990 Department of the Treasury Internal Revenue Service

2006

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)

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

~		te 2006 Calendar year, or tax year beginning 7/01/06, and ending 6	30/07		
<u> </u>	1	if applicable: Please C Name of organization		D Empl	oyer Identification number
	Addre	as change lahel or			-7306337
	Name	change print or MEET EACH NEED WITH DIGNITY type. Number and street for P.O. box if mail in not delivered by			phone number
	Initial r	eturn See Number and street (or P.O. box if mail is not delivered to street add 10641 SAN FERNANDO ROAD	ress) Room/suite		8-896-0246
	Final r			F Acco	unting method: Cash
	Ameno	Instruc- City or town, state or country, and ZIP + 4 cap return tions. PACOTMA CA 9133		X Accru	al Other (specify)
$\exists$		CA 9133.	<del>"</del>	<u> </u>	
ĹJ	Applica	<ul> <li>Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).</li> </ul>	1		anizatio <u>ns,</u> I
G	Webs	ite: WWW.MENDPOVERTY.ORG	H(a) is this a group return fo		Yes X No
J		sization type	H(b) If "Yes," enter number of		
•			H(c) Are all affiliates include		Yes No
			(If "No," attach a list. See Ins		
K		here If the organization is not a 509(a)(3) supporting organization and its gross	H(d) is this a separate return		
	teceibt	s are normally not more than \$25,000. A return is not required, but if the organization chooses	organization covered by		ng? Yes No
	(O file a	return, be sure to file a complete return.	I Group Exemption N		
L	Gross	receipts: Add lines 6b, 8b, 9b, and 10b to line 12 > 9,769,394	M Check ▶ ☐ if the	e organizat	on is not required
F	art I	Revenue Expenses and Changes in Not Assay.	to attach Sch. B (Fo	rm 990, 99	0-EZ, or 990-PF).
2000	1	Revenue, Expenses, and Changes in Net Assets or Fund Baccontributions, gifts, grants, and similar amounts received:	alances (See the instru	uctions.)	
	a	Contributions to down and the Lorente	1		
	b	Direct public support (not included on line 1a)	1a	_	
	c	Direct public support (not included on line 1a)	1b 8,946,18	5	
	d	Indirect public support (not included on line 1a)	1c	_	
	e	Government contributions (grants) (not included on line 1a)	1d	_	
	2	Total (add lines 1a through 1d) (cash \$ 2,796,281 noncash \$	6,149,904)	1e	8,946,185
	3	Program service revenue including government fees and contracts (from Part VII, li	ine 93)	2	<u>87,164</u>
	4	Membership dues and assessments Interest on savings and temporary cash investments		3	
	5	and a supportately occurred to the support of the s			
	6a			5	
	b	Crown to the contract of the c	6a		
	c	Less: rental expenses	6b		
	7	Net rental income or (loss). Subtract line 6b from line 6a Other investment income (describe		6c	
Revenue	8a	Outside the state of the state		7	
ζ.	94	than inventory	(B) Other	_	
8	ь		8a		
	c	Goin or (loca) (ettech ash ash asta)	8b		
	d	Net gain or (loss) Combine line Se column (A)	8c		
	9	Net gain or (loss). Combine line 8c, columns (A) and (B)		8d	
	a	Special events and activities (attach schedule). If any amount is from gaming, chec	ck her <b>♪</b>		
	•	Gross revenue (not including \$ of			
	b	Lace direct avanages other than for during	9a 736,045	5	
	c	Net income or (loss) from special events. Subtract line on the second	9b		
	10a	Net income or (loss) from special events. Subtract line 9b from line 9a  Gross sales of inventory, less returns and allowances  1	<u></u>	9c	736,045
	b	Less: cost of goods sold	<u>Oa</u>	_	
	C	Gross profit or (loss) from sales of inventory (attach ash state).	0b	_	
	11	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b fro Other revenue (from Part VII, line 103)	m line 10a	10c	
	12	Total revenue Add lines 1s 2 3 4 5 6c 7 2d 0s 40s and 44	******************	11	
	13	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 Program services from line 44, column (R)	**************************************	12	9,769,394
Šes	14	Program services (from line 44, column (B))  Management and general (from line 44, column (C))		13	6,661,431
Expenses	15				142,675
씂	16			156,358	
<b></b>	17			16	
ţ.	18	Total expenses. Add lines 16 and 44, column (A)  Excess or (deficit) for the year. Subtract line 17 from line 12	<del> </del>	17	6,960,464
SSe	19			18	2,808,930
Net Assets	20	Net assets or fund balances at beginning of year (from line 73, column (A))  Other changes in net assets or fund balances (attach explanation)  See  Net assets or fund balances at end of year (compline lines 18, 10, and 20)	Salita Salita	19	8,082,356
	21	Net assets or fund balances at end of year Combine lines 49, 40, and 30	statement 1	20	-91,634
For	Privacy	Act and Paperwork Reduction Act Notice, see the constitution and 20	<u> </u>	21	10,799,652
DAA		<b>3.</b>			Form 990 (2006)

