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0706

OMB No. 1545-0047

Open to Public
Inspection

Form 990

Department of the Treasury
Internal Revenue Service

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

0436857694 JUN 02 '14
Statute clear

A For the 2006 calendar year, or tax year beginning		July 1, 2006, and ending	June 30, 2007
B Check if applicable		C Name of organization Pilipino Workers Center of Southern California	
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		D Employer identification number 77 0439301	
		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite
		153 Glendale Blvd., 2nd Floor	
		E Telephone number (213) 250-4353	
		F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ►	
G Website: ► pilworker@pwsc.org		H and I are not applicable to section 527 organizations.	
J Organization type (check only one) ► <input checked="" type="checkbox"/> 501(c)(3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
K Check here ► <input type="checkbox"/> if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.		H(b) If "Yes," enter number of affiliates ►	
L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ►		H(c) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If "No," attach a list. See instructions.)	
		H(d) Is this a separate return filed by an organization covered by a group ruling? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		I Group Exemption Number ►	
		M Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).	
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)			
Revenue	1 Contributions, gifts, grants, and similar amounts received:	STATUTE UNIT RECEIVED	
	a Contributions to donor advised funds	1a	147,325
	b Direct public support (not included on line 1a)	1b	
	c Indirect public support (not included on line 1a)	1c	
	d Government contributions (grants) (not included on line 1a)	1d	66,685
	e Total (add lines 1a through 1d) (cash \$ 194,170 noncash \$)	1e	214,010
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	
	3 Membership dues and assessments	3	2,212
	4 Interest on savings and temporary cash investments	4	68
	5 Dividends and interest from securities	5	
	6a Gross rents	6a	
	b Less: rental expenses	6b	
c Net rental income or (loss). Subtract line 6b from line 6a	6c		
7 Other investment income (describe) ►	7		
8a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
b Less: cost or other basis and sales expenses	8a		
c Gain or (loss) (attach schedule)	8b		
d Net gain or (loss). Combine line 8c, columns (A) and (B)	8c		
9 Special events and activities (attach schedule). If any amount is from gaming, check here ► <input type="checkbox"/>	8d		
a Gross revenue (not including \$ of contributions reported on line 1b)	9a		
b Less: direct expenses other than fundraising expenses	9b		
c Net income or (loss) from special events. Subtract line 9b from line 9a	9c	20,547	
10a Gross sales of inventory, less returns and allowances	10a		
b Less: cost of goods sold	10b		
c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c		
11 Other revenue (from Part VII, line 103)	11		
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	236,837	
Expenses	13 Program services (from line 44, column (B))	13	146,912
	14 Management and general (from line 44, column (C))	14	52,660
	15 Fundraising (from line 44, column (D))	15	6,309
	16 Payments to affiliates (attach schedule)	16	
	17 Total expenses. Add lines 16 and 44, column (A)	17	205,881
Net Assets	18 Excess or (deficit) for the year. Subtract line 17 from line 12	18	30,956
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	15,560
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	46,516

Part III Statement of Functional Expenses		All organizations must complete column (A). Columns (B), (C) and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)			
<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach schedule) (cash \$ <u>1,535</u> noncash \$ <u> </u>) If this amount includes foreign grants check here ► <input type="checkbox"/>	22a	1,535	1,535	
22b	Other grants and allocations (attach schedule) (cash \$ <u> </u> noncash \$ <u> </u>) If this amount includes foreign grants, check here ► <input type="checkbox"/>	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)	25a	57,040	39,256	17,784
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	26	48,283	39,483	8,800
27	Pension plan contributions not included on lines 25a, b, and c	27			
28	Employee benefits not included on lines 25a - 27	28			
29	Payroll taxes	29	9,439	3,688	5,751
30	Professional fundraising fees	30	6,300	3,800	2,500
31	Accounting fees	31			
32	Legal fees	32			
33	Supplies	33	4,196	2,515	1,681
34	Telephone	34	2,010	1,205	805
35	Postage and shipping	35	974	584	195
36	Occupancy	36	23,609	19,119	4,490
37	Equipment rental and maintenance	37			
38	Printing and publications	38	3,250	1,250	2,000
39	Travel	39	3,609	3,609	
40	Conferences, conventions, and meetings	40	525	525	
41	Interest	41			
42	Depreciation, depletion, etc. (attach schedule)	42			
43	Other expenses not covered above (itemize):				
a	Bank fees	43a	1,433		1,433
b	Program expenses	43b	5,220	2,015	3,205
c	Repairs & maintenance	43c	1,350		1,350
d	Staff training & outreach education	43d	2,412	2,100	312
e	Insurance	43e	26,048	20,210	5,838
f	Utilities	43f	5,648	4,518	1,130
g	Miscellaneous expenses	43g	3,000	1,500	591
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	205,881	146,912	52,660
					6,309

Joint Costs. Check ► if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ► Yes 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 general \$ _____, 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.

