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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2008

Department of the Treasury
Internal Revenue Service

**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)**
▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other org- anizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements

**Open to Public
Inspection**

A For the 2008 calendar year, or tax year beginning 7/01 , 2008, and ending 6/30 , 2009

| | | | |
|--|---|--|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | Please use IRS label or print or type. See Specific Instructions. | C NATHA 456 W. MONTANA STREET PASADENA, CA 91103 | D Employer identification number 91-2011489 |
| | | E Telephone number (626) 794-5889 | |
| | | F Group Exemption Number | |
| | | G Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> 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).

I Website: ▶ WWW.NATHA.ORG

J Organization type (check only one) — 501(c) (3) ◀ (insert no) | 4947(a)(1) or | 527

K Check if the organization is not a section 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 Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 ▶ \$ 577,885.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

| | | | |
|--|--|--|-----------|
| REVENUE | 1 Contributions, gifts, grants, and similar amounts received | 1 | 386,396. |
| | 2 Program service revenue including government fees and contracts | 2 | |
| | 3 Membership dues and assessments | 3 | |
| | 4 Investment income | 4 | 191,489. |
| | 5a Gross amount from sale of assets other than inventory | 5a | |
| | b Less cost or other basis and sales expenses | 5b | |
| | c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch) | 5c | |
| | 6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/> | | |
| | a Gross revenue (not including \$ _____ of contributions reported on line 1) | 6a | |
| b Less direct expenses other than fundraising expenses | 6b | | |
| c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) | 6c | | |
| 7a Gross sales of inventory, less returns and allowances | 7a | | |
| b Less cost of goods sold | 7b | | |
| c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c | | |
| 8 Other revenue (describe ▶ _____) | 8 | | |
| 9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) | 9 | 577,885. | |
| EXPENSES | 10 Grants and similar amounts paid (attach schedule) | 10 | |
| | 11 Benefits paid to or for members | 11 | |
| | 12 Salaries, other compensation, and employee benefits | 12 | 169,856. |
| | 13 Professional fees and other payments to independent contractors. | 13 | 22,148. |
| | 14 Occupancy, rent, utilities, and maintenance | 14 | 115,276. |
| | 15 Printing, publications, postage, and mailing | 15 | 3,938. |
| | 16 Other expenses (describe ▶ SEE STATEMENT 1) | 16 | 265,106. |
| | 17 Total expenses (add lines 10 through 16) | 17 | 576,324. |
| | 18 Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | 1,561. |
| | NET ASSETS | 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 19 |
| 20 Other changes in net assets or fund balances (attach explanation) | | 20 | |
| 21 Net assets or fund balances at end of year. Combine lines 18 through 20 | | 21 | -20,600. |

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

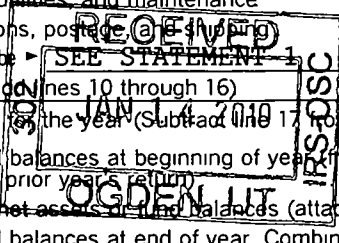
(See the instructions for Part II)

| | (A) Beginning of year | (B) End of year |
|---|-----------------------|-----------------|
| 22 Cash, savings, and investments | 40,511. | 47,725. |
| 23 Land and buildings | 1,768,371. | 1,735,526. |
| 24 Other assets (describe ▶ SEE STATEMENT 2) | 75,350. | 75,438. |
| 25 Total assets | 1,884,232. | 1,858,689. |
| 26 Total liabilities (describe ▶ SEE STATEMENT 3) | 1,906,393. | 1,879,289. |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | -22,161. | -20,600. |

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Form 990-EZ (2008)

