Form. 990-EZ

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)

2011

OMB No 1545-1150

Open to Public

Department of the Treasury Internal Revenue Service

▶ Sponsoning organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$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.

Inspection

A F	or the	2011 calenda	ar year, or tax year beginning	January 1 ,	2011, and ending	De	cember 3	1,20	11
Вс	heck if ap	plicable	C Name of organization			D Emp	loyer iden	tification numbe	er
	Address c	hange	SHAPING DESTINY				02-0	0746497	
닏	Name cha	nge	Number and street (or P O box, if mail is not d	lelivered to street address)	Room/suite	E Tele	phone num	ber	
=	nıtıal retur		7901 CAMERON ROAD, BLDG 3-318			1	713-	412-4467	
=	Terminate Amended		City or town, state or country, and ZIP + 4			F Gro	up Exemp	otion	
=		n pending	AUSTIN, TEXAS 78754				nber ▶		
_		ing Method:	☐ Cash ☑ Accrual Other (speci	fv\ ▶	· 1	H Check	▶ ∏ıfı	he organization	n is not
	Vebsit	•	V SHAPINGDESTINY ORG					h Schedule B	1 13 110
			eck only one) — 🗹 501(c)(3) 🔲 501(c) () ◀ (insert no.) ☐ 4947(a	a)(1) or 527			EZ, or 990-PF).	
	Check >		e organization is not a section 509(a)(3) sup					<u> </u>	
	-		io. A Form 990-EZ or Form 990 return is no						
			oses to file a return, be sure to file a compl	=	o-in (e-postcard)	may be re	quired (se	e mstructions,	Dutii
	_		b, to line 9 to determine gross receipts. If gro		more or if total ass	ets (Part II			
			pw) are \$500,000 or more, file Form 990 inste	•	more, or in total acc	, o.o. (, a.c.,	, •		72 740
						· ·	- \$		73,749
	art I		e, Expenses, and Changes in No						
			the organization used Schedule O						<u>. </u>
	1		ons, gifts, grants, and similar amounts				1	·-·	73,749
	2	_	ervice revenue including government				2		
	3		ip dues and assessments				3		
	4	Investmen					4		
	5a	Gross amo	ount from sale of assets other than inv	entory	5a		J		
	b	Less: cost	or other basis and sales expenses .		5b				
	С	Gain or (lo	ss) from sale of assets other than inve	entory (Subtract line 5b	from line 5a) .		5c		
	6	Gaming ar	nd fundraising events						
_	а	Gross inc	ome from gaming (attach Schedu	le G if greater than					
Revenue		\$15,000)			6a		-		
ē	b	Gross inco	ome from fundraising events (not inclu	iding \$	of contribut	ons	1		
æ		from fundr	raising events reported on line 1) (att	ach Schedule G if the					
_		sum of suc	ch gross income and contributions ex	ceeds \$15,000)	6b				
	С	Less: difec	ct expenses from gaming and fundrais	sing events	6c		1		
	d	Net incom	e or (loss)-from gaming and fundrais	sing events (add lines (subtract	1 1		
		line 6c) C	-l (σ)				6d		
	7a	Gross sale	စ္ကို ် ် ် ် ် ် ် ် ် ် ် ် ် ် ် ် ် ် ်	ances	7a				
	b	1 0000 0000	in and and		74		1 1		
	c	Gross prof	it or (loss) from sales of inventory (Su	htract line 7h from line	7a)		7c		
-	8		nue (describe in Schedule O)		ια,		8		
	9	_	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, a	and R			9		73,749
	10		d similar amounts paid (list in Schedul		· · · · · · · · · · · · · · · · · · ·	<u> </u>	10		73,74
	11		aid to or for members						
"	1		ther compensation, and employee be				11		
Ş	12						12		
Ë	13		nal fees and other payments to indepe				13		
Expenses	14		y, rent, utilities, and maintenance .				14		7,46
ш	15		ublications, postage, and shipping.				15		3,14
	16		enses (describe in Schedule O)				16		37,20
	17	Total expe	enses. Add lines 10 through 16	<u> </u>	<u> </u>	<u> ▶</u>	17		47,81
ठ	18		(deficit) for the year (Subtract line 17				18	(7	74,067
Sei	19	Net assets	s or fund balances at beginning of y	ear (from line 27, colun	nn (A)) (must ag	ree with			
As			ar figure reported on prior year's retur				19		84,37
Net Assets	20	Other char	nges in net assets or fund balances (e	explain in Schedule O) .			20		
Z	21	Net assets	or fund balances at end of year. Cor	nbine lines 18 through 2	20	▶	21		10,304

