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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

OMB No 1545-0047 Open to Public Inspection

A Fo	or the 2	200 <mark>7 calendar year, or tax year beginning , 2007, and (</mark>	enaing	
B Che	ck if applica	Please use IRS C Name of organization		D Employer identification number
X	Address change	label or TUNAHAKI FOUNDATION		20-4542914
	Name cha	Number and street (or P O. box if mail is not delivered to street address)	Room/suite	E Telephone number
	Initial retu	See 1026 OCEAN PARK BLVD. #1		(310) 396-6343
	Terminatio	Instruc- City or town, state or country, and ZIP + 4		F Accounting Cash X Accrual
Х	Amended return	tions SANTA MONICA, CA 90405		Other (specify)
L	Application pending	• Section 501(c)(3) organizations and 4547(a)(1) nonexempt character	H and I are not app	plicable to section 527 organizations
		trusts must attach a completed Schedule A (Form 990 or 990-EZ).	H(a) Is this a group	p return for affiliates? Yes X No
G V	/ebsite:	▶ WWW.TUNAHAKI.ORG	H(b) If "Yes," ente	r number of affiliates – N/A –
J C	rganiza	ion type (check only one) ▶ X   501(c) ( 3 ) ◀ (insert no )   4947(a)(1) or   527	H(c) Are all affiliate	es included? Yes No h a list. See instructions.)
K C	heck he	e 🕨 🔛 if the organization is not a 509(a)(3) supporting organization and its gross	H(d) is this a separat	•
f	eceipts a	re normally not more than \$25,000. A return is not required, but if the organization chooses	, , ,	vered by a group ruling? Yes X No
to	file a re	tum, be sure to file a complete return	I Group Exemp	tion Number N/A
			Mi Check ▶	if the organization is not required
L G	ross rec	eipts Add lines 6b, 8b, 9b, and 10b to line 12 2,703,793.	to attach Sch	B (Form 990, 990-EZ, or 990-PF)
Par	R	evenue, Expenses, and Changes in Net Assets or Fund Balances (See the	nstructions )	
	1	Contributions, gifts, grants, and similar amounts received		
	a	Contributions to donor advised funds		<u>.</u>
<b>%</b>	b	Direct public support (not included on line 1a)	2,945,307.	]
<b>9</b>	C	Indirect public support (not included on line 1a) 1c		]
<b>3</b>	d	Government contributions (grants) (not included on line 1a) 1d		]
_	е	Total (add lines 1a through 1d) (cash \$ 368,231. noncash \$	<u>,577,076.</u> )	1e 2,945,307.
3	2	Program service revenue including government fees and contracts (from Part VII, line	93)	2
$\supset$	3	Membership dues and assessments RECFIVED	. <b></b> .	3
	4	Interest on savings and temporary cash investments	. <b></b> .	4
<u></u>	5	Dividends and interest from securities	. <b></b> .	<b>5</b> 5,709.
₹	6 a	Dividends and interest from securities  Gross rents  DCT 0 5 2010 6 a	<del>- · ·- ·</del>	1 1
	b	Less rental expenses		<u>.</u>
_	С	Net rental income or (loss) Subtract line by ton line ga		6c
Revenue	7	Other investment income (describe	)	7 -247,223.
š	8 a	Gross amount from sales of assets other (A) Securities (E	) Other	<u> </u>
æ		than inventory 8a		<b>↓</b>
	b	Less cost or other basis and sales expenses . 8b		1
	С	Gain or (loss) (attach schedule)		<u> </u>
	d	Net gain or (loss) Combine line 8c, columns (A) and (B)	<u></u>	8d
	9	Special events and activities (attach schedule) If any amount is from gaming, check h	ere 🕨 🔙	
	a	Gross revenue (not including \$ of		
		contributions reported on line 1b) 9a		<b></b>
		Less direct expenses other than fundraising expenses 9b		<u> </u>
	1	Net income or (loss) from special events. Subtract line 9b from line 9a		9c
		Gross sales of inventory, less returns and allowances	-	4 1
		Less cost of goods sold		4 1
	C	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from		
	11	Other revenue (from Part VII, line 103)		
	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11		
	13	Program services (from line 44, column (B))		L - L
1865	14	Management and general (from line 44, column (C))		
Expenses	15	Fundraising (from line 44, column (D))		11
Ä	16	Payments to affiliates (attach schedule)		
	17	Total expenses Add lines 16 and 44, column (A)		1
ats	18	Excess or (deficit) for the year. Subtract line 17 from line 12		
Net Assets	19	Net assets or fund balances at beginning of year (from line 73, column (A))		19 155,601
et A	20	Other changes in net assets or fund balances (attach explanation) $\mathtt{STMT}$		
Ž	21	Net assets or fund balances at end of year Combine lines 18, 19, and 20	<del></del>	2,855,288

Pai	t II	Statement of All or Functional Expenses organ	ganıza	tions must complete colum s and section 4947(a)(1)	nn (A) Columns (B), (C),	and (D) are required for s	section 501(c)(3) and (4)
		t include amounts reported on line b, 8b, 9b, 10b, or 16 of Part I	Zation	(A) Total	(B) Program	(C) Management	(D) Fundraising
		paid from donor advised funds (attach schedule)	╁	(1)	services	and general	
	(cash \$						•, '
	If this a	mount includes foreign grants,	22a				
22b		prants and allocations (attach schedule)			~		
	(cash \$	91,098. noncash \$	J		i		
	If this a	mount includes foreign grants, lere	22b	91,098.	91,098.		
		fic assistance to individuals					
		n schedule)	23				
		its paid to or for members					,
	(attach	schedule)	24				
		ensation of current officers,					-
	direct	ors, key employees, etc listed in					
	Part V		25a	NONE			
b	Comp	ensation of former officers,					
	direct	ors, key employees, etc listed in					
	Part V		25b				
С	Compe	nsation and other distributions, not includ-					
		ve, to disqualified persons (as defined					
		ection 4958(f)(1)) and persons described on 4958(c)(3)(B)	25c				
		es and wages of employees not					· <u></u>
	ınclud	ed on lines 25a, b, and c	26				
	Pensi						
	ınclud	ed on lines 25a, b, and c	27				
		yee benefits not included on					
	lines 2	25a-27	28				
29	Payro	ll taxes	29				
30	Profes	ssional fundraising fees	30	-			
		inting fees	31				
		fees	32	1,190.		1,190.	
		es	33	387.		335.	52.
		none	34				
		ge and shipping	35				
		pancy	36				"
		ment rental and maintenance	37				
38	Printir	ng and publications	38				<u> </u>
39	Travel		39				
		ences, conventions, and meetings	40				
41	Intere	st	41				
		ciation, depletion, etc. (attach schedule)	42				
43	Other	expenses not covered above (itemize)					
а	<u>CONT</u>	RIBUTION_PROCESSING_F_	43a	897.			897.
b	MONI	TORING AND EVALUATION	43b	1,542.	1,542.		
С			43c				
d			43d				
e			43e				
f			43f				-
g			43g				
44	Total f	unctional expenses. Add lines 22a			-	-	<del>_</del>
	ınrougi columr	n 43g (Organizations completing is (B)-(D), carry these totals to lines					
	13-15)	<u> </u>		95,114.	92,640.	1,525.	949.
		s. Check   If you are follow					
Аге а	any joir	nt costs from a combined educational	camp	aign and fundraising solid	citation reported in (B) Pro	gram services?	► Yes X No
		er (i) the aggregate amount of these j				ited to Program services	
(ni) tl	ne amo	ount allocated to Management and ge	neral \$	<u> </u>	, and (iv) the amount al	located to Fundraising \$	,
JSA 75102	0.4.000						Form <b>990</b> (2007)
r = 102	0 1 000						

