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)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 5112(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.

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

AF	or th	e 2008 calendar year, or tax year beginning		and en	ang	B-127	70 9976	
B Cr ap	neck if	le: Please C Name of organization				D Emp	loyer ide	entification number
	Addres change	use IRS RESTORATION DEVELOPMENT FOUNDATIO	N,	INC.				
	Name change					6	8-06	52377
	Initial return)		Room/suite	E Tele	ephone ni	umber
_	Termi	in- Specific 800 WASHINGTON AVENUE				2	54-7	45-2000
	-	City or town, state or country, and ZIP + 4				F Gro	up Exem	ption
	Applica Dendin						nber 🕨	
-		tion 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach	a cor	noleted	G Accou			Cash X Accrual
	- 000	Schedule A (Form 990 or 990-EZ).				specify		
1 \	laheit	e: >						organization is not
		zation type (check only one)— $[X]$ 501(c) (3) (insert no.) $[A]$ 4947(a)(1) or	52				e B (Form 990, 990-EZ, or 990-PF).
		if the organization is not a section 509(a)(3) supporting organization and its g	ross r					
	1-11-11-11	d, but if the organization chooses to file a return, be sure to file a complete return.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	000.p.10 a.				
		es 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form	990 i	nstead of	Form 990-F7		\$	559,086.
000000000000000000000000000000000000000	CAST VOCASCA VALO	Revenue, Expenses, and Changes in Net Assets or Fund	Ba	lances	(See the instr	uctions	for Part	
Fa	rt l				1000 010 1100		1	516,073.
	1	Contributions, gifts, grants, and similar amounts received				•••••	2	37,780.
	2	Program service revenue including government fees and contracts					2	37,700.
	3	Membership dues and assessments					3	1 3
	4	Investment income		Ι	F 2	2.0	4	
		Gross amount from sale of assets other than inventory	5a	-		20.		
		Less: cost or other basis and sales expenses	5b	1 1 1 1 1		33.		Z13.
140	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (a					5c	<u> </u>
an	6	Special events and activities (complete applicable parts of Schedule G). If any amount is	s fron	n gaming,	check nere			
Ver	а	Gross revenue (not including \$ of contributions		1				
Re		reported on line 1)	6a	-				
		Less: direct expenses other than fundraising expenses	<u>6b</u>	1				
	C	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)					6c	
	7 a	Gross sales of inventory, less returns and allowances	7a	-				
		Less: cost of goods sold	7b					
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)				******	7c	
	8	Other revenue (describe)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8					9	553,853.
	10	Grants and similar amounts paid (attach schedule)	STI	MT 5			10	490,874.
	11	Benefits paid to or for members					11	
S	12	Salaries, other compensation, and employee benefits					12	
nse	13	Professional fees and other payments to independent contractors					13	54,576.
be	14	Occupancy, rent, utilities, and maintenance					14	
ũ	15	Printing, publications, postage, and shipping					15	336.
	16		EE	STAT	EMENT	1)	16	6,936.
	17	Total expenses. Add lines 10 through 16					17	552,722.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)					18	1,131.
ets	19	Net assets or fund balances at beginning of year (from line 27, column (A))						
SS	13	(must agree with end-of-year figure reported on prior year's return)					19	152,008.
t A	00		EE.	STAT	TMENT	4	20	<123,757.>
_	20	Other changes in net assets or fund balances (attach explanation)	بببب				21	29,382.
10.00 m2.00.000	21	Net assets or fund balances at end of year. Combine lines 18 through 20						27,002
Pa	ırt II	(See the instructions for Part II.)	11016,		A) Beginning			(B) End of year
				(/	-		. 22	234,208.
22		sh, savings, and investments			30,	301		234,200.
23		nd and buildings			1 = 0	012	23	28,229.
24	Oth	ner assets (describe SEE STATEMENT	. 2	-)	150,			262,437.
25		al assets			181,			
26		tal liabilities (describe ACCOUNTS PAYABLE TO AMIU		_)		_	. 26	233,055.
Section 1		t assets or fund balances (line 27 of column (B) must agree with line 21)			152	008	. 27	29,382.
8321	71 7-08	LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions	for Fo	rm 990.				Form 990-EZ (2008)

RESTORATION DEVELOPMENT FOUNDATION, INC.