	Balance Sheets. (see the instructions					_
	Check if the organization used Schedule	O to respond to a	ny question in this		<u></u>	🗆
00	Cook positions and investments		}	(A) Beginning of year	-	(B) End of year
22	Cash, savings, and investments		L L	84,371	-	7,842
23	Land and buildings				23	0.400
24			+	04 274	24	2,462
25 26	Total liabilities (describe in Schedule O)		1	84,371		10,304
20 27	Net assets or fund balances (line 27 of column			84,371	26	10,304
Par			,		21	10,304
r Gi	Check if the organization used Schedule	•		•		Expenses
What	is the organization's primary exempt purpose?					juired for section c)(3) and 501(c)(4)
Desc as m perso	ribe the organization's program service accomplisheasured by expenses. In a clear and concise mons benefited, and other relevant information for each	shments for each o nanner, describe the ach program title.	f its three largest pe services provide	program services, d, the number of	orga 4947	nizations and section 7(a)(1) trusts, optional thers)
28	Provided residential treatment services to 600 orphans in	n third world countries	and completed const	ruction of 150 bed		
	residential treatment facility in Africa					
	(Grants \$) If this amount	includes foreign gra	nte chock horo		28a	147,815
29				-	208	147,015
23						
	(Grants \$) If this amount	includes foreign gra	ints check here	▶ □	29a	
30					200	
•••						
		**				
	(Grants \$) If this amount	includes foreign gra	ints, check here .	• 🗇	30a	
31	Other program services (describe in Schedule O)				1	
	· •	includes foreign gra			31a	
32	Total program service expenses (add lines 28a	through 31a)		🕨	32	147,815
Par	List of Officers, Directors, Trustees, and Key	/ Employees. List eac	h one even if not co	mpensated (see the	nstru	ctions for Part IV.)
				inponioatou. Jood and		
	Check if the organization used Schedule	O to respond to a				•
	Check if the organization used Schedule	O to respond to a	ny question in this	Part IV		<u></u> 🗹
	Check if the organization used Schedule (a) Name and address		ny question in this	(d) Health benefits, contributions to employ benefit plans, and	 /ee (e)	<u></u> 🗹
Kenr		(b) Title and average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC	(d) Health benefits, contributions to employ benefit plans, and	 /ee (e)	Estimated amount of
	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	 /ee (e)	Estimated amount of
3401	(a) Name and address neth Acha, M D	(b) Title and average hours per week devoted to position President	ny question in this (c) Reportable compensation (Forms W-2/1099-MISI (if not paid, enter -0-	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	ree (e)	Estimated amount of other compensation
3401 Chris	(a) Name and address neth Acha, M D w Palmer LN , Austin, Texas 78727	(b) Title and average hours per week devoted to position President 40Hrs	ny question in this (c) Reportable compensation (Forms W-2/1099-MISI (if not paid, enter -0-	(d) Health benefits, contributions to employ benefit plans, and deferred compensation	ree (e)	Estimated amount of other compensation
3401 Chris 7901 Math	(a) Name and address seth Acha, M D w Palmer LN , Austin, Texas 78727 sten LeBlanc, M D CAMERON ROAD, BLDG 3-318, Austin, Texas 78754 las Tegwi	(b) Title and average hours per week devoted to position President 40Hrs Vice President	ny question in this (c) Reportable compensation (Forms W-2/1099-MISG (if not paid, enter -0-	(d) Health benefits, contributions to employ benefit plans, and deferred compensation		Estimated amount of other compensation
3401 Chris 7901 Math	(a) Name and address seth Acha, M D w Palmer LN , Austin, Texas 78727 sten LeBlanc, M D CAMERON ROAD, BLDG 3-318, Austin, Texas 78754	(b) Title and average hours per week devoted to position President 40Hrs Vice President 10Hrs	ny question in this (c) Reportable compensation (Forms W-2/1099-MISG (if not paid, enter -0-	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation		Estimated amount of other compensation
3401 Chris 7901 Math 7901 Jean	(a) Name and address meth Acha, M D w Palmer LN , Austin, Texas 78727 meter LeBlanc, M D CAMERON ROAD, BLDG 3-318, Austin, Texas 78754 mas Tegwi CAMERON ROAD, BLDG 3-318, Austin, Texas 78754 mas Tebo	(b) Title and average hours per week devoted to position President 40Hrs Vice President 10Hrs Member	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	0-	Estimated amount of other compensation -0-
3401 Chris 7901 Math 7901 Jean	(a) Name and address seth Acha, M D w Palmer LN , Austin, Texas 78727 sten LeBlanc, M D CAMERON ROAD, BLDG 3-318, Austin, Texas 78754 stas Tegwi CAMERON ROAD, BLDG 3-318, Austin, Texas 78754	(b) Title and average hours per week devoted to position President 40Hrs Vice President 10Hrs Member 5 Hrs	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	0-	Estimated amount of other compensation -0-
3401 Chris 7901 Math 7901 Jean 3401 Jack	(a) Name and address meth Acha, M D w Palmer LN , Austin, Texas 78727 sten LeBlanc, M D CAMERON ROAD, BLDG 3-318, Austin, Texas 78754 ias Tegwi CAMERON ROAD, BLDG 3-318, Austin, Texas 78754 ifa Tebo w Palmer LN , Austin, Texas 78727 ie Akwa	(b) Title and average hours per week devoted to position President 40Hrs Vice President 10Hrs Member 5 Hrs Member	ny question in this (c) Reportable compensation (Forms W-2/1099-MIS((if not paid, enter -0-	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	7ee (e) 0-	Estimated amount of other compensation -00-
3401 Chris 7901 Math 7901 Jean 3401 Jack	(a) Name and address meth Acha, M D w Palmer LN , Austin, Texas 78727 sten LeBlanc, M D CAMERON ROAD, BLDG 3-318, Austin, Texas 78754 mas Tegwi CAMERON ROAD, BLDG 3-318, Austin, Texas 78754 mas Tebo w Palmer LN , Austin, Texas 78727	(b) Title and average hours per week devoted to position President 40Hrs Vice President 10Hrs Member 5 Hrs Member 2Hrs	ny question in this (c) Reportable compensation (Forms W-2/1099-MIS((if not paid, enter -0-	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	7ee (e) 0-	Estimated amount of other compensation -00-
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ı arı	instructions for Part V.) Check if the organization used Schedule O to reapped to any question in this			
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this		V Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	162	NO
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		~
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	34		
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		
c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		~
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		\ \
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		~
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 outstanding at the end of the tax year covered by this return? .	38a		~
ъ 39	If "Yes," complete Schedule L, Part II and enter the total amount involved			
ээ a	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	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 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		·
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, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	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		V
41	List the states with which a copy of this return is filed. ► TX			
42a	The organization's books are in care of ▶ Telephone no. ▶	-		
h	Located at ► 3401 w Palmer LN , Austin, Texas 78727 ZIP + 4 ►		\\\-\-\	
U	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)?	42b	Yes	No
	If "Yes," enter the name of the foreign country: ▶	720		
	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 the U.S.?	42c	1	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		.NO
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		~
С	Did the organization receive any payments for indoor tanning services during the year?	44c		~
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		V
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		<u> </u>
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions)	45b		1

