



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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)

OMB No. 1545-0047

2007

Open to Public
Inspection

A For the 2007 calendar year, or tax year beginning

DEC 1, 2007

and ending NOV 30, 2008

B Check if applicable

Please use IRS label or print or type

HARBOR TOWER
RETIREMENT HOUSING FOUNDATION

D Employer identification number

95-3072221

 Address change Name change Initial return Termination Amended return Application pendingNumber and street (or P.O. box if mail is not delivered to street address)
911 N. STUDEBAKER ROAD
City or town, state or country, and ZIP + 4
LONG BEACH, CA 90815-4900

Room/suite

E Telephone number

562-257-5100

F Accounting method

 Cash

X Accrual

 Other (specify) ►

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

Hand 1 are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? Yes X No

H(b) If "Yes," enter number of affiliates ► N/A

H(c) Are all affiliates included? N/A Yes No
(If "No," attach a list.)H(d) Is this a separate return filed by an organization covered by a group ruling? Yes X No

I Group Exemption Number ► N/A

M Check ► X if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

G Website: ► N/A

J Organization type (check only one) ► 501(c) (3) (insert no) 4947(a)(1) or 527K Check here ► 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.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ► 7,578,980.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

1 Contributions, gifts, grants, and similar amounts received:	1a		
a Contributions to donor advised funds	1b		
b Direct public support (not included on line 1a)	1c		
c Indirect public support (not included on line 1a)	1d		
e Total (add lines 1a through 1d) (cash \$ _____ noncash \$ _____)	1e	0.	
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	694,045.	
3 Membership dues and assessments	3		
4 Interest on savings and temporary cash investments	4	14,935.	
5 Dividends and interest from securities	5		
6 a 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		
8 a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
b Less: cost or other basis and sales expenses	8a	6,870,000.	
c Gain or (loss) (attach schedule)	8b	145,598.	
d Net gain or (loss). Combine line 8c, columns (A) and (B)	8c	6,724,402.	
9 Special events and activities (attach schedule). If any amount is from gaming, check here ► <input type="checkbox"/>	STMT 1		
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		
10 a 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	7,433,382.	
13 Program services (from line 44, column (B))	13	3,578,743.	
14 Management and general (from line 44, column (C))	14	1,160.	
15 Fundraising (from line 44, column (D))	15		
16 Payments to affiliates (attach schedule)	16		
17 Total expenses. Add lines 16 and 44, column (A)	17	3,579,903.	
18 Excess or (deficit) for the year. Subtract line 17 from line 12	18	3,853,479.	
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	12,628,240.	
20 Other changes in net assets or fund balances (attach explanation)	20	0.	
21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	16,481,719.	

723001
12-27-07

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2007)

12121117 134551 RHF516

2007.08000 HARBOR TOWER RETIREMENT HOU RHF516_2

Q13

**HARBOR TOWER
RETIREMENT HOUSING FOUNDATION**

Form 990 (2007)

95-3072221 Page 2

**Part II 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.

<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>0</u> • noncash \$ <u>0</u> .) If this amount includes foreign grants, check here ► <input type="checkbox"/>	22a			
22b Other grants and allocations (attach schedule) (cash \$ <u>0</u> • noncash \$ <u>0</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	25a	0.	0.	0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b	0.	0.	0.
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)	25c			
26 Salaries and wages of employees not included on lines 25a, b, and c	26			
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			
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33			
34 Telephone	34			
35 Postage and shipping	35			
36 Occupancy	36			
37 Equipment rental and maintenance	37			
38 Printing and publications	38			
39 Travel	39			
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42			
43 Other expenses not covered above (itemize): a FINANCIAL FEES	43a	1,160.		1,160.
b INTEREST FORGIVEN ON	43b			
c PROMISSORY NOTE DUE TO	43c			
d SALE	43d	3,578,743.	3,578,743.	
e	43e			
f	43f			
g	43g			
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	3,579,903.	3,578,743.	1,160.

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 \$ N/A; (ii) the amount allocated to Program services \$ N/A;

(iii) the amount allocated to Management and general \$ N/A; and (iv) the amount allocated to Fundraising \$ N/A

723011
12-27-07

Form 990 (2007)

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? ►	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
LOW INCOME HOUSING	
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)	
a TO PROVIDE HOUSING ASSISTANCE AND SERVICES TO LOW INCOME ELDERLY PERSONS AND FINANCING TO AFFORDABLE HOUSING FACILITIES	

(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/> 3,578,743.	
b _____	

(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/> _____	
c _____	

(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/> _____	
d _____	

(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/> _____	
e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/> _____	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ► <input type="checkbox"/> 3,578,743.	