Form 990-EZ (2008) C/O DAVID MANN			68-	06523	77 Page 2
Part III Statement of Program Service Accomplish	nments (See the instructions for	Part III.)		E	xpenses
What is the organization's primary exempt purpose? RESTORE AND	REBUILD UGANDA				for 501(c)(3)
Describe what was achieved in carrying out the organization's exempt purpose		escribe the services			ganizations and) trusts; optional
provided, the number of persons benefited, or other relevant information for each				for others	
28 SEE STATEMENT 7					
LO DILITITITI /					
/O - 1 - 0					
	eign grants, check here			288	
29					
(Grants \$) If this amount includes fore	eign grants, check here			29a	
30					
(Grants \$) If this amount includes fore	eign grants, check here			30a	
31 Other program services (attach schedule)	orgir grantoj ortoore noto			000	
	oian aranta, abaak bara			210	
	eign grants, check here			31a	^
72 Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and K	ov Employees			32	0.
Part IV List of Officers, Directors, Trustees, and K	ey Employees. List each one ev		T		
	(b) Title and average hours	(c) Compensation		ntributions mployee	(e) Expense
(a) Name and address	per week devoted to	(If not paid, enter	1	it plans &	account and
	position	-0)		ferred	other allowances
			comp	ensation	
DAVID MANN	PRESIDENT				
800 WASHINGTON AVE, WACO, TX 76701	1.00	0.		0.	0.
MICHELLE HILL	SECRETARY				
800 WASHINGTON AVE, WACO, TX 76701	1.00	0		0.	0 -
MANDY PARIS	SECRETARY				
	1.00	0		0	0
800 WASHINGTON AVE, WACO, TX 76701		D .		0.	0.
RANDY BLANKENSHIP	ASST TREASURE	K		0	
800 WASHINGTON AVE, WACO, TX 76701		0.		0.	0.
PAT MURPHY	DIRECTOR				
800 WASHINGTON AVE, WACO, TX 76701	1.00	0.		0.	0.
TOM RAY	DIRECTOR				
800 WASHINGTON AVE, WACO, TX 76701	1.00	0.		0.	0.
NATE BOBBETT	DIRECTOR				
800 WASHINGTON AVE, WACO, TX 76701	1.00	0.		0.	0.
SANDY RAY	DIRECTOR				
800 WASHINGTON AVE, WACO, TX 76701		0.		0.	0.
OUU WILDHILL OLU LIVII, WILLOU, LIL / O / O L					
			-		
832172 12-17-08				Form	990-EZ (2008)

	WESTOWATION DEARING LOCKSTRATION, THAC.			
Form		552377		Page 3
Pa	rt V 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		_X_
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a comformed copy of the changes	34		_X_
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.			
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy			
	tax requirements?	35a		_X_
	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	A
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N	36		_X_
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	0.		
b	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made		1000	
	in a prior year and still unpaid at the start of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 N/A			
b	Gross receipts, included on line 9, for public use of club facilities N/A			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 \(\bigcup_{\text{\colored}} \); section 4912 \(\bigcup_{\text{\colored}} \); section 4955 \(\bigcup_{\text{\colored}} \)			
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or			100.000
	did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b		X
C	Enter amount of tax imposed on organization managers or disqualified persons during the year under			
	sections 4912, 4955, and 4958	<u>) . </u>		
	Enter amount of tax on line 40c reimbursed by the organization	<u>) . </u>		
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			7.7
	transaction? If "Yes," complete Form 8886-T	40e	L	_ X_
41	List the states with which a copy of this return is filed. NONE	745 0	000	
42 a	The books are in care of DAVID MANN Telephone no. 254-			
	Lucated at O O O WILDLI LIVO LOIN LIVE TO	<u>7670</u>	Τ	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Yes	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	40h	165	V
	account)?	42b		
	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.	42c		x
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	426		
	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	TA / T		
			Yes	No
		The medical representation of the control of the co	1.00	1.10

Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of

Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be

Form 990-EZ (2008)