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 soll particular organization. How the public perceives an organization in such cases may be determined its return. Therefore, please make sure the return is complete and accurate and fully describe programs and accomplishments.	ed by the	information presented
What is the organization's primary exempt purpose? ▶SEE STATEMENT 3		Program Service
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the	e number	Expenses (Required for 501(c)(3) and
of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3)		(4) orgs , and 4947(a)(1)
organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations		trusts, but optional for others)
a SEE STATEMENT #3		
(Grants and allocations \$ 91,098.) If this amount includes foreign grants, check h	ere 🕨 X	92,640.
b		
***************************************		
***************************************		
(Grants and allocations \$ ) If this amount includes foreign grants, check h	ere N	
c		
<b>*</b>		
(Grants and allocations \$ ) If this amount includes foreign grants, check h	ere 🕨	
d		
(Grants and allocations \$ ) If this amount includes foreign grants, check h	ere T	
e Other program services (attach schedule)		
(Grants and allocations \$ ) If this amount includes foreign grants, check h	iere 🕨 🗍	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)		92,640.

Р	art IV	Balance Sheets (See the instructions )			
1	Notes	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	155,601.	45	487,466.
	46	Savings and temporary cash investments		46	
	47a	Accounts receivable			
		Less allowance for doubtful accounts		47c	
	48a	Pledges receivable			
		Less allowance for doubtful accounts		48c	
	1	Grants receivable		49	
	50a	Receivables from current and former officers, directors, trustees, and			
	ĺ	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			
ssets		schedule)			
Ass	b	Less allowance for doubtful accounts		51c	
•	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges STMT. 4	NONE	53	100,000.
		Investments - publicly-traded securities ▶ Cost FMV		54a	
		Investments - other securities (attach schedule) ▶ Cost FMV	<del></del>	54b	
	55a	Investments - land, buildings, and			
		equipment basis			
	b	Less accumulated depreciation (attach			
		schedule)		55c	
		Investments - other (attach schedule)	NONE	56	2,269,012.
	ł	Land, buildings, and equipment basis			
	b	Less accumulated depreciation (attach			
	58	schedule)	<del></del>	57c	<del></del>
	36	Other assets, including program-related investments  (describe ►		50	
	59	Total assets (must equal line 74) Add lines 45 through 58	155,601.	58 59	2.056.470
		Accounts payable and accrued expenses	NONE		2,856,478. 1,190.
		Grants payable	NONE	61	
		Deferred revenue		62	
s	63	Loans from officers, directors, trustees, and key employees (attach		<u> </u>	
Ë		schedule)		63	
Liabilities	64a	Tax-exempt bond liabilities (attach schedule)	-	64a	· · · · · · · · · · · · · · · · · · ·
Ë		Mortgages and other notes payable (attach schedule)		64b	-
		Other liabilities (describe ►)		65	
	66	Total liabilities. Add lines 60 through 65	NONE	66	1,190.
	Orga	nizations that follow SFAS 117, check here ▶ X and complete lines			
S		67 through 69 and lines 73 and 74			
Š	67	Unrestricted	155,601.		2,855,288.
흵		Temporarily restricted		68	<del></del>
ä		Permanently restricted		69	
Net Assets or Fund Balances	_	nizations that do not follow SFAS 117, check here ► and complete lines 70 through 74			
9	70	Capital stock, trust principal, or current funds		70	
ets		Paid-in or capital surplus, or land, building, and equipment fund		71	
488		Retained earnings, endowment, accumulated income, or other funds		72	
et,	73	Total net assets or fund balances. Add lines 67 through 69 or lines			
Z		70 through 72 (Column (A) must equal line 19 and column (B) must	4		
		equal line 21)	155,601.		2,855,288.
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73	155,601.	74	2,856,478.

JSA

Form **990** (2007)

Page 5

Pa	irt IV-A ` Reconciliation of Revenue per Audited F instructions.)	inancial Statemer	nts With	Revenu	e per Retur	n (Se	ee the
a	Total revenue, gains, and other support per audited finance	cial statements				а	2,696,941.
b	Amounts included on line a but not on Part I, line 12					Π	
1	Net unrealized gains on investments			1	·	1	
2	Donated services and use of facilities		b2	2	2,140.		
3	Recoveries of prior year grants			3			
4	Other (specify) SEE STATEMENT 6		- 1				
					-256 <b>,</b> 215.	1 1	054 075
	Add lines <b>b1</b> through <b>b4</b>					b	<u>-254,075.</u>
c d	Subtract line <b>b</b> from line <b>a</b>					С	2,951,016.
u 1	Investment expenses not included on Part I, line 6b		41	1			
2	Other (specify) _ SEE STATEMENT 7					1	
-					-247,223.		
	Add lines <b>d1</b> and <b>d2</b>					d	-247,223.
е	Total revenue (Part I, line 12) Add lines c and d					е	2,703,793.
Pa	rt IV-B Reconciliation of Expenses per Audited F	inancial Stateme	nts With	Expens	es per Retu	ırn	
a	Total expenses and losses per audited financial statements	3				a	97,254.
b	Amounts included on line a but not on Part I, line 17		Ì				
1	Donated services and use of facilities		<u>b1</u>	ļ	2,140.	]	
2	Prior year adjustments reported on Part I, line 20		<u>b2</u>				
3	Losses reported on Part I, line 20					1	
4	Other (specify)						
						1.	0.140
	Add lines <b>b1</b> through <b>b4</b>					b	2,140.
C -	Subtract line <b>b</b> from line <b>a</b>	• • • • • • • • • • •		· · · · ·		С	95,114.
d	Amounts included on Part 1, line 17, but not on line a:		d1	1		i	
1	Investment expenses not included on Part I, line 6b Other (specify)		• • • —	<b> </b>		1	
2	Other (specify)		1				
						d	
е	Total expenses (Part I, line 17) Add lines c and d	· · · · · · · · · · · · · · · · · · ·			· · · · · · •	е	95,114.
Pa	rt V-A Current Officers, Directors, Trustees, and	Key Employees (	List each	person v	vho was an o	office	r, director, trustee,
	or key employee at any time during the year ever	of they were not co			the instructio	ns)	
	(A) Name and address	(B) Title and average hours per	(C) Comp (If not pa		(D) Contributions to benefit plans & de		(E) Expense account and other allowances
		week devoted to position	` -0-		compensation p	olans	
- <del>-</del> -		-					
SE.	E STATEMENT 8	-		NONE		NONI	NONE
		-					
		1					
		-					
		1					
		7					İ
		<u> </u>					
		_					
		<u> </u>					
							Form <b>990</b> (2007)