40 \	Did the executesting agency of the fi				10.5		'es	No
46 `	Did the organization engage, directly or in to candidates for public office? If "Yes,"	nairectiy, in political o complete Schedulo C	ampaign activities on	penalt of or in opp	osition	10		
Part						II secti		
1 41 4	501(c)(3) organizations and secti							a
	and 52, and complete the tables	for lines 50 and 51			4			
	Check if the organization used Sc	hedule O to respond	I to any question in t	his Part VI	<u>.</u>			<u> </u>
47	Did the constitution of the latest		50443 1			\	es/	No
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par		section 501(h) electio	•				
48	Is the organization a school as described in				•	47		1
49a	Did the organization make any transfers t					49a		~
b	If "Yes," was the related organization a se	ection 527 organizatio	on?			49b		
50	Complete this table for the organization's	five highest compen	sated employees (oth	er than officers, di	ectors, t	rustees	an	d key
	employees) who each received more than	1 \$100,000 of comper	nsation from the organ		none, en	ter "No	ne."	
	(a) Name and address of each employee	(b) Title and average hours per week	(c) Reportable compensation	(d) Health benefits, contributions to employ		stimated		
	paid more than \$100,000	devoted to position	(Forms W-2/1099-MISC)	benefit plans, and defer compensation	red oth	er comp	ensat	lon
NA			**					
			1					
							•	
	•							
f	Total number of other employees paid ov	est \$100,000		<u> </u>	.]			
51	Complete this table for the organization	· · · · · · · · · · · · · · · · · · ·		contractors who e	ach rec	nived n	oro	than
	\$100,000 of compensation from the organization	anization. If there is no	one, enter "None."	contractors who e	acii ieci	siveu ii	IOIE	ulan
(a)	Name and address of each independent contractor pa	aid more than \$100,000	(b) Type of serv	rice	(c) Com	pensation		
NA	<u> </u>		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
1474			-					
								_
			1					
]					
*								
d	Total number of other independent contra							
52	Did the organization complete Schedule anonexempt charitable trusts must attach							
Linder o	penalties of perjury, I declare that I have examined this							
	rrect, and complete Declaration of preparer (other tha							
		$\mathcal{D}(I)$						
Sign	Signature of officer	Macha						
Here	Type or print name and title							
Do:-	Print/Type preparer's pares	Preparer's signature						
Paid Prep	THE STATE OF THE S	Pe						
Use		Cortified						
	Firm's address							
iviay ti	ne IRS discuss this return with the prepare	7904 @ame						
		Aust						
		(5 ⁻						
		(3)						