Form 990 (2007)

723021
12-27-07

12121117 134551 RHF516

2007.08000 HARBOR TOWER RETIREMENT HOU RHF516_2

**HARBOR TOWER
RETIREMENT HOUSING FOUNDATION**

Form 990 (2007)

95-3072221 Page 4

Part IV Balance Sheets (See the instructions.)

		(A) Beginning of year	(B) End of year
	Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		
	45 Cash - non-interest-bearing	45	
	46 Savings and temporary cash investments	413,484.	46 450,028.
	47 a Accounts receivable	47a	
	b Less: allowance for doubtful accounts	47b	47c
	48 a Pledges receivable	48a	
	b Less: allowance for doubtful accounts	48b	48c
	49 Grants receivable		49
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b
	51 a Other notes and loans receivable	STMT 2 51a 14,894,923.	
	b Less: allowance for doubtful accounts	51b	3,765,000. 51c 14,894,923.
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges		53
	54 a Investments - publicly-traded securities	► <input type="checkbox"/> Cost <input type="checkbox"/> FMV	54a
	b Investments - other securities	► <input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b
	55 a Investments - land, buildings, and equipment, basis	55a	
	b Less: accumulated depreciation	55b	55c
	56 Investments - other		1,940,150. 56 0.
	57 a Land, buildings, and equipment, basis	57a	
	b Less: accumulated depreciation	57b	90,000. 57c
	58 Other assets, including program-related investments (describe ► SEE STATEMENT 3)		6,420,806. 58 1,137,968.
	59 Total assets (must equal line 74). Add lines 45 through 58		12,629,440. 59 16,482,919.
	60 Accounts payable and accrued expenses		1,200. 60 1,200.
	61 Grants payable		61
	62 Deferred revenue		62
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable		64b
	65 Other liabilities (describe ►)		65
	66 Total liabilities. Add lines 60 through 65		1,200. 66 1,200.
	Organizations that follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted		67
	68 Temporarily restricted		68
	69 Permanently restricted		69
	Organizations that do not follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 70 through 74		
	70 Capital stock, trust principal, or current funds	0. 70	0.
	71 Paid-in or capital surplus, or land, building, and equipment fund	0. 71	0.
	72 Retained earnings, endowment, accumulated income, or other funds	12,628,240. 72	16,481,719.
	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)	12,628,240. 73	16,481,719.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	12,629,440. 74	16,482,919.

Form 990 (2007)

723031
12-27-07

12121117 134551 RHF516

2007.08000 HARBOR TOWER RETIREMENT HOU RHF516_2

HARBOR TOWER

Form 990 (2007)

RETIREMENT HOUSING FOUNDATION

95-3072221

Page 5

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	N/A
b Amounts included on line a but not on Part I, line 12:		
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): _____ Add lines b1 through b4	b4	
c Subtract line b from line a		b
d Amounts included on Part I, line 12, but not on line a:		c
1 Investment expenses not included on Part I, line 6b	d1	
2 Other (specify): _____ Add lines d1 and d2	d2	
e Total revenue (Part I, line 12). Add lines c and d		d
		e

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

a Total expenses and losses per audited financial statements	a	N/A
b Amounts included on line a but not on Part I, line 17:		
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): _____ Add lines b1 through b4	b4	
c Subtract line b from line a		b
d Amounts included on Part I, line 17, but not on line a:		c
1 Investment expenses not included on Part I, line 6b	d1	
2 Other (specify): _____ Add lines d1 and d2	d2	
e Total expenses (Part I, line 17). Add lines c and d		d
		e

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
REV. OLIVER E. BUIE 911 NORTH STUDEBAKER ROAD LONG BEACH, CA 90815	PRESIDENT 0.00	0.	0.	0.
DEBORAH STOUFF 911 NORTH STUDEBAKER ROAD LONG BEACH, CA 90815	CORPORATE SECRETARY 0.00	0.	0.	0.
TOM S. MASUDA 911 NORTH STUDEBAKER ROAD LONG BEACH, CA 90815	TREASURER 0.00	0.	0.	0.
EMMA BURRUS 911 NORTH STUDEBAKER ROAD LONG BEACH, CA 90815	DIRECTOR 0.00	0.	0.	0.