orm 99	90 (2007)	IDLD_	20-454291	4			Page 6
Par	t V-A Current Officers, Directors, Trustees, and Key En	n <mark>ployees</mark> (con	tınued)			Yes	
	Enter the total number of officers, directors, and trustees per meetings			business at board			
	Are any officers, directors, trustees, or key employees listed employees listed in Schedule A, Part I, or highest commontractors listed in Schedule A, Part II-A or II-B, related	pensated profe ed to each ot	essional and of her through fa	ther independent mily or business		`	ŧ
	relationships? If "Yes," attach a statement that identifies the ind	•			75b		<u>X</u>
	Do any officers, directors, trustees, or key employees compensated employees listed in Schedule A, Part I, or independent contractors listed in Schedule A, Part II-A organizations, whether tax exempt or taxable, that are relat the definition of "related organization"	highest compor II-B, receive ed to the orga	pensated profes compensation nization? See th	sional and other from any other e instructions for	75c	_	x_
d	Does the organization have a written conflict of interest policy?				75d	'	X
	t V-B Former Officers, Directors, Trustees, and Key E (If any former officer, director, trustee, or key employee the year, list that person below and enter the amount of instructions)	mployees That received comp	at Received Co pensation or other or other benefits	ompensation or Cer benefits (describe	d belo	ow) d n. Se	efits uring e the
	(A) Name and address (B) Lo	oans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	accou	Expension and owance	other
	-0-		-0-	-0-	-0 <b>-</b>		
			ĺ				
Par	t VI Other Information (See the instructions.)					Yes	No
	Did the organization make a change in its activities or met detailed statement of each change				76		х
77	Were any changes made in the organizing or governing docum	ents but not rep	orted to the IRS?	·	77		X
78a	If "Yes," attach a conformed copy of the changes  Did the organization have unrelated business gross income						
b	this return?				78a 78b	X	
79	Was there a liquidation, dissolution, termination, or substant a statement				79		х
80a	Is the organization related (other than by association with a common membership, governing bodies, trustees, officer organization?	s, etc, to an	y other exemp	ot or nonexempt	80a		х
b	If "Yes," enter the name of the organization		· <del></del>	<del></del>			
	Enter direct and indirect political expenditures (See line 81 inst Did the organization file Form 1120-POL for this year?	tructions)	81a	NONE	81b		X

