AMERICAN FOUNDATIONS INC. Number and street (or P.O. box, if mail is not delivered to street address): 610 GEORGE MASON 260Y COLUMBINE RD. Room/suite: City or town, state or country, and ZIP + 4: ALPINE, CA 91901-1333

D Employer identification number: 34-2027915 E Telephone number: (619) 445-4391 F Group Exemption Number

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: J Organization type (check only one): 501(c)(3), 4947(a)(1), 527

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

K Check if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 38 of the instructions.)

Table with 21 rows for Revenue, Expenses, and Net Assets. Revenue total: 27,945. Expenses total: 11,543. Net Assets total: 16,402. Includes a 'RECEIVED' stamp dated MAY 02 2006 from BANK CHARGES.

Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

Table with 7 rows for Balance Sheets. Total assets: 16,402. Accounts Payable: 5550.

SCANNED JUN 13 2006

5

| Part III Statement of Program Service Accomplishments (See page 42 of the instructions.) | | Expenses |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| What is the organization's primary exempt purpose? <u>SUPPORT FOR NEW CHURCHES</u> | | (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.) |
| 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 | <u>FINANCIAL SUPPORT FOR NEW CHURCHES</u> <u>A) BLESSED TRINITY ANGLICAN CHURCH ALPINE CA</u> | |
| | (Grants \$ <u>3000-</u>) If this amount includes foreign grants, check here <input type="checkbox"/> | 28a <u>11,536</u> |
| 29 | | |
| | (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 29a |
| 30 | | |
| | (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 30a |
| 31 | Other program services (attach schedule) | |
| | (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 31a |
| 32 | Total program service expenses (add lines 28a through 31a) | 32 <u>11,536</u> |

| Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 42 of the instructions.) | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------|---------------------------------------------------------------------|------------------------------------------|
| (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 |
| <u>ROJ WHITE</u> | <u>PRESIDENT</u> <u>1 HR.</u> | <u>-0-</u> | <u>-0-</u> | <u>-0-</u> |
| <u>JIM PANTZIOUS</u> | <u>SECRETARY</u> <u>1 HR.</u> | <u>-0-</u> | <u>-0-</u> | <u>-0-</u> |
| <u>DOROTHY KIDA</u> | <u>TREASURER</u> <u>1 HR.</u> | <u>-0-</u> | <u>-0-</u> | <u>-0-</u> |
| <u>GEORGE MASON</u> | <u>BOARD MEMBER</u> <u>1 HR.</u> | <u>-0-</u> | <u>-0-</u> | <u>-0-</u> |

| Part V Other Information (Note the attachment requirement in General Instruction V, page 14.) | | 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 | | <input checked="" type="checkbox"/> |
| 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 | | <input checked="" type="checkbox"/> |
| 35 | If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (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 6033(e) notice, reporting, and proxy tax requirements? | | <input checked="" type="checkbox"/> |
| 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," attach a statement.) | | <input checked="" type="checkbox"/> |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <u>37a</u> <u>-0-</u> | | |
| b | Did the organization file Form 1120-POL for this year? | | <input checked="" type="checkbox"/> |
| 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? | | <input checked="" type="checkbox"/> |
| b | If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved | <u>38b</u> | |
| 39 | 501(c)(7) organizations. Enter: | | |
| a | Initiation fees and capital contributions included on line 9 | <u>39a</u> <u>-0-</u> | |
| b | Gross receipts, included on line 9, for public use of club facilities | <u>39b</u> <u>-0-</u> | |
| 40a | 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ <u>-0-</u> ; section 4912 ▶ <u>-0-</u> ; section 4955 ▶ <u>-0-</u> | | |
| b | 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," attach an explanation. | <u>40b</u> | <input checked="" type="checkbox"/> |
| c | Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | | <u>-0-</u> |
| d | Enter amount of tax on line 40c reimbursed by the organization | | <u>-0-</u> |

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.) (Continued)

- 41 List the states with which a copy of this return is filed. ▶ CALIF.
- 42a The books are in care of ▶ DOROTHY KIDA Telephone no. ▶ (619) 463-0817
 Located at ▶ 9760 GROSALIA AVE. LA MESA CA ZIP + 4 ▶ 91941
- 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: ▶
 See the instructions for exceptions and filing requirements for Form TD F 90-22.1.
- 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: ▶
- 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here. . . N/A . . . ▶
 and enter the amount of tax-exempt interest received or accrued during the tax year . . . ▶ 43

| | Yes | No |
|-----|-----|----|
| 42b | | ✓ |
| 42c | | ✓ |

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.

Please Sign Here

Signature of officer: George C. Mason Date: 4/26/2006

Type or print name and title: GEORGE C. MASON BOARD MEMBER

Paid Preparer's Use Only

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

Firm's name (or yours if self-employed), address, and ZIP + 4: _____ Preparer's BSN or PTIN (See Gen. Inst. W): _____

EIN: _____ Phone no.: _____

Anglican Foundation, Inc
From 990 EZ FYE 12/31/2005
FID # 34-2027915

Part IV, Listing of Officers & Board members

Ron White, President, Hours per week 1
858 3rd Ave. # 319
Chula Vista, CA -1-11-1305

James Pontziou, Secretary, Hours per week 1
1434 Big Red Road
Alpine, CA 91901

Dorothy Kidd, Treasurer, Hours per week 1
9760 Rosalie Ave.
El Cajon, CA 91941

George C. Mason, Board Member, Hours per week 1
2602 Columbine Road
Alpine, Ca 91901-1333

990 EZ Line 10 Grants & similar amounts paid

| | |
|------------------------------------------------------------|-----------------|
| Grant: Priest, Blessed Trinity Anglican Church, Alpine, CA | \$ 3,000. |
| Support: Blessed Trinity Anglican Church Alpine, CA | 8,536 |
| Total payments | \$11,536 |