Form 990 (2007)

723041 12-27-07

12121117 134551 RHF516

2007.08000 HARBOR TOWER RETIREMENT HOU RHF516_2

**HARBOR TOWER
RETIREMENT HOUSING FOUNDATION**

Form 990 (2007)

95-3072221

Page 7

Part VI Other Information (continued)

	Yes	No
82 a 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	X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	N/A
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	X
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	
85 a 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85a	N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A
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 similar amounts from members	85c	N/A
d Section 162(e) lobbying and political expenditures	85d	N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
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?	85h	
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87 501(c)(12) organizations Enter: a Gross income from members or shareholders	87a	N/A
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A
88 a 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	X
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	X
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ► 0 . ; section 4912 ► 0 . ; section 4955 ► 0 .	89a	0 .
b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	89c	0 .
d Enter: Amount of tax on line 89c, above, reimbursed by the organization	89d	0 .
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
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	90b	0
91 a The books are in care of ► THE COMPANY	Telephone no. ► (562) 257-5100	
Located at ► 911 NORTH STUDEBAKER ROAD, LONG BEACH, CA	ZIP + 4 ► 90815	
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 ► N/A	91b	Yes
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		

Form 990 (2007)

**HARBOR TOWER
RETIREMENT HOUSING FOUNDATION**

Form 990 (2007)

95-3072221 Page 8

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? Yes No

If "Yes," enter the name of the foreign country ► **N/A**

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** **N/A**

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

Note: Enter gross amounts unless otherwise indicated.

93 Program service revenue

a INCOME FROM NOTES

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))

Unrelated business income

Excluded by section 512, 513, or 514

(A)
Business
code

(B)
Amount

(C)
Exclu-
sion
code

(D)
Amount

(E)
Related or exempt
function income

694,045.

14 14,935.

6,724,402.

0. 14,935. 7,418,447.

105 Total (add line 104, columns (B), (D), and (E)) ► **7,433,382.**

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).

93A **INTEREST INCOME ON LOANS TO ASSIST LOW INCOME AND ELDERLY HOUSING PROJECTS**

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
	%			
N/A	%			
	%			
	%			

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)

Form 990 (2007)

723163
12-27-07

12121117 134551 RHF516

8
2007.08000 HARBOR TOWER RETIREMENT HOU RHF516_2

HARBOR TOWER
RETIREMENT HOUSING FOUNDATION

Form 990 (2007)

95-3072221 Page 9

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)

N/A

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	Yes	No
a						
b						
c						
Totals						

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	Yes	No
a						
b						
c						
Totals						

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?

<p>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.</p>						
<p>Please Sign Here</p>	<p>►  11/20/2009</p>			<p>Date</p>		
	<p>► DEBORAH STOUFF, CORPORATE SECRETARY</p>			<p>Type or print name and title</p>		
<p>Paid Preparer's Use Only</p>	<p>Preparer's signature</p>		<p>Date</p>	<p>Check if self- employed</p>	<p>Preparer's SSN or PTIN (See Gen. Inst. X)</p>	
	<p>11/19/09</p>			<input type="checkbox"/>	<p>P00633427</p>	
<p>Firm's name (or yours if self-employed), address, and ZIP + 4</p>				<p>EIN ► 94-3108253</p>		
<p>NOVOGRADAC & COMPANY LLP 101 ARCH STREET, SUITE 1000 BOSTON, MA 02110</p>				<p>Phone no. ► 617-330-1920</p>		

Form 990 (2007)

723164/12-27-07

12121117 134551 RHF516

2007.08000 HARBOR TOWER RETIREMENT HOU RHF516_2

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

OMB No. 1545-0047

Supplementary Information-(See separate instructions.)
► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

2007

Name of the organization	HARBOR TOWER RETIREMENT HOUSING FOUNDATION	Employer identification number
		95 3072221

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000	►	0		

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	►	0

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of other contractors receiving over \$50,000 for other services	►	0
------------------------------------------------------------------------------	---	---

HARBOR TOWER

Schedule A (Form 990 or 990-EZ) 2007 RETIREMENT HOUSING FOUNDATION

95-3072221 Page 2

Part III 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.)		
a	Sale, exchange, or leasing of property?	2a	X
b	Lending of money or other extension of credit?	2b	X
c	Furnishing of goods, services, or facilities?	2c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e	Transfer of any part of its income or assets?	2e	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?	3b	X
c	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	3c	X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a	X
b	Did the organization make any taxable distributions under section 4966?	4b	
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c	
d	Enter the total number of donor advised funds owned at the end of the tax year	N/A	► N/A
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	N/A	► N/A
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts		► 0.
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year		► 0.