Ves   No   No   No   No   No   No   No   N	For	m 990 (2007) AS AMENDED 20-4542914		F	Page 7
22 a Did the organization receive donated senores or the use of materials, equipment, or facilities at no charge or at substantially less than far retail value?	Pa		-		
or al substantially less than fair rental value?  All If Yes, You may indicate the value of these interesh eres Do not include the amount as reversing in Part I or as an expense in Part II (See instructions in Part III)  B 28 bit the organization comply with the disclosure requirements froir returns and exemption applications?  B 38 bit the organization comply with the disclosure requirements relating to quid pro quic contributions?  B 44 bit the organization comply with the disclosure requirements relating to quid pro quic contributions?  B 45 bit if Yes, "did the organization include with every solicition an express statement that such contributions of pits were not lax deductable?  B 45 bit if Yes, "did the organization include with every solicition an express statement that such contributions of pits were not lax deductable?  B 46 bit if Yes, "did the organization include with every solicition and provide statement that such contributions of pits were not lax deductable?  B 46 bit if Yes, "did the organization include with every solicition and provide statement that such contributions of pits were not lax deductable?  B 47 bit if Yes, "did the organization include such that the every solicition and provide statement that such contributions or gits were not lax deductable?  B 48 bit if Yes, "did the organization organization expression organization developed and provide statement that such contributions or gits were not lax deductables."  B 48 bit if Yes, "did the organization organization developed statement that such contributions organization expression statement that such contributions organization organization with the organization organization organization organization developed statement and the amount on line 857 bit is statement and provided to select the province organization organization along the province statement of the decompliance of the decompliance organization organization organization or greater interest in a travable corporation or partnershop organization or learn and statement organiz					
Bill Yest, "you may indicate the value of these terms here Do not include the amount as revenues in Part I or as an expense in Part I if ose an expense in Part I if os		·	82a	x	
as revenue in Part I or as an openise in Part III (See instructions in Part IIII)    23 both the organization comply with the public insposition requirements for returns and exemption applications?    23 both the organization comply with the disclosure requirements relating to quid pro quo contributions?    24 bit 11 "Yes," did the organization include with every solicitation an expess statement that such contributions or gifts were not tax deductable?    25 both the organization comply with the disclosure requirements relating to quid pro quo contributions?    26 bit 11 "Yes," did the organization include with every solicitation an expess statement that such contributions or gifts were not tax deductable?    26 both the organization with the properties of the organization and the properties of the organization of the properties of the organization and the properties of the organization and the properties of the organization developed by the properties of the organization developed properties of the organization developed properties of the organization developed properties of the properties organization developed properties organization developed properties of the organization organization developed properties organization organization developed properties organization organization during the year or did the amount of inching the properties organization plant in org	ı				
33 a Did the organization comply with the public inspection requirements for returns and exemption applications?  33 b Did the organization comply with the disclosure requirements relating to quid pro goo contributions?  34 b Did the organization solicit any contributions or gifts that were not tax deductable?  35 bif 'Yes.' and the organization include with every solicitation an express statement that such contributions or gifts were not tax deductable?  35 bif (Yos.' (or / 6) Were substantially all does nondeductable by members?  35 bif (Yos.') (or / 6) Were substantially all does nondeductable by members?  35 bif (Yos.') (or / 6) Were substantially all does nondeductable by members?  35 bif (Yos.') (or / 6) Were substantially all does nondeductable by members?  35 bif (Yos.') (or / 6) Were substantially all does nondeductable by members?  36 bif (Yos.') (or / 6) Were substantially all does nondeductable by members?  37 bif (Yos.') (or / 6) Were substantially all does nondeductable by members?  38 bif (Yos.') (or / 6) Were substantially all does nondeductable by members?  48 bif (Yos.') (or / 6) Were substantially all does nondeductable by members?  58 bif (Yos.') (or / 6) Were substantially all does nondeductable by members?  58 bif (Yos.') (or / 6) Were substantially all does nondeductable by members?  58 bif (Yos.') (or / 6) Were substantially all does nondeductable by members or sharped to a force substantially all does nondeductable by members?  58 bif (Yos.') (or / 6) Were substantially all does nondeductable by members?  58 bif (Yos.') (or / 6) Were substantially all does nondeductable by members?  58 bif (Yos.') (or / 6) Were substantially all does nondeductable by members or sharpeductable substantially all does nondeductable by members or sharpeductable substantially all does nondeductable by members?  58 bif (Yos.') (or / 6) Were substantially all does nondeductable by members or sharpeductable substantially all does nondeductable by members or sharpeductable substantially all does nondeductable b		1 1			
b Did the organization comply with the disclosure requirements relating to <i>quid pin quo</i> quo contributions?  840 Did the organization solicit any contributions or gifts were not tax deducable?  847 bif "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deducable?  848 bif "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deducable?  849 bif "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deducable?  840 bif "Yes," did the organization include with every solicitation and express statement that such contributions contributed in the properties of \$2.000 or less?  851 bif "Yes," did the organization was an express statement that such contributions received a waver for proxy tax owed for the prior year  852 city "Yes," did the organization make only in house lobbying expenditures of \$2.000 or less?  852 bif "Yes," did the organization are such set such as a second solicitation to the prior year  853 bif "Yes," did the organization of section 6033(e) (1X) dives notices.  854 bif "Yes," did the organization of section 6033(e) (1X) dives notices.  855 bif "Yes," did the organization of the second prior that is second organization agree to add the amount on line 85f to its reasonable cestimates of dives allocable to nondisductable amount or line 85f to its reasonable cestimates of dives allocable to nondisductable amount or line 85f to its reasonable cestimates of dives allocable to nondisductable amount or line 85f to its reasonable cestimates of dives allocable to nondisductable amount of the amount of line 85f to its reasonable cestimates of diversity of the organization of prior gifts of the following lax year?  856 bif (1X) years Enter a frame come from members and the organization of prior gifts of the following lax year?  857 501(c)(12) years Enter a frame come from themsers or share	83 a		83a	v	
84a   X   X   B4a   X   X   B4a   X   B4a   X   B4a   X   B4a   X   B4a   X   B4a   B4a   X   B4a   B4a   X   B4a   B4					
b if "Yes", did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductables.  85.6 M/A  85.7 M/A  85.6 M/A  85.7 M/A  85.7 M/A  85.8 M/A					v
grifts were not tax deautothie/  \$5.3 50 frick/it, 20 /r 60 Were substantially all dues nondeductable by members?  \$5.3 50 frick/it, 20 /r 60 Were substantially all dues nondeductable by members?  \$5.3 50 frick/it 20 /r 60 Were substantially all dues nondeductable by members?  \$5.3 50 frick/it 20 /r 60 Were substantially all dues nondeductable by members?  \$5.3 50 frick/it 20 /r 60 Were substantially all dues nondeductable by members?  \$5.3 50 frick/it 20 /r 60 Were substantially all dues nondeductable substantially all du			074		
85a S0/(c)(4), (5), or (6) Were substantially all dues nondeductible by members?  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  c Dues, assessments, and smini amounts from members  d Section 152(e) lobbying and political expenditures  d Section 152(e) lobbying and political expenditures (line 85d less 85e)  g Does the organization elect to pay the section 803(e) tax on the amount on line 85f   N/A    g Does the organization elect to pay the section 803(e) tax on the amount on line 85f   N/A    g Does the organization elect to pay the section 803(e) tax on the amount on line 85f   N/A    g Does the organization letted to pay the section 803(e) tax on the amount on line 85f   N/A    g Does the organization letted to pay the section 803(e) tax on the amount on line 85f   N/A    g Does the organization letter of dues allocable to nondeductible lobbying and political expenditures for the following tax year?  s Soff(c)(7) org Either a Gross income from members or shareholders   85b   N/A    g Soff(c)(7) org Either a Gross income from members or shareholders   85b   N/A    g Soff(c)(7) org Either a Gross income from members or shareholders   87b   N/A    g Soff(c)(7) org and 301 7701-23 and 3	•		946	NI /	<u></u>
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?  If "Yes" was answered to either 85a or 85b did not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year  c Dues, assessments, and similar amounts from members  d Section 162(e) lobbying and political expenditures  e Aggregate nondeductible amount of section 6033(e) 1taX on the amount on line 85f  If Taxable amount of lobbying only political expenditures  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  b 60f(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12  b Gross receipts, included on line 12 (or public use of dub facilities  b Gross receipts, included on line 12 (or public use of dub facilities  b Gross receipts, included on line 12 (or public use of dub facilities  b Gross receipts, included on line 12 (or public use of dub facilities  b Gross receipts, included on line 12 (or public use of dub facilities  b Gross receipts, included on line 12 (or public use of dub facilities  b Gross receipts, included on line 12 (or public use of dub facilities  b Gross receipts, included on line 12 (or public use of dub facilities  b Gross receipts, included on line 12 (or public use of dub facilities  b Gross receipts, included on line 12 (or public uses of dub facilities  b Gross receipts, included on line 12 (or public uses of dub facilities)  b Gross receipts, included on line 12 (or public uses of dub facilities)  b Gross receipts in a taxable corporation or partnershop, or an enthy disregarded as separated from the organization own a 50% or greater interest in a taxable corporation or partnershop, or an enthy disregarded as separated from the organization own a 50% or greater interest in a taxable corporation or partnershop, or an enthy disregarded as separated from the organization own a 50% or g	85:	704/3/41 /F) (0) M/ (1) M/			
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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 managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Enter Amount of tax on line 89c, above, reimbursed by the organization  e All organizations  At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?  f All organizations  g For supporting organizations and sponsoring organizations maintaining donor advised funds  b Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  90 a List the states with which a copy of this return is filed  CA,  b Number of employees employed in the pay period that includes March 12, 2007 (See instructions)  91 a The books are in care of  SCOTT FIFER  Located at  1026 OCEAN PARK BLVD. #1 SANTA MONICA, CA  Did 10 A 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)?  Yes No a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  Yes No a financial account in a foreign country securities account, or other financial account)?  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under			
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.  c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Enter Amount of tax on line 89c, above, reimbursed by the organization.  e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?  f All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract? g For supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  90 a List the states with which a copy of this return is filed \( \) CA, b Number of employees employed in the pay period that includes March 12, 2007 (See instructions)  91 a The books are in care of \( \) SCOTT FIFER  Located at \( \) 1026 OCEAN PARK BLVD. #1 SANTA MONICA, CA  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)?  Yes No a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank		section 4911 $\blacktriangleright$ N/A , section 4912 $\blacktriangleright$ N/A , section 4955 $\blacktriangleright$ N/A			
a statement explaining each transaction  c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Enter Amount of tax on line 89c, above, reimbursed by the organization  e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?  f All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?  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?  90 a List the states with which a copy of this return is filed \(\infty\) CA,  b Number of employees employed in the pay period that includes March 12, 2007 (See instructions)  91a The books are in care of \(\infty\) SCOTT FIFER  Located at \(\infty\) 1026 OCEAN PARK BLVD. \(\frac{1}{2}\) 1 SANTA MONICA, CA  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)?  Yes No signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  Yes No signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  Yes No signature or other authority over a financial account in a foreign country foreign country foreign Bank	ŀ				
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d Enter Amount of tax on line 89c, above, reimbursed by the organization  e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?  f All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract? 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?  90 a List the states with which a copy of this return is filed  CA, b Number of employees employed in the pay period that includes March 12, 2007 (See instructions)  91 a The books are in care of  SCOTT FIFER  Located at  1026 OCEAN PARK BLVD. #1 SANTA MONICA, CA  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)?  Yes No  1 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	•				
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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?  90 a List the states with which a copy of this return is filed ▶ CA,  b Number of employees employed in the pay period that includes March 12, 2007 (See instructions)  91 a The books are in care of ▶ SCOTT FIFER  Located at ▶ 1026 OCEAN PARK BLVD. #1 SANTA MONICA, CA  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)?  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	•	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			
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supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  90 a List the states with which a copy of this return is filed  CA,  b Number of employees employed in the pay period that includes March 12, 2007 (See instructions).  91 a The books are in care of  SCOTT FIFER  Located at  1026 OCEAN PARK BLVD. #1 SANTA MONICA, CA  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)?  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		Х
at any time during the year?  90 a List the states with which a copy of this return is filed ▶ CA,  b Number of employees employed in the pay period that includes March 12, 2007 (See instructions).  91 a The books are in care of ▶ SCOTT FIFER  Located at ▶ 1026 OCEAN PARK BLVD. #1 SANTA MONICA, CA  Description of 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)?  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	ç	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the			
90 a List the states with which a copy of this return is filed ▶ CA,  b Number of employees employed in the pay period that includes March 12, 2007 (See instructions).  91 a The books are in care of ▶ SCOTT FIFER  Located at ▶ 1026 OCEAN PARK BLVD. #1 SANTA MONICA, CA  Description of 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)?  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank		supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings			
90 a List the states with which a copy of this return is filed ▶ CA,  b Number of employees employed in the pay period that includes March 12, 2007 (See instructions).  91 a The books are in care of ▶ SCOTT FIFER  Located at ▶ 1026 OCEAN PARK BLVD. #1 SANTA MONICA, CA  Description of 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)?  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank		at any time during the year?	89g		Х
P1 a The books are in care of ► SCOTT_FIFER  Located at ► 1026 OCEAN_PARK_BLVD. #1 SANTA_MONICA, CA  DATE OF SANTA MONICA, CA  SIP +4 ► 90405  Yes No a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country ►  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	90 a	List the states with which a copy of this return is filed  CA,			
P1 a The books are in care of ► SCOTT_FIFER  Located at ► 1026 OCEAN_PARK_BLVD. #1 SANTA_MONICA, CA  DATE OF SANTA MONICA, CA  SIP +4 ► 90405  Yes No a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country ►  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			90b		
Located at ▶ 1026 OCEAN PARK BLVD. #1 SANTA MONICA, CA  ZIP+4 ▶ 90405  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country ▶  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			6-63	43	
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country   See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank					
a financial account in a foreign country (such as a bank account, securities account, or other financial account)?					
a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	t	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	[	Yes	No
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		·	91b		_
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank				$\neg \neg$	
		See the instructions for exceptions and filing requirements for Form TD F 90-22.1. Report of Foreign Bank			
		· · · · · · · · · · · · · · · · · · ·			