Part II Statement of All organizations must complete column (A), Columns (B), (C), and (D) are required for section 501(c)(3) and (4) Functional Expenses organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.) Do not include amounts reported on line (B) Program (C) Management (A) Total (D) Fundraising 6b, 8b, 9b, 10b, or 16 of Part I. services and general 22a Grants paid from donor advised funds (attach schedule) non-cash \$ If this amount includes foreign grants, check here 22a 22b Other grants and allocations (attach schedule) (cash \$ cash \$ If this amount includes foreign grants, check here 22b 23 Specific assistance to individuals (attach schedule) 23 24 Benefits paid to or for members (attach schedule) 24 25a Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule) See Statement 2 133,512 25a 33,378 33,378 66,756 b Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule) 25b c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) 25c 26 Salaries and wages of employees not included on lines 25a, b, and c 383,927 326,820 26 53,817 3,290 27 Pension plan contributions not included on lines 25a, b, and c 27 28 Employee benefits not included on lines 25a – 27 47,799 7.466 36,131 28 4,202 29 Payroll taxes 43.990 6,794 30,999 6.197 29 30 Professional fundraising fees 30 Accounting fees 31 Legal fees 32 Supplies 33 Telephone 34 Postage and shipping ..... 15,859 15,383 476 35 36 Occupancy 36 37 Equipment rental and maintenance 37 38 Printing and publications 9,034 1,849 38 2,489 4,696 39 39 Travel 40 Conferences, conventions, and meetings 40 41 42 Depreciation, depletion, etc. (attach schedule) 42 43 Other expenses not covered above (itemize): See Statement 3 6,326,343 6,216,871 43a 38,852 70,620 43b 43c 43d 43a 43f 43g 44 Total functional expenses, Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 6,960,464 6,661,431 142,675 156,358 Joint Costs. Check | if you are following SOP 98-2. Are any joint costs from a combined educational campaign and fundralsing solicitation reported in (B) Program services? Yes X No If "Yes," enter (i) the aggregate amount of these joint costs\$ ; (ii) the amount allocated to Program services \$ (iii) the amount allocated to Management and genera\$ ; and (iv) the amount allocated to Fundraising\$

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

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

pro	grams and accomplishments.		
<b>▶</b> All	nat is the organization's primary exempt purpose?  CHARITABLE  organizations must describe their exempt purpose achievements in a clear and concise manner. State the number clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4)	Program Serv Expenses (Required for 501(c)(3 (4) orgs., and 4947(a	3) and
oiô	anizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	trusts; but optional	
а	The state of grante and allocations to date(s).	others.)	
		i	
	***************************************		
_	(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶		
b			
	**************************************		
	(Grants and allocations \$ ) If this amount includes foreign grants about here.		
¢	/ was amount includes to legit grants, trieds here		
-			
	,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	······································		
	(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶		
d	,		
	then were the state of the stat		
	***************************************		
	(Gents and allocations - #		
А	(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □ Other program services (attach schedule) See Stmt 4		
G	The state of the s		
f	(Grants and allocations \$ ) If this amount includes foreign grants, check here Total of Program Service Expenses (should equal line 44, column (B), Program services)	6,661,4	
	, and an analysis to grant (a), a region 30; vices	6,661,4 Form 990 (	131
		rom vav (	(4000)