SCHEDULE A (Form, 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

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

OMB No 1545-0047

2011

Open to Public Inspection

Employer identification number

02 0746407

	SHAPING DEST	INY					i		02-074	0497	
Par	t I Reason fo	or Public Char	ity Status (All organ	nizations	must co	omplete	this par	t.) See in	struction	ns	
he o	rganization is not a	a private foundat	tion because it is: (For	lines 1 tl	nrough 11	l, check (only one	box.)			
1	A church, conv	ention of church	nes, or association of o	churches	describe	d in sect	ion 170(t	o)(1)(A)(i).	•		
			170(b)(1)(A)(ii). (Attacl								
			pital service organizat								
4		-	n operated in conjunc	tion with	a hospita	al describ	ed in se d	tion 170	(b)(1)(A)(i	ii). Enter the	
		e, city, and state									
5		n operated for t (1)(A)(iv). (Comp	he benefit of a collegolete Part II.)	ge or univ	ersity ow	vned or c	perated	by a gov	ernmenta	l unit described	ni b
	An organizatio	n that normally	nment or governmenta receives a substantial (A)(vi). (Complete Part	part of i					t or from	the general pu	blic
8			section 170(b)(1)(A)		nplete Pa	rt II.)					
9			receives: (1) more tha				m contrib	outions, r	nembersh	nip fees, and gr	oss
•			I to its exempt functi								
	support from	gross investme	nt income and unrela	ated bus	iness tax	able inc	ome (les	s section			
	acquired by th	e organization at	fter June 30, 1975. Se	e sectio i	า 509(a)(2	2). (Comp	lete Part	III.)			
10	☐ An organizatio	n organized and	operated exclusively	to test fo	r public s	afety. Se	e sectio r	า 509(a)(4	i).		
11	☐ An organization	on organized an	d operated exclusive	ely for the	e benefit	of, to p	erform t	he functi	ons of, c	r to carry out	the
			licly supported organ describes the type of s								tion
	a 🗌 Type I	b 🔲	Type II c [□ Туре	III-Functi	onally int	egrated		d 🗌	Type III-Other	
е	☐ By checking th	nis box, I certify	that the organization i	is not cor	ntrolled d	irectly or	indirectly	by one	or more d	isqualified pers	ons
			rs and other than one	or more	publicly	supporte	ed organi	zations d	escribed	in section 509(a	a)(1
	or section 509										
f			written determination	n from t	he IRS t	hat it is	a Type	I, Type II	l, or Type	e III supporting	
	•	check this box .									
g	Since August following pers		ne organization accep	oted any	gift or co	ontributio	n from a	ny of the			
			ndirectly controls, eith							d Yes	No
	(iii) below,	the governing bo	ody of the supported o	organizati	ion?					11g(i)	
	(ii) A family m	ember of a perso	on described in (i) abo	ve?						11g(ii)	
			a person described in							11g(iii)	
h	Provide the fo	llowing informati	on about the supporte	ed organi	zation(s).						
(i)	Name of supported	(ii) EIN	(iii) Type of organization		rganization		ou notify		s the	(vii) Amount of	
	organization		(described on lines 1-9 above or IRC section		sted in your of document?	the organization in col (i) of your			zed in the	support	
			(see instructions))	<u> </u>			ort?		S ?		
				Yes	No	Yes	No	Yes	No		
A) N	Ι Α					_					
B)	•										
(C)											
(D)											
(E)										<u>-</u>	
T-4-	_1	1	I	1	1	1	I		1		