rt IX Information Regarding Taxable	Subsidiaries and D	isregarded Entities (	See the instructions	s.)
(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	<b>(E)</b> End-of-year assets
	%			
	%			
	%			
	%			

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

Form 990 (2007)

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

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Page 9

Part X	Information Regardi controlling organizati	ing Transfers To and Fro ion as defined in section 5	om Controlled Entities. Compl 512(b)(13)	ete only if the orgar	nizatıon	ıs a
106	Did the reporting organiza		a controlled entity as defined in sec	ction 512(b)(13) of	Yes	No X
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of tra	nsfer	
a		·				
b						
c						
	Totals					·
107			m a controlled entity as defined in s le below for each controlled entity	ection	Yes	No X
(A) Name, address, of each controlled entity		(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer		
a						
b						
С						
	Totals					
108		a binding written contract in eles described in question 107	effect on August 17, 2006, covering above?	the interest,	Yes	No X
Please Sign Here	Under penalties of perjury, and belief, it is true, correct	declare that I have examined this rit, and complete Declaration of prep	etum, including accompanying schedules and parer (other than officer) is based on all information of the Date			wledge
Paid Prepar Use Or	if self-employed),		TINKEDSTEIN DEF	Preparer's SSN or PTIN (S	3 <u>3</u> 474	
	address, and ZIP + 4	LONG BEACH, CA	TE 1000 P	hone no ► 562-495 Foi	−332 <u>5</u> m <b>990</b>	

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Organization Exempt

2007

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate instructions.)

► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Name of the organization			<del>_</del> -		Employe	r identification number
TUNAHAKI FOUNDATION					20-	1542914
Part I Compensation of the Five Highes (See page 1 of the instructions. List e	st Paid Employe ach one. If there a	es O	ther Than Of	ficers, Direc	tors,	and Trustees
(a) Name and address of each employee paid more than \$50,000	(b) Title and average h		(c) Compensation	(d) Contribution employee benefit deferred compe	t plans &	(e) Expense account and other ailowances
NONE	_					
			:			
				-		
				<del>-</del>		
Total number of other employees paid over \$50,000 ▶						
Part II-A Compensation of the Five Higher	st Paid Independ	dent	Contractors	or Professi	onal S	ervices
(See page 2 of the instructions List of						
(a) Name and address of each independent contractor paid	more than \$50,000		(b) Type of se	rvice		c) Compensation
NONE		ļ			<u> </u>	
			· · · · · · · · · · · · · · · · · · ·			
	<del>-</del> -					
Total number of others receiving over \$50,000 for						
Part II-B Compensation of the Five Highe	et Paid Indonen	dont	Contractors	for Other Se	nvico	
(List each contractor who performed firms. If there are none, enter "None	services other that	n pro	ofessional servi	ces, whether	ındıvıdı	uals or
(a) Name and address of each independent contractor paid	more than \$50,000	Γ	(b) Type of se	rvice	(	c) Compensation
NONE			-			

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Total number of other contractors receiving over

\$50,000 for other services

Schedule A (Form 990 or 990-EZ) 2007

Pa	Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B).	1		X_
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)			
а	Sale, exchange, or leasing of property?	2a		_X_
b	Lending of money or other extension of credit?	2b		<u> </u>
С	Furnishing of goods, services, or facilities?	2 c		_X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2 d		<u>X</u>
e	Transfer of any part of its income or assets?	2 e		X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)	3a_		_X_
b	Did the organization have a section 403(b) annuity plan for its employees?	3 b		<u>X</u>
С	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3 c		<u>x</u> _
đ	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	<u>3</u> d		Χ
4a b	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4a 4b	N/	<u>X</u> A
С	Did the organization make a distribution to a donor, donor advisor, or related person?	4 c	N/	A
d	Enter the total number or donor advised funds owned at the end of the tax year		_	
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the rights to provide advice on the distribution or investment of amounts in such funds or accounts			
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year	_		

Part IV	Reason for Non-Private Fo	oundation Statu	us (See pages 4 thr	rough 8 of th	e instructions.	)			
certify, th	nat the organization is not a private founda	ition because it is (Ple	ease check only ONE app	olicable box.)	_				
5	A church, convention of churches, or as	sociation of churches	Section 170(b)(1)(A)(ı)						
6	A school Section 170(b)(1)(A)(ii) (Also o	complete Part V)							
7	A hospital or a cooperative hospital servi	ice organization Sect	ıon 170(b)(1)(A)(ııı)						
8 🔲	8 A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)								
9	A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state								
10	An organization operated for the benefical (Also complete the Support Schedule in		iniversity owned or ope	rated by a go	vernmental unit	Section 170(b)(1)(A)(ıv			
11a	An organization that normally receives 170(b)(1)(A)(vi) (Also complete the <b>Supp</b>			overnmental u	nit or from the	general public Section			
11b	A community trust Section 170(b)(1)(A)	(vı) (Also complete th	e Support Schedule ın F	Part IV-A)					
12 X	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 charitable, etc., 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) (Also complete the Support Schedule in Part IV-A)								
13	An organization that is not controlle requirements of section 509(a)(3) Check				managers) and	otherwise meets the			
	Type II	Type III - Fu	nctionally Integrated	Type III	- Other				
	Provide the following information	about the supported	l organizations. (See pag	ge 8 of the instr	uctions)				
Na	(a) nme(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	ls the s organizat the su organ	(d) supported ion listed in pporting ization's documents?	(e) Amount of support			
				Yes	No				
	<del></del>								
	- · · · · · · · · · · · · · · · · · · ·								
			_	_		<del> </del>			
Total · ·		· · · · · · · · · · · ·	<u> </u>	<u> </u>					
14	An organization organized and operated to	a toot for nubbe a=f=	tu. Saation 500/=\/4\ /0:	C F - H-					
• •	An organization organized and operated to	o rest for bublic safe	iy 3ecilon 309(a)(4) (Se	e page o or the	ristructions )				

Schedule A (Form 990 or 990-EZ) 2007

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.