P	art IV	Balance Sheets (See the instructions.	)							
	Note:	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.				(A) Beginning of yea	ır		(B) End of year	
	45	Cash-non-interest-bearing					122,	950	45	308,686
	46	Savings and temporary cash investments							46	
	47a	Accounts receivable	47a							
	b	Less: allowance for doubtful accounts	47b						47c	
	48a	Pledges receivable	48a 564,100							
		Less: allowance for doubtful accounts	48b				1,360,	000	48c	564,100
	49	Grants receivable			,	,, <u>L</u>			49	500,000
	50a	Receivables from current and former officers, director	s, truste	es, and	1					
		key employees (attach schedule)				,			50a	
	b	Receivables from other disqualified persons (as define	ed unde	er sectio	n 4958(f	)(1)) and				
		persons described in section 4958(c)(3)(B) (att. sched	iule)			, , ,			50b	
	51a	Other notes and loans receivable (attach								
ts		schedule) 51a								
Assets	:	Less: allowance for doubtful accounts							51c	
ď.	52	Inventories for sale or use					443,	567	52	639,377
	53 54a	Prepaid expenses and deferred charges investments—publicly-traded		· · · · · · · · · · · ·	ግ r	<del></del> )	·		53	
	ь	investments—publicly-traded securities investments—other securities (attach schedule)		<b>~</b>  -	Cost	- FMV -			54a	
		(attach schedule)			Cost	_ FMV			54b	
	55a	Investments-land, buildings, and	55a	1 1	0 0 5 0	9,382				
	h	equipment: basis  Less: accumulated depreciation (attach	ooa	ا على	0,65	9,302				
	~	schedule) See Statement 5	55b		,		2,453,	ະດວິ		10 050 200
	56	Investments-other (attach schedule)					2,400,	<i>J <del>J</del> J</i>	56	10,859,382
	57a	Land, buildings, and equipment: basis	57a						20	· · · · · · · · · · · · · · · · · · ·
	b	Less; accumulated depreciation (attach	1							
		schedule)	57b						57c	
	58	Other assets, including program-related investments	<u> </u>					·	010	
		(describe ► See Statement 6				4,204,	936	58	170	
	59	Total assets (must equal line 74). Add lines 45 through 58					8,585,	046	59	12,871,715
	60	Accounts payable and accrued expenses					257,	399	60	822,621
	61	Grants payable Deferred revenue So							61	
	62	Deferred revenue Sc	ee S	tate	ement	7			62	9,000
ties	63	Loans from officers, directors, trustees, and key empl	oyees (a	attach	.,,,,,,,,,	· · · · · · · · · · · · · · · · · · ·				
		schedule)		,		.,			63	
Liabili	64a	Tax-exempt bond liabilities (attach schedule)							64a	
<del>1</del>	ь	Mortgages and other notes payable (attach schedule) Other liabilities (describe ► See Statemer	٠,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,				64b	
	65	Other liabilities (describe  See Statemer	tement 8 )			244,	<u> 791</u>	65	1,240,442	
		Wester His I Miles - A Table - And Green -								
	66	Total liabilities. Add lines 60 through 65 anizations that follow SFAS 117, check here ► X ∈	<u> </u>		<u> </u>		502,	<u> 690</u>	66	2,072,063
	Olya	67 through 69 and lines 73 and 74.	ana com	ibiete iir	105					
ψ	67						8,082,	3 5 6	~~	10 700 650
ည်	68	Unrestricted Temporarily restricted					0,062,	330	1	10,799,652
ala	69	Permanently restricted							68 69	· · · · · · · · · · · · · · · · · · ·
id E	Orga	anizations that do not follow SFAS 117, check here	<b>`</b> `∏`;	and						
Net Assets or Fund Balances	-	complete lines 70 through 74.								
ō	70	Capital stock, trust principal, or current funds			70					
sets	71	Paid-in or capital surplus, or land, building, and equipment fund						· · · · · · · · · · · · · · · · · · ·	71	·
ASS	72	Retained earnings, endowment, accumulated income	, or othe	er funds		,,,,,,, [			72	
Vet	73	Total net assets or fund balances (add lines 67 thro	ugh 69 (	or lines		Г				
	į	70 through 72. (Column (A) must equal line 19 and co	olumn (E	B) must						
		equal-line 21)	,	,,,,,,,		,,,,, <u> </u>	8,082,	<u>356</u>	73	10,799,652
	74	Total llabilities and net assets/fund balances. Add I		8,585,	046	74	12,871,715			