What is the organization's primary exempt purpose? ► <u>To provide educational & empowering services</u>		Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(e)(1) trusts, but optional for others)
<p>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)</p> <p>a <u>Patrocinia Health Program - provided direct and referral services and important information around issues such as healthcare, immigration, employment, housing, etc.; to meet the immediate needs of workers and their families provided community health advocate trainings served about 2,000 individuals.</u></p>		
<p>(Grants and allocations \$ <input type="text"/>) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>		58,618
<p>b <u>C.O.U.R.A.G.E. Program - aim at improving conditions in the private home healthcare industry for both workers and patients by providing educational seminar and training for bonafide caregivers.</u></p>		
<p>(Grants and allocations \$ <input type="text"/>) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>		39,079
<p>c <u>Youth Unite - provided leadership development activities and positive recreation to Filipino youth.</u></p>		
<p>(Grants and allocations \$ <input type="text"/>) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>		5,142
<p>d <u>Youth Workforce Program - provided job placement, soft skills development and entrepreneurial skills development to at-risk and adjudicated youth.</u></p>		
<p>(Grants and allocations \$ <input type="text"/>) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>		44,073
<p>e <u>Other program services (attach schedule)</u> (Grants and allocations \$ <input type="text"/>) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>		
<p>f <u>Total of Program Service Expenses (should equal line 44, column (B), Program services).</u> ► <input type="text"/></p>		146,912

Part 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 year	(B) End of year	
45	Cash—non-interest-bearing	194,782	45	150,583
46	Savings and temporary cash investments		46	
47a	Accounts receivable	47a 8,051		
b	Less: allowance for doubtful accounts	47b	6,896 47c	8,051
48a	Pledges receivable	48a		
b	Less: allowance for doubtful accounts	48b		48c
49	Grants receivable			49
50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a
b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			50b
51a	Other notes and loans receivable (attach schedule)	51a		
b	Less: allowance for doubtful accounts	51b		51c
52	Inventories for sale or use			52
53	Prepaid expenses and deferred charges		3,027 53	3,000
54a	Investments—publicly-traded securities	► <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a
b	Investments—other securities (attach schedule)	► <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b
55a	Investments—land, buildings, and equipment: basis	55a		
b	Less: accumulated depreciation (attach schedule)	55b		55c
56	Investments—other (attach schedule)			56
57a	Land, buildings, and equipment: basis	57a		
b	Less: accumulated depreciation (attach schedule)	57b	10,787 57c	3,309
58	Other assets, including program-related investments (describe ►)			58
59	Total assets (must equal line 74). Add lines 45 through 58		215,492 59	164,943
60	Accounts payable and accrued expenses		7,224 60	5,010
61	Grants payable			61
62	Deferred revenue		192,708 62	113,417
63	Loans from officers, directors, trustees, and key employees (attach schedule)			63
64a	Tax-exempt bond liabilities (attach schedule)			64a
b	Mortgages and other notes payable (attach schedule)			64b
65	Other liabilities (describe ►)			65
66	Total liabilities. Add lines 60 through 65		199,932 66	118,427
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67			67
	68			68
	69			69
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 70 through 74.			
70	Capital stock, trust principal, or current funds			70
71	Paid-in or capital surplus, or land, building, and equipment fund			71
72	Retained earnings, endowment, accumulated income, or other funds		15,560 72	46,516
73	Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		15,560 73	46,516
74	Total liabilities and net assets/fund balances. Add lines 66 and 73		215,492 74	164,943

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the Instructions.)

a Total revenue, gains, and other support per audited financial statements	a	236,837
b Amounts included on line a but not on Part I, line 12.	b	
1 Net unrealized gains on investments	b1	
2 Donated services and use of facilities	b2	
3 Recoveries of prior year grants	b3	
4 Other (specify):	b4	
Add lines b1 through b4		
c Subtract line b from line a	c	236,837
d Amounts included on Part I, line 12, but not on line a:	d	
1 Investment expenses not included on Part I, line 6b	d1	
2 Other (specify):	d2	
Add lines d1 and d2		
e Total revenue (Part I, line 12). Add lines c and d	e	236,837

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a Total expenses and losses per audited financial statements	a	205,881
b Amounts included on line a but not on Part I, line 17	b	
1 Donated services and use of facilities	b1	
2 Prior year adjustments reported on Part I, line 20	b2	
3 Losses reported on Part I, line 20	b3	
4 Other (specify):	b4	
Add lines b1 through b4		
c Subtract line b from line a	c	205,881
d Amounts included on Part I, line 17, but not on line a:	d	
1 Investment expenses not included on Part I, line 6b	d1	
2 Other (specify):	d2	
Add lines d1 and d2		
e Total expenses (Part I, line 17). Add lines c and d	e	205,881