Schedu	le A (Form 990 or 990-EZ) 2011							Pag	e 2
Part	II Support Schedule for Organiza	tions Desc	ribed in Sect	ions 170(b)(1)(A)(iv) and	170(b)(1)(A)(vi)		
	(Complete only if you checked the	ne box on lin	e 5, 7, or 8 of	Part I or if the	e organizatio	n failed to	o qua		
	Part III. If the organization fails to	qualify und	er the tests lis	sted below, p	lease comple	ete Part II	l.)		
	on A. Public Support	() 0007	<u> </u>	() 0000	10000			<u> </u>	_
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 201	1	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not								
	include any "unusual grants.")					7:	3,749	73,7	40
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						,,,,,,	10,7	70
3	The value of services or facilities furnished by a governmental unit to the								
4	organization without charge					73	3,749	73,7	40
5	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)						5,143	30,2	
6	Public support. Subtract line 5 from line 4.		 			-		43,5	
	on B. Total Support		<u> </u>	I		,		70,0	
Calen	dar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 201	1	(f) Total	_
7	Amounts from line 4						3,749	73,7	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources								
9	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.)								_
11	Total support. Add lines 7 through 10							73,7	49
12	Gross receipts from related activities, etc					12			_
13	First five years. If the Form 990 is for the	ne organizatio	n's first, secon	d, third, fourth	n, or fifth tax y	ear as a s	ection	501(c)(3)	
Sooti	organization, check this box and stop he on C. Computation of Public Suppor	re	· · · · ·		• • • • •	• • •	• •	<u> ▶</u>	<u></u>
14	Public support percentage for 2011 (line 6			1 column (f)		14			
15	Public support percentage from 2010 Sch					15			<u>%</u> %
16a	331/3% support test—2011. If the organia box and stop here. The organization qua	zation did not	check the box	on line 13, and	d line 14 is 33	/3% or mo	re, ch	eck this	<u>~</u> _
b	331/3% support test—2010. If the organ check this box and stop here. The organ	nization did n	ot check a box	c on line 13 or	r 16a, and line				
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part IV how the organization meets the "forganization	ets the "facts acts-and-circ	-and-circumsta	inces" test, cho st. The organiz	eck this box a ation qualifies	nd stop he	ere. Ex	kolain in	
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization members in Part IV how the organization members supported organization	tion meets th	e "facts-and-ci	ircumstances" tances" test. T	test, check the character to the community of the communi	his box ar	nd sto	p here.	
18	Private foundation. If the organization di					k this hox	and s	· ·	ш

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 or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

0 4:	If the organization fails to qualify	under the te	sts listed belo	ow, please co	omplete Part	II.)	
	on A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
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 Gross receipts from activities that are not an						
3	unrelated trade or business under section 513						
A						-	
4	Tax revenues levied for the organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the		:				
	organization without charge						
6	Total. Add lines 1 through 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	1					
	persons that exceed the greater of \$5,000	1					
С	or 1% of the amount on line 13 for the year Add lines 7a and 7b						
8	Add lines 7a and 7b						
•	line 6.)	1		-		, ,	
Secti	on B. Total Support			1			
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income (less			-			
	section 511 taxes) from businesses	1					
	acquired after June 30, 1975	I					
С	Add lines 10a and 10b						
11	Net income from unrelated business						_
	activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or				<u> </u>	 	
	loss from the sale of capital assets						
	(Explain in Part IV.)	İ					
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop he	-			•	ear as a sectio	
Secti	on C. Computation of Public Suppor						· · · <u> </u>
15	Public support percentage for 2011 (line	_	<u> </u>	13 column (fl)		15	%
16	Public support percentage from 2010 Sci					16	
	on D. Computation of Investment In				· · · · · · · · · · · · · · · · · · ·	. 1	
17	Investment income percentage for 2011 (y line 13, colu	mn (f))	17	%
18	Investment income percentage from 2010						%
19a	331/3% support tests-2011. If the organ	ization did not	t check the bo	x on line 14, a	ind line 15 is n	nore than 331/39	%, and line
	17 is not more than 331/3%, check this box	and stop here	. The organizati	ion qualifies as	a publicly supp	orted organizatı	on . ▶ 🔲
b	331/3% support tests—2010. If the organization						331/3%, and
	line 18 is not more than 331/3%, check this		-				_
20	Private foundation. If the organization d	d not check a	box on line 14	l, 19a, or 19b,	check this box	and see instru	ctions 🕨 🔲

Page	4
гачо	_

Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE 0 (Form .990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Name of the organization	Employer identification number
SHAPING DESTINY	02-0746497
Part I	
#16 Other Expenses	
Construction Cost of Children's Facility	
Food	
Food	
School Supplies	
Flight Ticket	
····×·································	
Transportation	
Total of Other Expenses [Program Expenses for operating an orphanage in foreign countries] = \$137,206	
/	
······································	

Schedule O (Form 990 or 990-EZ) (2011)	Page Z
Name of the organization	Employer identification number
•	