,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1990 (2006) MEET EACH NEED WITH DIGNITY	2.	3-7306	3337				Page 5
Pa	rt IV-A Reconciliation of Revenue per Audited Financial S instructions.)	Stateme	ents With	Revenue per	Retu	rn (See	the	
<u> </u>	Total revenue, gains, and other support per audited financial statements						769,	201
b	Amounts included on line a but not on Part I, line 12:				a	<i>,</i>	109,	394
1	Net unrealized gains on investments	1.	b1					
2	Densited continue and use of familities	···· }!				: <b>}</b>		
	Donated services and use of facilities		02			i		
3	Recoveries of prior year grants	<u>                                </u>	03					
4	Other (specify):					, 1		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	} i	04					
	Add lines b1 through b4				b	<b>,</b>		
С	Subtract line b from line a				С	9,	769,	394
d	Amounts included on Part I, line 12, but not on line a:		,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
1	Investment expenses not included on Part I, line 6b	، ا	41					
2	Other (specify):	·····  -						
	4)1141-4114-414-414-414-414-414-414-414-		12			: [		
	Add lines 41 and 42	🕒			. 38.333			
	Add lines d1 and d2				d		<b>7.60</b>	
e on-	Total revenue (Part I, line 12). Add lines c and d			· · · · · · · · · · · · · · · · · · ·	e	9,	769,	394
	rtsiVsB Reconciliation of Expenses per Audited Financial	Statem	ents Wit	<u>h Expenses p</u>	er Re			
а	Total expenses and losses per audited financial statements				а	6,	960,	464
b	Amounts included on line a but not Part I, line 17:							
1	Donated services and use of facilities	[ ]	o1					
2	Prior year adjustments reported on Part I, line 20	,,,,,	02					
3	Losses reported on Part f, line 20	·····	03		1			
4	Other (specify):	····· <del>                                </del>	**					
	Add lines he through he	L	<del>]4</del>					
_	Add lines b1 through b4	,			<u>b</u>			
C .	Subtract line b from line a		,		C	6,	960,	464
d	Amounts included on Part 1, line 17, but not on line a:		,					
1	Investment expenses not included on Part I, line 6b		11					
2	Other (specify):		1					
			12					
	Add lines d1 and d2			····	ď			
е	Total expenses (Part I, line 17). Add lines c and d				e	6	960,	464
Pa	rt V-A Current Officers, Directors, Trustees, and Key Em	nlovees	S /! let each	nareon who was		or directo	trusta a	
an ever sene	or key employee at any time during the year even if they were not	compens	ated.) (See	the instructions.)	an onco	ier, unector	i, liustet	Ž.
					(D)C	ontributions to	100.5	
	(A) Name and address	Title and av	(B) erage hours per oled to position	(C) Compensation (If not paid, enter -0)	employe	Contributions to se benefit plans d compensation	account	pense and other
		weak devi	oted to position	-0)	90101-0	plans	' allowa	inces
				]				
Se	e Statement 9		· · · · · · · · · · · · · · · · · · ·					
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		]		***				
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12.00	990 (2006) MEET EACH NEED WITH DIGNITY	23-730				P	age 6
	rt V.A. Current Officers, Directors, Trustees, and Key Em	ployees (continu	neq)			Yes	No
75a ·	Enter the total number of officers, directors, and trustees permitted to vote on a	organization busines	s at board				
	meetings	<u>.</u> 2					
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part						
	employees listed in Schedule A, Part I, or highest compensated professional a		t				
	contractors listed in Schedule A, Part II-A or II-B, related to each other through	family or business					
	relationships? If "Yes," attach a statement that identifies the individuals and ex	plains the relationshi	p(s)		75b		X
С	Do any officers, directors, trustees, or key employees listed in Form 990, Part						
	compensated employees listed in Schedule A, Part I, or highest compensated	professional and oth	er				
	independent contractors listed in Schedule A, Part II-A or II-B, receive compen						
	organizations, whether tax exempt or taxable, that are related to the organization	on? See the instructi	ons for				
	the definition of "related organization."		*****	ľ	75c	0.000000000	X
	If "Yes," attach a statement that includes the information described in the instru	ictions.		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
d	Does the organization have a written conflict of interest policy?	*****			75d	X	energy (Section 1997)
Pa	rt V-B Former Officers, Directors, Trustees, and Key Em	lovees That Re	ceived Cor	npensation or O	ther	Ben	efits
	(If any former officer, director, trustee, or key employee received o	empensation or othe	r benefits (des	cribed below) during t	he ve	ar list	that
	person below and enter the amount of compensation or other bene	fits in the appropriat	e column. See	the instructions.)	, -	,	
			(C) Compensation	(D) Contributions to employe	e (E	) Ехре	nse
	(A) Name and address	(B) Loans and Advances	(if not paid, enter -0-)	benefit plans & deterred compensation plans		unt and	
N/A							
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Pa	rt VI Other Information (See the instructions.)	<u> </u>	<del></del>			Yes	No
76	Did the organization make a change in its activities or methods of conducting a	ctivities? If "Yes." at	tach a				
	detailed statement of each change			ľ	76	420000000000	X
77	Were any changes made in the organizing or governing documents but not rep	orted to the IRS?	********	*************	77		X
	If "Yes," attach a conformed copy of the changes.	1)					
78a	Did the organization have unrelated business gross income of \$1,000 or more	during the year cove	red by				
	this return?		•	ľ	78a	14090880804	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	*************	**********		78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction duri	ng the year? If "Yes	attach		700		
	a statement				79	A4480 (1995)	X
80a	Is the organization related (other than by association with a statewide or nation	wide organization\ th	rough	***********			
	common membership, governing bodies, trustees, officers, etc., to any other ex						
	organization?			ľ	80a	×1200 K (50)	X
b				4177144714	ova		<u>^</u>
	If "Yes," enter the name of the organization ► and check	whether it is	vemnt or	nonexempt			
81a	Enter direct and indirect political expenditures. (See line 81 instructions.)		81a	nonexempt			
b	Did the organization file Form 1120-POL for this year?	***************	OIA		94 F	0.78887888	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
		<u> </u>	<u></u>		<u>81b</u>		X