Form 990-EZ

completed instead of Form 990-EZ

Page 4

Form 990-EZ (2008) C/O DAVID MANN

Part VI	Section 501(c)(3) organizations only. All section	501(c)(3) organizations m	nust answ er question	s 46-49 and co	mple	te the	
200 A	tables for lines 50 and 51.				E	1	
46 Did the	e organization engage in direct or indirect political campaign activities of	on behalf of or in opposition t	to candidates for public			Yes	No
office?	If "Yes," complete Schedule C, Part I				46		<u>X</u>
47 Did the	e organization engage in lobbying activities? If "Yes," complete Scho	edule C, Part II			47		_X_
48 Is the	organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Sch	edu le E		48		_X_
	e organization make any transfers to an exempt non-charitable related of				49a		_X_
b If "Yes	"was the related organization(s) a section 527 organization?				49b		
50 Comp	lete this table for the five highest compensated employees (other than one mpensation from the organization. If there is none, enter "None."	officers, directors, trustees a	nd k ey em ployees) who	each received m	ore th	an \$10	0,000
	(a) Name and address of each employee paid more than \$100,000 NONE	(b) Title and average hou per week devoted to position	rs (e) Compensation	(D) Contribution to employee benefit plans 8 deferred compensation	oth	E) Expe	and
Total numb	er of other employees paid over \$100,000	c who each received more th	an \$100 000 of compe	nsation from the	organ	ization.	If there
	nete this table for the five highest compensated independent contractor ie, enter "None." NONE	5 WIIO Cacii i cocivou illoro u	ian wasspool or compo		o.g		
	(a) Name and address of each independent contractor paid more	than \$100,000	(b) Type of se	rvice (c) Co	mpensa	tion
	#400 000						
Sign Here	Under penalties of per Jry, La clare that Lave examined this return, including a correct, and complete. Declaration is properly on officer) is based on all Signature of officer. Type or print name and title.		ements, and to the best of not any knowledge.	ny knowledge and b Date	elief, it	is true,	
Paid Preparer's Use Only		11/16/89	employed >	eparer's Identifying	Numbe	r (See ins	str.)
USC UIIIY	Firm's name (or yours if self-employed), address, and ZIP+4 PATTILLO, BROWN & HILI PATTILLO, BROWN & HILI P.O. BOX 20725 WACO, TEXAS 76702-0725		Pho no.	ne (254)	77	2-49	901
May the ID	S discuss this return with the preparer shown above? See instructions		******		X.		No
iviay the IR	o discuss this return with the preparer shown above: occ mondenous				Form	990-E2	z (2008)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

2008

OMB No. 1545-0047

Open to Public Inspection

Employer identification number RESTORATION DEVELOPMENT FOUNDATION, INC. Name of the organization 68-0652377 C/O DAVID MANN Reason for Public Charity Status (All organizations must complete this part.) (see instructions) Part I The organization is not a private foundation because it is: (Please check only one organization.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete the Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. d ____ Type III - Other c ____ Type III - Functionally integrated b Type II a Type I By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, No Yes 11g(i) the governing body of the supported organization? 11g(ii) A family member of a person described in (i) above? 11g(iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the organizations the organization supports. h organization in col.
(i) organized in the U.S.? (iii) Type of (iv) Is the organization (v) Did you notify the (vii) Amount of (ii) EIN (i) Name of supported organization in col. (i) listed in your organization in col. governing document? (i) of your support? support (described on lines 1-9 organization above or IRC section No Yes No Yes No Yes (see instructions))

832021 12-17-08

Total

Schedule A (Form 990 or 990-EZ) 2008

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

68-0652377 Page 2 Schedule A (Form 990 or 990-EZ) 2008 C/O DAVID MANN Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support (f) Total (e) 2008 (d) 2007 (c) 2006 Calendar year (or fiscal year beginning in) (b) 2005 (a) 2004 Gifts, grants, contributions, and membership fees received. (Do not 834,893. 516,073. 318,820. include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 834,893. 516,073. 318,820. 4 Total. Add lines 1 - 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) 834,893. Public Support. Subtract line 5 from line 4. Section B. Total Support (f) Total (e) 2008 (d) 2007 (c) 2006 **(b)** 2005 Calendar year (or fiscal year beginning in) (a) 2004 834,893. 516,073. 318,820. 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 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 834,899. Total support. Add lines 7 through 10 47,789. 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) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f) Public support percentage from 2007 Schedule A, Part IV-A, line 26f 16a 33 1/3% support test - 2008. 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 b 33 1/3% support test - 2007. 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 - 2008. 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 b 10% -facts-and-circumstances test - 2007. 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