SCANNED JAN 20 2010



| Part III Statement of Program Service Accomplishments (See the instructions.) | | Expenses | |
|---|--|--|----------|
| What is the organization's primary exempt purpose? SEE STATEMENT 4 | | (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.) | |
| Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title | | | |
| 28 | ENHANCE INDIVIDUALS' CAPACITY TO ADVOCATE FOR AND MAINTAIN A HEALTHY, SAFE COMMUNITY ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | 28a | 265,073. |
| 29 | ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | 29a | |
| 30 | ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | 30a | |
| 31 | Other program services (attach schedule). (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | 31a | |
| 32 | Total program service expenses (add lines 28a through 31a) <input type="checkbox"/> | 32 | 265,073. |

| Part IV List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated. See the instrs.) | | | | |
|--|--|---|---|--|
| (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 and deferred compensation | (e) Expense account and other allowances |
| CANDIS WATSON BOWLES 456 MONTANA AVE PASADENA, CA 91103 | VICE PRESIDENT 2.00 | 0. | 0. | 0. |
| CHRISTINE HERNANDEZ 456 W. MONTANA ST. PASADENA, CA 91103 | DIRECTOR 2.00 | 0. | 0. | 0. |
| DARYA BARAR 2243 BRIER AVENUE LOS ANGELES, CA 90039 | PRESIDENT 2.00 | 0. | 0. | 0. |
| CINDY UEHARA 401 S MISSION DR SAN GABRIEL, CA 91776 | DIRECTOR 0 | 0. | 0. | 0. |
| NANCY JOHNSON 456 W. MONTANA ST. PASADENA, CA 91106 | SECRETARY 2.00 | 0. | 0. | 0. |
| VICTORIA WILLIAMS 456 W. MONTANA ST PASADENA, CA 91103 | TREASURER 20.00 | 0. | 0. | 0. |
| KEITH ROBERTS 456 W. MONTANA ST. PASADENA, CA 91103 | DIRECTOR 0 | 0. | 0. | 0. |
| TRACI RENEE GLOVER 456 W. MONTANA ST. PASADENA, CA 91103 | DIRECTOR 0 | 0. | 0. | 0. |
| HEIDI PETERSEN-LEACH 1845 NORTH FAIR OAKS AVE PASADENA, CA 91103 | DIRECTOR 0 | 0. | 0. | 0. |
| MAURA HARRINGTON 1000 N. ALAMEDA ST., SUITE 250 LOS ANGELES, CA 90012 | DIRECTOR 0 | 0. | 0. | 0. |
| CELESTINE WALKER 456 W. MONTANA ST. PASADENA, CA 91103 | EXECUTIVE DIREC 40.00 | 55,008. | 0. | 0. |
| ----- | | | | |

Part V Other Information (Note the statement requirement in General Instruction V.)

| | | Yes | No |
|-----|--|-----|----|
| 33 | Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity | | X |
| 34 | Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes | | X |
| 35 | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T | | |
| 35a | a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements? | X | |
| 35b | b If 'Yes,' has it filed a tax return on Form 990-T for this year? | X | |
| 36 | 36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N | | X |
| 37a | 37a Enter amount of political expenditures, direct or indirect, as described in the instructions | | |
| 37b | b Did the organization file Form 1120-POL for this year? | | X |
| 38a | 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? | | X |
| 38b | b If 'Yes,' complete Schedule L, Part II and enter the total amount involved | | |
| 39a | 39a 501(c)(7) organizations Enter initiation fees and capital contributions included on line 9 | | |
| 39b | b Gross receipts, included on line 9, for public use of club facilities | | |
| 40a | 40a 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. | | |
| 40b | b 501(c)(3) and (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,' complete Schedule L, Part I | | X |
| 40c | c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | | |
| 40d | d Enter amount of tax on line 40c reimbursed by the organization | | |
| 40e | e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T | | X |
| 41 | 41 List the states with which a copy of this return is filed ▶ CA | | |

42a The books are in care of ▶ CELESTINE WALKER Telephone no ▶ 626-794-5889
 Located at ▶ 456 W. MONTANA STREET, PASADENA, CA ZIP + 4 ▶ 91103

| | | Yes | No |
|-----|--|-----|----|
| 42b | 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 ▶ _____ | | X |
| 42c | c At any time during the calendar year, did the organization maintain an office outside of the U S ? If 'Yes,' enter the name of the foreign country ▶ _____ | | X |

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.**

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ N/A N/A

| | | Yes | No |
|----|--|-----|----|
| 44 | 44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ | | X |
| 45 | 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ | | X |

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51. **SEE STATEMENT 5**

- | | Yes | No |
|--|-----|----|
| 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I | | X |
| 47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II | | X |
| 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E | | X |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | | X |
| 49b If 'Yes,' was the related organization(s) a section 527 organization? | | |
- 46** Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I
- 47** Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II
- 48** Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E
- 49a** Did the organization make any transfers to an exempt non-charitable related organization?
- 49b** If 'Yes,' was the related organization(s) a section 527 organization?