	990 (2006) MEET EACH NEED WITH DIGNITY 23-730	5337		Page 7
	itt VI Other Information (continued)		Y	es No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no c	harge		
	or at substantially less than fair rerital value?	-	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	amount as revenue in Part I or as an expense in Part II.			
	(See instructions in Part III.)	82b		
83a	Did the organization comply with the public inspection requirements for returns and exemption applic	ations?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	N/A	83b	-
84a	Did the organization solicit any contributions or gifts that were not tay deductible?		84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	. , , , , , , , , , , , , , , , , , , ,	042	
	gifts were not tax deductible?	N/A	84b	****
85	501(c)(4), (5), or (6) organizations, a Were substantially all dues nondeductible by members?	N/A	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A		<del></del>
	if "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organ	sization.	85b	
	received a waiver for proxy tax owed for the prior year.	nzacion .		
С	Dues, assessments, and similar amounts from members	85c		
d	Saction 163/a) laboring and selffed armonality as	}		
6	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85d		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85e		
	Does the organization elect to now the specian \$032(a) toward the provided and the provided to the provided and the provided to the provided and the provided a	85f		
h	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	85g	***************************************
11	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on life to the cooperation of th	ne 85f		
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for t following tax year?			
86	* *************************************	,,N/A	85h	
	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	]	
b 07	Gross receipts, included on line 12, for public use of club facilities	86b		
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a		
D	Gross income from other sources. (Do not net amounts due or paid to other			
	sources against amounts due or received from them.)	87b		
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation	on or		
	partnership, or an entity disregarded as separate from the organization under Regulations sections			
	301.7701-2 and 301.7701-3? If "Yes," complete Part IX		88a 🕽	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the	ne		
	meaning of section 512(b)(13)? If "Yes," complete Part Xi		88b	X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	section 4911 •	• 0		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction	etion		
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," at	tach		
	a statement explaining each transaction		89b	X
С	Enter: Amount of tax imposed on the organization managers or disqualified			
	persons during the year under sections 4912, 4955, and 4958	▶0		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization	▶ 0		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax she	Iter		
	transaction?		89e	X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance	contract?	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the			
	supporting organization, or a fund maintained by a sponsoring organization, have excess business he	oldings		
	at any time during the year?	<del>-</del>	89g	X
90a	List the states with which a copy of this return is filed CA			
ь	Number of employees employed in the pay period that includes March 12, 2006 (See	* * * * * * * * * * * * * * * * * * * *		
	·	906		16
91a	Instructions.)  The books are in care of ▶ ORGANIZATION STAFF	Telephone no. ▶ 818-	896-	0246
	10041 SAN FERNANDO	ere consequence and a second of the second o	. T. T. T	₹ <i>₹.</i> ₹.
	Located at ▶ PACOIMA, CA	ZIP+4 ▶ 91331		
b	At any time during the calendar year, did the organization have an interest in or a signature or other a	ethority		
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	ancial	T	es No
	account)?		91b	es No X
	If " Von " orbother many of the Francisco		910	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	Rank		
	and Financial Accounts.	se set (J).		
			医环状腺素的 医皮肤	AND BUILDING TO SERVICE OF THE SERVI