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2008

15(A)01501-35505	rt III Support Schedule for C	rganizations	Described in	Section 509(a	(2) (Complete only	if you checked the box	on line 9 of Part I.)
	tion A. Public Support	4 1 0004	(L) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(C) 2000	(d) 2001	10/2000	(1)
	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
	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						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
	Total. Add lines 1 - 5						
78	Amounts included on lines 1, 2, and						
ŀ	3 received from disqualified persons Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						
	ction B. Total Support	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	endar year (or fiscal year beginning in) Amounts from line 6	(a) 2004	(8) 2000				
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
1	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
7	c 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 loss from the sale of capital assets (Explain in Part IV.)						
13	Total support (Add lines 9, 10c, 11, and 12.)				· · · · · · · · · · · · · · · · · · ·	ion 501(c)(3) organi	ration
14	First five years. If the Form 990 is for	or the organization	's first, second, th	ird, fourth, or fifth	tax year as a sect	ion 50 f(c)(5) organiz	Lation,
_	UI IUUI LIIU DUN SIIU SEEL						
Se	ction C. Computation of Pub	/line 9 column (f)	divided by line 13	column (f))		15	%
15	Public support percentage for 2008 Public support percentage from 200	(line 8, column (i) (+ IVA line 27a	, coluitii (i))		16	%
16	ection D. Computation of Inve	estment Incom	ne Percentag	е			
0.00-1		2008 (line 10c colu	mn (f) divided by	line 13, column (f))	17	%
17	Investment income percentage for a	2007 Schedule A	Part IV-A, line 27	'h		18	%
18	a 33 1/3% support tests - 2008. If th	e organization did	not check the bo	x on line 14, and li	ine 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3% check this box	and stop here. Th	e organization qu	alifies as a publicl	y supponted organ	ization	
	h 33 1/3% support tests - 2007, If th	e organization did	not check a box	on line 14 or line 1	9a, and me 16 is r	nore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, ch	neck this box and s	stop here. The or	ganization qualifie	s as a publicly sup	ported organization	· · · · · · · · · · · · · · · · · · ·
20	Private foundation. If the organizat	ion did not check	a box on line 14,	19a, or 19b, check	this box and see	chedule A (Form 99	90 or 990-EZ) 2008

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, 990-EZ, and 990-PF.

RESTORATION DEVELOPMENT FOUNDATION, INC.

OMB No. 1545-0047

2008

Employer identification number

68-0652377 C/O DAVID MANN Organization type (check one): Section: Filers of: 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.) General Rule For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, chambable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the wear for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization Restoration Development Foundation, Inc. Employer identification number

68 0652377

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 51,000	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2		\$ 50,000	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3		\$ 50,000	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4		\$ 50,000	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5		\$ 45,000	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
6		\$ 35,000	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

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Page	_	of	4	of Part	

0652377

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization Restoration Development Foundation, Inc. Employer identification number

68

Contributors (see instructions) (a) (c) Name, address, and ZIP + 4 No. Type of contribution Aggregate contributions Person Payroll 28,000 Noncash (Complete Part II if there is a noncash contribution.) (a) No. Aggregate contributions Name, address, and ZIP + 4 Type of contribution 8 Person Payroll 25,059 Noncash (Complete Part II if there is a noncash contribution.) (a) Name, address, and ZIP + 4 Aggregate contributions Type of contribution No. 9 Person Payroll 19,900 Noncash (Complete Part II if there is a noncash contribution.) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution 10 Person Payroll 12,500 Noncash (Complete Part II if there is a noncash contribution.) (a) Name, address, and ZIP + 4 Type of contribution Aggregate contributions No. Person Payroll 10,800 Noncash (Complete Part II if there is a noncash contribution.) Name, address, and ZIP + 4 No. Aggregate contributions Type of contribution 12 Person **** Payroll 10,000 Noncash (Complete Part II if there is a noncash contribution.)