15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	NOL	e: You may use the worksheet in the instruction	ris for converting in	om trie accruai to t	ne caşrı memou or	accounting	
not included unusual grants. See line 28)	Cal	endar,year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
16 Membership fees rocceved.  17 Gross rocepits from admissions, merchanduse sold or services performed or furnishing of facilities in any activity that is related to the organization's chandable, etc., purpose.  18 Gross income from interest, dividends, amounts received from payments on securities forms (section 512(a)5), ranis, royalties, income from similar sources, and unrelated business tousinesses outless are completed in the 18	15	Gifts, grants, and contributions received (Do					
12 Gross receipts from admissions, merchandise sold or services performed or furnishing of facilities in any activity that is related to the organization's charitable, etc. purpose		not include unusual grants See line 28 )	219,696.	NONE	NONE	NONE	219,696
sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	16	Membership fees received					
facilities in any activity that is related to the organization's charitable, etc, purpose	17	Gross receipts from admissions, merchandise					
organization's charilable, etc. purpose.  If Gress income from interest dividends, locations from payments on scandies loans (section \$12(6)), location (\$12(6)), location (\$11(6)), loc		sold or services performed, or furnishing of	j				
18 Gross income from interest, dividends, amounts received from symments on southles loans (section 512(55)), rents, royaltes, income from similar sources, and unrelated busness taxable income (sess section 511 taxes) from busnesses acquired by the organizations after June 30, 1975.  19 Net income from unrelated busness activities not included in line 18.  20 Tax revenues levied for the organizations benefit and either paid to it or expended on its behalf.  21 The value of services or facilities generally furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge.  22 Other income Attach a schedule Do not include gian or (loss) from sale of capital assets  23 Total of lines 15 through 22		facilities in any activity that is related to the					
amounts received from payments on securities loans (section 512(4)5). Prests, cystless, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975.  19 Net income from unrelated business activities not included in line 18.  21 The value of services or facilities furnished to the organization by a governmental unit without charge.  21 The value of services or facilities generally furnished to the organization by a governmental unit without charge bo not include the value of services or facilities generally furnished to the public without charge.  22 Other income Attach a schedule Do not include did to the public without charge.  23 Total of lines 16 through 22.  24 Line 23 minus line 17.  25 Enter 1% of line 23.  27 Spanizations described on lines 10 or 11:  26 Derganizations described on lines 10 or 11:  27 Enter 1% of line 23.  28 Enter 1% of line 23.  29 Organizations described on lines 10 or 11:  29 Other income Attach a schedule Do not 11:  20 Organizations described on line 12.  21 Spanizations described on lines 10 or 11:  22 Enter 1% of line 23.  23 Total of line 23.  24 Line 23 minus line 17.  25 Enter 1% of line 24.  26 Enter 1% of line 25.  27 Enter 1% of line 26.  28 Enter 1% of line 27.  29 Organizations described on line 28.  20 Organizations described on line 28.  21 Spanizations described on line 28.  22 Other income Attach a schedule of a schedule of a line 28.  26 Other income Attach a schedule of a line 28.  28 Enter 1% of line 28.  29 Other income Attach a schedule of a line 28.  20 Organizations described on line 28.  21 Spanizations described on line 28.  22 Define 25 Other 18.  23 Other 18.  24 Line 25 Other 18.  25 Other 18.  26 Other 18.  26 Other 18.  27 Other 18.  28 Other 18.  28 Other 18.  29 Other 18.  20 Other 18.  20 Other 18.  21 Other 18.  22 Other 18.  23 Other 18.  24 Other 18.  25 Other 18.  26 Other 18.  27 Other 18.  28 Other 18.  28 Other 18.  29 Other 18.  20 Other 18.  20 Ot		organization's charitable, etc , purpose					
loans (section 512(850), rents, royalles, income from smiler sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	18	Gross income from interest, dividends,					
from similar sources, and unrelated busness taxable income (less section 511 taxes) from busnesses acquired by the organization after June 30, 1975							
taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975		, , , , , , , , , , , , , , , , , , , ,	·				
businesses acquired by the organization after June 30, 1975.  19 Net income from unrelated business activities not included in line 18.  20 Tax revenues leved for the organizations benefit and either paid to it or expended on its behalf.  21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge Do not include the value of services or facilities generally furnished to the public without charge Do not include the value of services or facilities generally furnished to the public without charge Do not include the value of services or facilities generally furnished to the public without charge Do not include the value of services or facilities generally furnished to the public without charge Do not line 12.  22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets 23 Total of lines 15 through 22					;		
19 Not income from unrelated business activities not included in line 18		,	1		:		
not included in line 18		· · · · · ·					
Tax revenues leved for the organization's benefit and either paid to it or expended on its behalf.  21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge	19	Net income from unrelated business activities					
and either paid to it or expended on its behalf.  21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge		not included in line 18					
behalf	20	Tax revenues levied for the organization's benefit					
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge.  22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets  23 Total of lines 15 through 22		and either paid to it or expended on its					
the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge		behalf					
without charge. Do not include the value of services or facilities generally furnished to the public without charge.  22. Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.  23. Total of lines 15 through 22	21	The value of services or facilities furnished to	ļ ļ				
services or facilities generally furnished to the public without charge		the organization by a governmental unit					
public without charge		without charge Do not include the value of	ļ.				
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets  23 Total of lines 15 through 22		services or facilities generally furnished to the					
include gain or (loss) from sale of capital assets  23 Total of lines 15 through 22							
23 Total of lines 15 through 22	22		,				
24 Line 23 minus line 17			010 606				04.0 50.6
2.5 Enter 1% of line 23						-	219,696
26 Organizatrons described on lines 10 or 11:  a Enter 2% of amount in column (e), line 24 NQT, APPLICABLE			1				219,696
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts.  c Total support for section 509(a)(1) test Enter line 24, column (e)  d Add Amounts from column (e) for lines 18 22 26b  e Public support (line 26c minus line 26d total)  f Public support percentage (line 26c (numerator) divided by line 26c (denominator)).  26c  7 Organizations described on line 12. a For amounts included in lines 15, 16, and 17 that were received from a "disqual person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person," prepare a list for your return. Enter the sum of such amounts for each year  (2006)  (2005)  (2004)  (2003)  b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your record show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5. (include in the list organizations described in lines 5 through 11b, as well as individuals) Do not file this list with your return After compt the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the examounts) for each year  (2006)  (2005)  c Add Amounts from column (e) for lines 15 219,696.16  17 20 21 21 21 27 28 29 29 29 29 29 29 20 20 21 21 21 21 21 22 21 29 21 29 21 29 21 29 21 29 21 29 21 29 21 29 21 29 21 29 21 20 21 20 21 21 21 21 21 22 21 21 21 22 21 21 21				<del>'</del>	·		**
governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts contains a contain the property of the service of the servic						,	
amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts    c Total support for section 509(a)(1) test Enter line 24, column (e)  d Add Amounts from column (e) for lines    22	~	·		•	•		
c Total support for section 509(a)(1) test Enter line 24, column (e)  d Add Amounts from column (e) for lines 18 19 22 266 266 266 266 266 266 266 266 266			•	•	•		
d Add Amounts from column (e) for lines 18	С						
e Public support (line 26c minus line 26d total)  f Public support percentage (line 26e (numerator) divided by line 26c (denominator))  7 Organizations described on line 12. a For amounts included in lines 15, 16, and 17 that were received from a "disqual person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person the list with your return. Enter the sum of such amounts for each year  (2006)	d	Add Amounts from column (e) for lines 18	19				
e Public support (line 26c minus line 26d total)  f Public support percentage (line 26e (numerator) divided by line 26c (denominator))  7 Organizations described on line 12. a For amounts included in lines 15, 16, and 17 that were received from a "disqual person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person on the this list with your return. Enter the sum of such amounts for each year  (2006) (2005) (2004) (2003)  b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5, (Include in the list organizations described in lines 5 through 11b, as well as individuals) Do not file this list with your return After compit the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the examounts) for each year (2005) (2004) (2003)  c Add Amounts from column (e) for lines 15 (219,696.16) (2004) (2003)  d Add Line 27a total. and line 27b total. P17d (2004) (2005) (2006) (2007) (200				3b		▶ 26d	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	е	Public support (line 26c minus line 26d total)					
person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person on the file this list with your return. Enter the sum of such amounts for each year  (2006)	f	Public support percentage (line 26e (numerator) d	divided by line 26c (de	enominator))		▶ 26f	%
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your record show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5, (Include in the list organizations described in lines 5 through 11b, as well as individuals) Do not file this list with your return After complete the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the examounts) for each year  (2006)	27	person," prepare a list for your records to sho	ow the name of, a	and total amounts			
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your record show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5, (Include in the list organizations described in lines 5 through 11b, as well as individuals) Do not file this list with your return After complete the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the examounts) for each year  (2006)		(2006) (2005)		(2004)		(2003)	
(Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After compute the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the examounts) for each year  (2006)	b	For any amount included in line 17 that was re-	eceived from each	person (other than	"disqualified person	s"), prepare a list (	or your records to
c Add Amounts from column (e) for lines 15 219,696.16  17 20 21		(Include in the list organizations described in line the difference between the amount received an amounts) for each year	es 5 through 11b, and the larger amount	s well as individuals nt described in (1)	s) Do not file this or (2), enter the	list with your returnsum of these differ	n After computing rences (the excess
d Add Line 27a total and line 27b total		(2006) (2005)		(2004)		(2003)	
d Add Line 27a total and line 27b total	c	Add Amounts from column (e) for lines 15	219-696-10	6			
d Add Line 27a total and line 27b total	_	17 20	2	1		27c	219,696
e Public support (line 27c total minus line 27d total)							
		Public support (line 27c total minus line 27d total).			, ,	▶ 27e	
	_						
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	g						100.0000 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶ 27h	_					<u> </u>	%
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2 prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15	28	prepare a list for your records to show, for	each year, the na	me of the contrib	utor, the date and	d amount of the	