	Technology and the property of	06) MEET EACH NEEL	·· · · · · · · · · · · · · · · · · · ·	NITY	23-730	6337			Pa	ige 8
	art VI								+	No
C	At any t	time during the calendar year, did t	he organization mair	ntain an office o	outside of the United S	States?		91c		<u> </u>
	ir "Yes,"	" enter the name of the foreign cou 4947(a)(1) nonexempt charitable t er the amount of tax-exempt intere	ntry 🟲		******		• • • • • • • • • • • • • • • • • • • •			
2	Section	4947(a)(1) nonexempt charitable t	rusts filing Form 990	in lieu of Forr	n 1041- Check here				,,,, <b>)</b>	<b>▶</b> [_
80.00	and ent	er the amount of tax-exempt intere	st received or accrue	ed during the ta	ax year		<b>&gt;</b>   92			
	III VII	Analysis of Income-Pro	oducing Activiti	es (See the	instructions.)	· · · · · · · · · · · · · · · · · · ·				
		ross amounts unless otherwise		Unrelate	d business income	Excluded	by section 512, 513, or 514	_	(E) lated or	
	ated.			(A) Business code	(B) Amount	(C) Exclusion	(D) Amount		lated or pt functio	n
93	_	n service revenue:			Allount	code	Amount		come	
а	Pro	ogram Service Reve	enue						87,1	.64
b			· · · · · · · · · · · · · · · · · · ·				•			
C										
d									1.	
e										
f	Medicar	re/Medicaid payments								
g	Fees an	nd contracts from government agen	rcies							
14	Membe	rship dues and assessments	***************************************		,					
95	Interest	on savings and temporary cash in	vestments			1				
96	Dividen	ds and interest from securities								
97	Net rent	tal income or (loss) from real estate	3.							
а		anced property						***************************************	· · · · · · · · · · · · · · · · · · ·	200000
b	not deb	t-financed property	* > • * • • • • • • • • • • • • • • • •			<del></del>				
98	Net rent	tal income or (loss) from personal p	property							
99								<del></del>		
00		(loss) from sales of assets other th	nan inventory			<del> </del>		·		·
01	Net inco	ome or (loss) from special events	, in any officery	~~~~		· · · · · ·			36,0	1 / 5
02	Gross n	rofit or (loss) from sales of inventor	rv						30,0	3.
03						<del> </del>				
b	0.1101 10	evenue; a	· "-!	<u> </u>						
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ч	·	· ·		<del></del>		-		<del></del>		
•			4,000							
υ⁄i Έ	Subtota	I (add columns (B), (D), and (E))			0	5.55.55.55			00 0	
04 7E	Total (a	dd line 104 columns (B) (D) and	/EN				0	8	23,2	0.9
)3 ^*~	i Diai (a Alina 10	dd line 104, columns (B), (D), and	(E))				🟲 📖	8	23,2	09
	rt VIII	5 plus line 1e, Part I, should equal	the amount on line 1	2, Part I.				<del></del>		***
		in	es to the Accor	npiisnmeni	of Exempt Purp	oses (S	see the instruction	ns.)		<del></del>
<i>1</i> _1	ine No.	Explain how each activity for w of the organization's exempt p					rtantly to the accompl	ishment		
N	$\overline{/A}$	or and organization of prompt p	arpodes (ether than	by providing la	ilda ioi addii baibose:	5).				
74	/					<del></del>		·	<del></del>	
					<u> </u>					
				·						
Ď,	irt IX	Information Posseding	Tavable Cubei	diadaa ada	Diameter English	U.C	- 4- 2 - 1 - 2			
		Information Regarding	1 axable Subsit	ularies and	(C)	uties (S			E)	
1		dress, and EIN of corporation, rship, or disregarded entity	(B) Percentage of ownership interes	st	lature of activities		(D) Total income	End-	of-year sets	
	See	Statement 10		%						
				%						
				_%						
2000	anistani assainessa			%						
	rt X	Information Regarding	Transfers Asso	ociated with	n Personal Benef	fit Cont	racts (See the in	structio	ns.)	
(	a) Did th	ne organization, during the year, red	ceive any funds, dire	ctly or indirectl	ly, to pay premiums or	n a persoi	nal benefit contract?		es X	No
(	b) Did th	ne organization, during the year, pa	y premiums, directly	or indirectly, o	on a personal benefit o	contract?	*	Y	es X	No
	vote: If "	res" to (b), file Form 8870 and For	m 4720 (see instruct	ions).	·					
								For	m 990 (	2000