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Dianne Wright 153 Glendale Blvd., 2nd Flr, Los Angeles, CA 90026	President 1 Hr/Wk	-0-	-0-	-0-
Carol Almeda 153 Glendale Blvd., 2nd Flr, Los Angeles, CA 90026	Vice President 1 Hr/Wk	-0-	-0-	-0-
Lolita Lledo 153 Glendale Blvd., 2nd Flr, Los Angeles, CA 90026	Finance Officer 1 Hr/Wk	-0-	-0-	-0-
Aquilina Soriano-Versoza 153 Glendale Blvd., 2nd Flr, Los Angeles, CA 90026	Secretary 1 Hr/Wk	-0-	-0-	-0-
Bill Gallegos 153 Glendale Blvd., 2nd Flr, Los Angeles, CA 90026	Board Member	-0-	-0-	-0-
Atty Rhea Samson 153 Glendale Blvd., 2nd Flr, Los Angeles, CA 90026	Board Member	-0-	-0-	-0-
Atty John Caldwell 153 Glendale Blvd., 2nd Flr, Los Angeles, CA 90026	Board Member	-0-	-0-	-0-
Emelina Quntillan 153 Glendale Blvd., 2nd Flr, Los Angeles, CA 90026	Board Member	-0-	-0-	-0-

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings		75b	75c	75d
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent 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 explains the relationship(s)			✓
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." If "Yes," attach a statement that includes the information described in the instructions.			✓
d	Does the organization have a written conflict of interest policy?			✓

Part V-B **Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Aquilina Soriano-Versoza 153 Glendale Blvd., 2nd Fl., Los Angeles, CA 90026		28,520		

Part VI Other Information (See the *instructions*.)

76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change 76 ✓

77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes. 77 ✓

78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78a ✓

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 during the year? If "Yes," attach a statement 79 ✓

80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? 80a ✓

b If "Yes," enter the name of the organization ► _____ and check whether it is exempt or nonexempt

81a Enter direct and indirect political expenditures (See line 81 instructions) 81a

b Did the organization file **Form 1120-POL** for this year? 81b

Part VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	✓
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 applications?	83a	✓
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	✓
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85c	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85d	
c	Dues, assessments, and similar amounts from members	85e	
d	Section 162(e) lobbying and political expenditures	85f	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85g	✓
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85h	✓
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
86	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12	86a	
b	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	
b	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 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	✓
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	✓
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► ; section 4955 ►	89b	✓
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89c	
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ►	89d	
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ►	89e	✓
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89f	✓
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89g	✓
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 holdings at any time during the year?		
90a	List the states with which a copy of this return is filed ►		
b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions)	90b	4
91a	The books are in care of ► Aquilina Soriano-Versaza Located at ► 153 Glendale Blvd., 2nd Flr, Los Angeles, CA	Telephone no ► (213) 250-4353 ZIP + 4 ► 90026-5847	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b	✓
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			

Part VI Other Information (continued)		Yes	No
c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c		<input checked="" type="checkbox"/> <input type="checkbox"/>	
If "Yes," enter the name of the foreign country ►			
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 92		<input type="checkbox"/> <input checked="" type="checkbox"/> N/A	

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

93 Program service revenue.

a
b
c
d
e

f Medicare/Medicaid payments

g Fees and contracts from government agencies

94 Membership dues and assessments

95 Interest on savings and temporary cash investments

96 Dividends and interest from securities

97 Net rental income or (loss) from real estate

a debt-financed property

b not debt-financed property

98 Net rental income or (loss) from personal property

99 Other investment income

100 Gain or (loss) from sales of assets other than inventory

101 Net income or (loss) from special events

102 Gross profit or (loss) from sales of inventory

103 Other revenue: a

b
c
d
e

104 Subtotal (add columns (B), (D), and (E))

105 Total (add line 104, columns (B), (D), and (E)) ►

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Part XI **Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13).

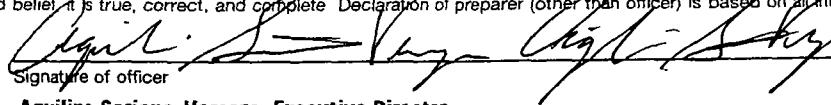
				Yes	No
106	Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity				✓

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

				Yes	No
107	Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.				✓

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

				Yes	No
108	Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?				✓

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge				
	 Signature of officer Date 01-24-08 Aquilina Soriano-Versoza, Executive Director Type or print name and title				
Paid Preparer's Use Only	Preparer's signature 	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X)	
	Firm's name (or yours if self-employed), address, and ZIP + 4 		EIN 	Phone no. 	