JSA 7E1221 1 000

Pa	Private School Questionnaire (See page 9 of the instructions.)  NOT APPLIC	ABL	2	
29	(To be completed ONLY by schools that checked the box on line 6 in Part IV)	<del>.</del>	V	N
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	Yes	No
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its	29		
30	brochures, catalogues, and other written communications with the public dealing with student admissions,			
	programs, and aphalarahyan	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during	30		<u> </u>
•	the period of solicitation for students, or during the registration period if it has no solicitation program, in a way			
	that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)	<del></del>		
32	Does the organization maintain the following			
	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
t	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory			
	basis?	32b		
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	32c		
C	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to			
	5			
а	Students' rights or privileges?	33a		
t	Admissions policies?	33b		
C	Employment of faculty or administrative staff?	33c		
	Cabalarahan ar akhan fananal arankan 20			
C	Scholarships or other financial assistance?	33d		
	Educational policies?			İ
·		33e		
f	Use of facilities?	33f		Ì
	Use of facilities?	331		
g	Athletic programs?	33g		Ì
h	Other extracurricular activities?	33h		1
				·
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			i
			ĺ	ı
24-	Does the organization receive any financial aid or assistance from a covernmental account	_		
J4 d	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
h	Has the organization's right to such aid ever been revoked or suspended?	34b	]	
	If you answered "Yes" to either 34a or b, please explain using an attached statement	J#D		
	, and the state of	l		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05			
	of Rev Proc 75-50, 1975-2 CB 587, covering racial nondiscrimination? If "No," attach an explanation	35		

CAMENIDED

Sch	edule A (Form 990 or 990	-EZ) 2007	AS	SAMEIND	20-45	542914			Page <b>6</b>
	art VI-A · Lobbying E	_ :	ting Public Charit				tions	.)	, age <b>c</b>
	, (To be com	pleted <b>ONLY</b> by an	eligible organization	on that filed Forn	n 576	8) <sub>NOT</sub>	APPI	ICA	BLE
Che	eck ▶ a If the organ	zation belongs to an affil	ated group Check	▶ b   ıf you	checke			d cor	trol" provisions apply.
		imits on Lobbying	-	urred )		Affiliate	<b>a)</b> ed grοι tals	qı	(b) To be completed for all electing organizations
36	Total lobbying expend	·			36	<u> </u>			Organizations
37	Total lobbying expend	itures to influence publ	nislative hody (direct	lobbying)	37				<u></u>
38	Total lobbying expend	itures (add lines 36 an	d 37)		38				
39	Other exempt purpose				39		•		
	Total exempt purpose		o 20 and 20)		40				
41	Lobbying nontaxable a	amount Enter the amo	unt from the following	g table -					
	If the amount on line	40 is - The lo	bbying nontaxable a	mount is -					
	Not over \$500,000								
	Over \$500,000 but not over				44			ĺ	
	Over \$1,000,000 but not ov Over \$1,500,000 but not ov	· ·			41				
	Over \$17,000,000								
42	Grassroots nontaxable	e amount (enter 25% o	f line 41)		42				
43	Subtract line 42 from I	ine 36 Enter -0- if line	42 is more than line	36	43				
44	Subtract line 41 from I	ine 38 Enter -0- if line	41 is more than line	38	44				
	Caution: If there is an				504/				
	(Some organizat	ons that made a secti	Averaging Period on 501(h) election do				ve col	umns	helow
	(000 0.90		ons for lines 45 throu					umo	
			Lobbying Expend					امما	
				The state of the s	- i cai	Averagii	ig Fei	100	
	Calendar year (or fiscal	(a)	(b)	(c)	İ		d)		(e)
	year beginning in)	2007	2006	2005		20	004		Total
15	Lobbying nontaxable amount								
	Lobbying ceiling amount								
46	(150% of line 45(e))								
47	Total lobbying expenditures								
40	Grassroots nontaxable				ŀ				
+0	amount								
49	(150% of line 48(e))								
	Grassroots lobbying								
	expenditures						_		
Pa		Activity by Nonelecti			۸۱/۵-	NOT			
<u> </u>		ing only by organiza				e page	3 OT 1	ne in:	structions )
	ing the year, did the organ mpt to influence public op				ng any		Yes	No	Amount
	Volunteers			~					
b	Paid staff or managen	nent (Include compens	ation in expenses reg	oorted on lines <b>c</b> th	rough	h)			
С	Media advertisements								
d	Mailings to members,	legislators, or the publi	с						
	Publications, or publish								
	Grants to other organi								
g	Direct contact with leg	islators, their staffs, go	overnment officials, o	or a legislative bod	у				
	Rallies, demonstration						لــــا		
•	Total lobbying expending "Yes" to any of the a						tivities		
		,				,			

ch	nedule A (Form 990 or 990-EZ) 2007	AS AMENDED	20-4542914	Pag
Pa		<b>Transfers To and Transactions and</b> See page 14 of the instructions )	Relationships With Nonc	haritable
1	Did the reporting organization direct	ly or indirectly engage in any of the follow	wing with any other organizat	tion described in section
	501(c) of the Code (other than secti	on 501(c)(3) organizations) or in section	527, relating to political orga	inizations?
а	Transfers from the reporting organiz	ation to a noncharitable exempt organiza	ation of	Yes N