Schedule A (Form 990 or 990-EZ) 2007

723111
12-27-07

12121117 134551 RHF516

11
2007.08000 HARBOR TOWER RETIREMENT HOU RHF516_2

HARBOR TOWER

Schedule A (Form 990 or 990-EZ) 2007 **RETIREMENT** **HOUSING** **FOUNDATION**

95-3072221 Page 3

Part IV **Reason for Non-Private Foundation Status** (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
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 benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)

11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

12 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 controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Schedule A (Form 990 or 990-EZ) 2007

723121
12-27-07

HARBOR TOWER

Schedule A (Form 990 or 990-EZ) 2007 RETIREMENT HOUSING FOUNDATION

95-3072221 Page 4

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	►	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)						
16 Membership fees received						
17 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						
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975		805,916.	165,118.	29,687.	9,999.	1,010,720.
19 Net income from unrelated business activities not included in line 18						
20 Tax revenues levied 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						
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets						
23 Total of lines 15 through 22		805,916.	165,118.	29,687.	9,999.	1,010,720.
24 Line 23 minus line 17		805,916.	165,118.	29,687.	9,999.	1,010,720.
25 Enter 1% of line 23		8,059.	1,651.	297.	100.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	►	26a	N/A			
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		26b	N/A			
c Total support for section 509(a)(1) test: Enter line 24, column (e)		26c	N/A			
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____		26d	N/A			
e Public support (line 26c minus line 26d total)		26e	N/A			
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		26f	N/A %			
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2006) 0. (2005) 0. (2004) 0. (2003) 0.						
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to 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) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2006) 0. (2005) 0. (2004) 0. (2003) 0.						
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____		27c	0.			
d Add: Line 27a total 0. and line 27b total 0.		27d	0.			
e Public support (line 27c total minus line 27d total)		27e	0.			
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)	►	27f	1,010,720.			
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))		27g	.0000%			
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))		27h	100.0000%			
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, 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 brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.						

HARBOR TOWER**Schedule A (Form 990 or 990-EZ) 2007 RETIREMENT HOUSING FOUNDATION**

95-3072221 Page 5

Part V Private School Questionnaire (See page 9 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
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	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during 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.)		
<hr/> <hr/> <hr/>		
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b 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	
d 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.)		
<hr/> <hr/> <hr/>		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
<hr/> <hr/> <hr/>		
34 a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b 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.		
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 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Schedule A (Form 990 or 990-EZ) 2007

723141
12-27-07

12121117 134551 RHF516

14
2007.08000 HARBOR TOWER RETIREMENT HOU RHF516_2

HARBOR TOWER

Schedule A (Form 990 or 990-EZ) 2007 RETIREMENT HOUSING FOUNDATION

95-3072221 Page 7

Part VII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 14 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a. Transfers from the reporting organization to a noncharitable exempt organization of:

- (i) Cash
- (ii) Other assets

b. Other transactions

- (i) Sales or exchanges of assets with a noncharitable exempt organization
- (ii) Purchases of assets from a noncharitable exempt organization
- (iii) Rental of facilities, equipment, or other assets
- (iv) Reimbursement arrangements
- (v) Loans or loan guarantees
- (vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

	Yes	No
51a(i)	X	
a(ii)	X	
b(i)	X	
b(ii)	X	
b(iii)	X	
b(iv)	X	
b(v)	X	
b(vi)	X	
c	X	

N/A

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶

► Yes No

b If "Yes," complete the following schedule:

N/A

723152
12-27-07

Schedule A (Form 990 or 990-EZ) 2007

FORM 990	GAIN (LOSS) FROM SALE OF OTHER ASSETS	STATEMENT	1
----------	---------------------------------------	-----------	---

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
GAIN FROM SALE OF LAND	11/30/88	11/30/08	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
MESA RHF PARTNERS LP	6,870,000.	145,598.	0.	0.	6724402.
TO FM 990, PART I, LN 8	6,870,000.	145,598.	0.	0.	6724402.

FORM 990

OTHER NOTES AND LOANS REPORTED SEPARATELY

STATEMENT

2

BORROWER'S NAME

TERMS OF REPAYMENT

RHF FOUNDATION, INC.

ON DEMAND

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE	FMV OF CONSIDERATION
07/01/06		2,175,000.	5.50%	0.

SECURITY PROVIDED BY BORROWER

PURPOSE OF LOAN

PURCHASE OF BUILDING

RELATIONSHIP OF BORROWER	DESCRIPTION OF CONSIDERATION	DOUBTFUL ACCT ALLOWANCE	BALANCE DUE
AFFILIATE		0.	2,175,000.

BORROWER'S NAME

TERMS OF REPAYMENT

RHF FOUNDATION, INC.

ON DEMAND

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE	FMV OF CONSIDERATION
01/14/08		1,645,668.	4.25%	0.