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Page	3	of	4	of Part

Schedule B (Form 990, 990-EZ, or 990-PF) (2008) Name of organization Employer identification number Restoration Development Foundation, Inc. 68 0652377 Part I Contributors (see instructions) (a) (c) (d)No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution 13 Person Payroll 9,205 Noncash (Complete Part II if there is a noncash contribution.) (a) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution 14 Person Payroll 8,500 Noncash (Complete Part II if there is a noncash contribution.) (a) Name, address, and ZIP + 4 No. Aggregate contributions Type of contribution 15 Person Payroll 7,339 Noncash (Complete Part II if there is a noncash contribution.) (a) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution 16 Person Payroll 6,693 Noncash (Complete Part II if there is a noncash contribution.) (a) Name, address, and ZIP + 4 No. Type of contribution Aggregate contributions Person Payroll 6,233 Noncash (Complete Part II if there is a noncash contribution.) Name, address, and ZIP + 4 No. Aggregate contributions Type of contribution 18 Person -----Payroll 5,000 Noncash (Complete Part II if there is a noncash contribution.)

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Schedule	B	(Form	990,	990-EZ,	or	99U-PF)	1	2008

Name of organization Restoration Development Foundation, Inc. Employer identification number

68 0652377

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19		\$ 5,000	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
20		. \$ 5,000	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
21		5,000	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		. \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		- \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

FORM 990-EZ	ro	HER EXPENSES		STATEMENT	1
DESCRIPTION				AMOUNT	
OFFICE SUPPLIES				11	6.
TELEPHONE EXPENSE				55	1.
TRAVEL EXPENSE-AIRFAR	E			3,81	.8.
MEALS EXPENSE				4	7.
OTHER TRAVEL EXPENSE				3	34.
MISCELLANEOUS EXPENSE				45	9.
SOFTWARE				19	1.
BANK CHARGES				12	20.
OTHER CONTRIBUTIONS E	XPENSE			1,60	0.
TOTAL TO FORM 990-EZ,	LINE 16			6,93	6.
FORM 990-EZ		THER ASSETS		STATEMENT	2
DESCRIPTION			BEG. OF YEAR	END OF YEA	ıR
INVESTMENTS-PUBLICLY ACCOUNTS RECEIVABLE	TRADED SECURIT	CIES	150,813.	27,05	
TOTAL TO FORM 990-EZ,	LINE 24		150,813.	28,22	29.
FORM 990-EZ GAIN	(LOSS) FROM PU	JBLICLY TRADED	SECURITIES	STATEMENT	3
	GROSS	COST OR	EXPENSE	NET GAIN	
DESCRIPTION	SALES PRICE	OTHER BASIS	OF SALE	OR (LOSS)	
100 SH FIRST FINANCIAL BANCSHARES					
INC	5,220	5,233	3.	<1	L3.>
TO FORM 990-EZ, LINE	5 5,220	5,233	3.	<1	L3.>

FORM 990-EZ OTHER CHANGES IN NET ASSETS OR F	UND BALANCES	STATEMENT 4
DESCRIPTION		AMOUNT
UNREALIZED LOSS ON INVESTMENTS		<123,757.>
TOTAL TO FORM 990-EZ, LINE 20		<123,757.>
FORM 990-EZ CASH GRANTS AND ALLOCA	ATIONS	STATEMENT 5
CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
CHARITABLE ANTIOCH MINISTRIES INC-UGANDA P. O. BOX 828 KARUMA, MASINDI DISTRICT, UGANDA	NONE	485,874.
CHARITABLE SAMWEL MEENA 2.5 HRS NORTH, NORTHEAST DAR ES SALAAM, TANZANIA	NONE	5,000.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		490,874.

 990-EZ PG 2

STATEMENT

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THE FOUNDATION'S PRIMARY PROJECT IS RESTORATION GATEWAY. RESTORATION GATEWAY WAS LAUNCHED TO ENABLE THE ORPHANED CHILDREN OF UGANDA REGAIN THEIR DIGNITY AND REBUILD THEIR FUTURE BY PROVIDING HOMES, CHURCHES, CLEAN WATER, HEALTHCARE, AND EDUCATION TO AS MANY AS POSSIBLE.