_		<u>`</u>					
1			·	owing with any other organization desc		sect	ion
а		· · · · · · · · · · · · · · · · · · ·	on 501(c)(3) organizations) or in sectionation to a noncharitable exempt organizations.	n 527, relating to political organizations?	<b>?</b>	Yes	No
<b>.</b>		·	·····		51a(i)	163	X
	(ii) Othe	er assets		· · · · · · · · · · · · · · · · · · ·	a(ii)		X
b	Other tran	sactions					
	(i) Sale	s or exchanges of assets w	vith a noncharitable exempt organization	١	b(i)		<u>x</u> _
	(ii) Purc	hases of assets from a nor	ncharitable exempt organization		b(ii)		X
	(iii) Rent	al of facilities, equipment, o	or other assets		b(iii)		X _
	(IV) Rein	nbursement arrangements			b(iv)		X
	(vi) Perf	ormance of services or me	mbership or fundraising solicitations		b(v) b(vi)		<u>х</u> х
С			ng lists, other assets, or paid employee		C C		X
				column (b) should always show the fair in		/alue	
				organization received less than fair ma	arket va	alue ii	n any
	transaction	or sharing arrangement, show	in column (d) the value of the goods, other	assets, or services received			
	(a) Line no	(b) Amount involved	(c)	(d)			
	Cirie no	Amount involved	Name of noncharitable exempt organization	Description of transfers, transactions, and sha	iring arrai	ngeme	nts
N	I/A	<u></u>					
	17.73	<del></del>				-	
_			-				
_							
	ï						
_							
<u> </u>	lo the ere	on-ation disastly as indisas	Ally officered with an appearance of the same and				
٤a			ctly affiliated with, or related to, one or ode (other than section 501(c)(3)) or in		Yes	. L	No
b		complete the following sche		130000011027	163	· LA	J 140
	<del></del>	(a)	(b)	(c)			
	Nar	ne of organization	Type of organization	Description of relationship	р		
_					·		
P	I/A						
			-				
		<u> </u>					
		<u> </u>		<del></del>			

### TUNAHAKI FOUNDATION EXPLANATION OF CHANGES – FORM 990 FOR THE YEAR ENDED DECEMBER 31, 2007

Form 990, Part I, Lines 1b, 1e, 12,18 and 21, Part IV lines 56, 59, 67 and 73 – and Part IV – A lines a, b4, c and e

A prior period adjustment was made to the financial statements as of and for the year ended December 31, 2007. After the 2007 original 990 was filed, the statement of activities for the year ended December 31, 2007 was restated to adjust the value of the contribution of an investment received, as well as the investment income (loss) from the investment. The statement of financial position as of December 31, 2007 was restated to adjust the value of the investment. The effect of the adjustment and restatements on the 2007 statement of activities was to increase contributions received by \$1,524,097 increase the investment loss by \$308,064, and increase the change in net assets by \$1,216,033. The effect on the statement of financial position was to increase the investment balance by \$1,216,033 at December 31, 2007.

\_\_\_\_\_

# AS AMENDED

FORM 990, PART I - OTHER INVESTMENT INCOME \_\_\_\_\_\_

DESCRIPTION	AMOUNT
RESIDUAL INVESTMENT INCOME NET OF INVEST EXPENSES	-247,223.
TOTAL	-247,223.

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES 

DESCRIPTION		AMOUNT
INCOME TAX BENEFIT BOOK AND TAX DIFFERENCE FOR UBI		100,000. -8,992.
	TOTAL	91,008.
		=========

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE 

TUNAHAKI FOUNDATION IS DEDICATED TO PROVIDING SELF-SUSTAINING FUTURES FOR ORPHANS AND VUNERABLE CHILDREN. THROUGH ITS PILOT WORK IN TANZANIA, TUNAHAKI IS DEVELOPING A SUSTAINABLE MODEL FOR ORPHAN CARE THAT CAN BE REPLICATED THE WORLD OVER. SPECIFICALLY, TUNAHAKI WORKS TO (I) IDENTIFY LOCAL PROGRAMS IN TANZANIA AND OTHER DEVELOPING NATIONS WHICH HAVE DEMONSTRATED SUCCESS IN THE ONGOING BATTLE TO PROTECT VUNERABLE CHILDREN AND WORK WITH THE LOCAL ORGANIZATIONS TO IDENTIFY THEIR GREATEST NEEDS, AND TO CREATE PLANS WHICH CAN ASSIST THE PROGRAM TO MEET THEIR GOALS AND BECOME SELF-SUSTAINING; (II) RAISE AWARENESS OF THE PROGRAMS AND THEIR BENEFITS, AND TO SUPPORT THE PROGRAMS' EFFORTS THROUGH RELATIONSHIP-BUILDING AND THROUGH FUNDRAISING EFFORTS; (III) FOSTER DIRECT AND ONGOING RELATIONSHIPS BETWEEN CHILDREN IN TANZANIA AND OTHER DEVELOPING NATIONS AND INDIVIDUALS IN THE UNITED STATES AND ELSWHERE, IN AN EFFORT TO CREATE AN ONGOING EDUCATIONAL AND PERSONAL CULTURAL EXCHANGE THAT WILL BENEFIT ALL PARTIES.

TUNAHAKI FOUNDATION

# AS AMENDED

20-4542914

FORM 990, PART IV - PREPAID EXPENSES AND DEFERRED CHARGES

DESCRIPTION

ENDING BOOK VALUE

DEFERRED INCOME TAX ASSET

100,000.

TOTALS

100,000.

STATEMENT 4

20-4542914

FORM 990; PART IV - INVESTMENTS - OTHER 

DESCRIPTION

ENDING BOOK VALUE \_\_\_\_\_

RESIDUAL INTEREST IN TRUST

2,269,012.

TOTALS

2,269,012. 

TUNAHAKI FOUNDATION

## **AS AMENDED**

20-4542914

FORM 990; PART IV-A - OTHER REVENUE ON BOOKS BUT NOT ON RETURN \_\_\_\_\_\_

DESCRIPTION

AMOUNT \_\_\_\_

OTHER INVESTMENT LOSS

-256,215.

TOTAL

-256,215.

FORM 990; PART IV-A - OTHER REVENUE ON RETURN BUT NOT ON BOOKS 

DESCRIPTION

AMOUNT

UBI INCOME PER TAX RETURN

-247,223.

TOTAL

-247,223.

20-4542914

# AS AMENDED

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

•				
EXPENSE ACCT AND OTHER ALLOWANCES	NONE	NONE	NONE	NON
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	NONE	NONE	NONE	NONE
COMPENSATION	NONE	NONE	NON	NONE
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	EXECUTIVE DIRECTOR 40.00	DIRECTOR 1.00	DIRECTOR 1.00	GRAND TOTALS
NAME AND ADDRESS	SCOTT FIFER 1026 OCEAN PARK BLVD. #1 SANTA MONICA, CA 90405	ZOE MARINKOVICH 1026 OCEAN PARK BLVD. #1 SANTA MONICA, CA 90405	KAREN LORRE 1026 OCEAN PARK BLVD. #1 SANTA MONICA, CA 90405	

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