SECURITY PROVIDED BY BORROWER

PURPOSE OF LOAN

PURCHASE OF BUILDING

RELATIONSHIP OF BORROWER	DESCRIPTION OF CONSIDERATION	DOUBTFUL ACCT ALLOWANCE	BALANCE DUE
AFFILIATE		0.	145,668.

BORROWER'S NAME	TERMS OF REPAYMENT
RHF FOUNDATION, INC.	ON DEMAND

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE	FMV OF CONSIDERATION
05/15/08		1,500,000.	4.00%	0.

SECURITY PROVIDED BY BORROWER	PURPOSE OF LOAN
	ADDITIONAL FINANCING FOR RELATED FACILITIES

RELATIONSHIP OF BORROWER	DESCRIPTION OF CONSIDERATION	DOUBTFUL ACCT ALLOWANCE	BALANCE DUE
AFFILIATE		0.	1,500,000.

BORROWER'S NAME	TERMS OF REPAYMENT
MESA RHF PARTNERS L.P.	ANNUALLY

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE	FMV OF CONSIDERATION
12/10/07	12/31/26	11,074,255.	4.72%	0.

SECURITY PROVIDED BY BORROWER	PURPOSE OF LOAN
	PURCHASE MONEY NOTE

RELATIONSHIP OF BORROWER	DESCRIPTION OF CONSIDERATION	DOUBTFUL ACCT ALLOWANCE	BALANCE DUE
AFFILIATE		0.	11,074,255.
TOTALS INCLUDED ON FORM 990, PART IV, LINE 51		0.	14,894,923.

FORM 990	OTHER ASSETS	STATEMENT	3
----------	--------------	-----------	---

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
INTEREST RECEIVABLE - RHF FOUNDATION INC.	172,210.	364,347.
DEFERRED LAND RENT	55,598.	0.
INTEREST RECEIVABLE - PURCHASE MONEY NOTE	6,192,998.	0.
ADVANCE TO AFFILIATES	0.	170,000.
INTEREST RECEIVABLE - SELLER NOTE, MESA RHF PARTNERS LP	0.	488,457.

HARBOR TOWER RETIREMENT HOUSING FOUNDATION

95-3072221

INTEREST RECIEVABLE - PLYMOUTH SQUARE	21,443.
INTEREST RECIEVABLE - PLYMOUTH TOWER	93,721.
TOTAL TO FORM 990, PART IV, LINE 58	<u>6,420,806.</u>
	<u>1,137,968.</u>

FORM 990 IDENTIFICATION OF RELATED ORGANIZATIONS STATEMENT 4
PART VI, LINE 80B

NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
RETIREMENT HOUSING FOUNDATION	X	
HARTOW CORPORATION	X	

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box



- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete **Part II** unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only



All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3 month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization HARBOR TOWER	Employer identification number 95-3072221
File by the due date for filing your return. See Instructions	Number, street, and room or suite no. If a P O box, see instructions. 911 N. STUDEBAKER ROAD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LONG BEACH, CA 90815-4900	

Check type of return to be filed (file a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ► **THE COMPANY**

Telephone No. ► **(562) 257-5100** FAX No. ► **(562) 430-8614**



- If the organization does not have an office or place of business in the United States, check this box

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ► . If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **JULY 15, 2009**, to file the exempt organization return for the organization named above. The extension

is for the organization's return for:

► calendar year or
► tax year beginning **DEC 1, 2007**, and ending **NOV 30, 2008**.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See Instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See Instructions.	3c	\$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2008)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box ►

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. You must file original and one copy.		
Type or print	Name of Exempt Organization HARBOR TOWER RETIREMENT HOUSING FOUNDATION	Employer identification number 95-3072221
File by the extended due date for filing the return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 911 N. STUDEBAKER ROAD	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LONG BEACH, CA 90815-4900	

Check type of return to be filed (File a separate application for each return):

Form 990 Form 990 EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A Form 5227 Form 8870
 Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720 Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ► **THE COMPANY**

Telephone No. ► **(562) 257-5100** FAX No. ► **(562) 430-8614**

- If the organization does not have an office or place of business in the United States, check this box ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ► . If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3 month extension of time until OCTOBER 15, 2009.
 5 For calendar year , or other tax year beginning DEC 1, 2007, and ending NOV 30, 2008.
 6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
 7 State in detail why you need the extension

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See Instructions.	8b \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See Instructions	8c \$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ► Elisabeth Staub Title ► CORPORATE SECRETARY

Date ► **07/15/09**

Form 8868 (Rev. 4-2008)