Form 990 (20 Part XI	06) MEET EACH NEED WITH D Information Regarding Transfers T is a controlling organization as defin	o and From Co	trolled Ent	7306337 ities. Comp	olete onl	y if the c	organiza	P tion	age 9
106 Did th	ne reporting organization make any transfers to a coode? If "Yes," complete the schedule below for eac	ontrolled entity as de		512(b)(13) of				Yes	No X
	(A) Name, address, of each controlled entity	(B) Employer ID Number		(C) Description transfer		<del></del>	Amoun	(D) t of tra	
a									
b									•
с									
	Totals								
	e reporting organization receive any transfers from (13) of the Code? If "Yes," complete the schedule			ction -				Yes	No X
	(A) Name, address, of each controlled entity	(B) Employer ID Number		(C) Description of transfer			(D) Amount of transfe		
а									
b	• • • • • • • • • • • • • • • • • • • •								
с									
	Totals								,
	e organization have a binding written contract in eff royalties, and annuities described in question 107		006, covering th	e interest,				Yes	No
Please Sign	Under penalties of perjury, I declare that I have examined and belief, it is true, correct, and complete. Declaration of Signature of Officer	d this return, including a foreparer (other than o	ccompanying scho ficer) is based on	edules and state all information o	ements, and of which prep	1/2/6	of my knowle y knowledge Q1 /07	edge e.	
Here	Type or print name and title	, Executiv	e Direc	tor		Date		· · · · · · · · · · · · · · · · · · ·	
Paid Preparer's Use Only	Firm's name (or yours \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			° 2/21/07	Check if self- employed	► X	Preparer's (See Gen. 554 -	SSN or Instr. X)	PTIN 1725
	if self-employed), 19692 Farim address, and ZIP + 4 Carson, CA	nan Dr 90747				Phone	310-74 For	19- <u>1</u> m 990	*******