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

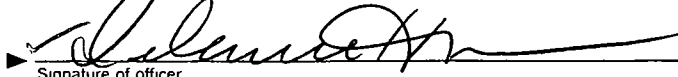
| (a) Name and address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account and other allowances |
|--|--|------------------|---|--|
| NONE | | | | |
| ----- | | | | |
| ----- | | | | |
| ----- | | | | |
| ----- | | | | |
| ----- | | | | |
| ----- | | | | |
| ----- | | | | |
| Total number of other employees paid over \$100,000 ▶ | | | | |

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

| (a) Name and address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| NONE | | |
| ----- | | |
| ----- | | |
| ----- | | |
| ----- | | |
| ----- | | |
| Total number of other independent contractors receiving over \$100,000 ▶ | | |

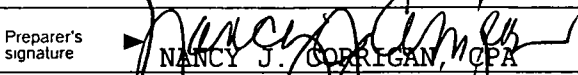
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer:  Date: JAN 8, 2010

CELESTINE WALKER EXECUTIVE DIRECTOR

Paid Preparer's Use Only

Preparer's signature:  Date: 1/7/2010

Firm's name (or yours if self-employed), address, and ZIP + 4: JEFFERY, CORRIGAN & SHAW LLP, 716 CORPORATE CENTER DRIVE, POMONA, CA 91768-2652

Check if self-employed: Preparer's Identifying Number (See instructions): N/A

EIN: N/A Phone no: (909) 865-2177

May the IRS discuss this return with the preparer shown above? See instructions Yes No

BAA Form 990-EZ (2008)

CLIENT 3000

NATHA

91-2011489

STATEMENT 1
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

| | | |
|--|----|-----------------|
| ALLOCATE EXP TO RENTAL | \$ | -115,276. |
| AUTOMOTIVE EXPENSES | | 931. |
| COMMUNITY HEALTH PROMOTORS | | 3,313. |
| CONFERENCES, CONVENTIONS, AND MEETINGS | | 25,363. |
| CURRICULUM SUPPORT | | 4,954. |
| DEPRECIATION | | 36,072. |
| EQUIPMENT | | 256. |
| EVENT | | 26,905. |
| FACILITY IMPROVEMENTS | | 4,221. |
| FEES | | 81. |
| FIELD TRIPS AND TRANSPORTATION | | 1,496. |
| INCENTIVES | | 5,581. |
| INCOME TAXES | | -290. |
| INSURANCE | | 10,033. |
| INTEREST | | 9,635. |
| LICENSES & PERMITS | | 50. |
| MEMBERSHIP DUES | | 314. |
| MORTGAGE INTEREST | | 104,948. |
| NUTRITION | | 2,097. |
| OFFICE EXPENSES | | 20,793. |
| OUTREACH ACTIVITIES | | 2,443. |
| OUTSIDE SERVICES | | 1,549. |
| PARTNERS | | 18,000. |
| PAYROLL PROCESSING FEES | | 2,075. |
| PROPERTY TAX | | 13,387. |
| REPAIRS AND MAINTENANCE | | 5,393. |
| SCHOLARSHIPS | | 4,500. |
| STAFF DEVELOPMENT | | 398. |
| STIPENDS | | 1,750. |
| TECHNICAL ASSISTANCE | | 55,321. |
| TELEPHONE | | 4,265. |
| UTILITIES | | 5,970. |
| UTILITIES - CAM | | 5,217. |
| WORK STUDY | | 2,000. |
| WORKERS COMPENSATION | | 1,361. |
| TOTAL | \$ | <u>265,106.</u> |

STATEMENT 2
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

| | <u>BEGINNING</u> | <u>ENDING</u> |
|-----------------------------------|-------------------|-------------------|
| ACCOUNTS RECEIVABLE | \$ 10,960. | \$ 22,149. |
| AUTOMOBILES | 0. | 800. |
| FURNITURE AND FIXTURES | 1,847. | 274. |
| INVESTMENT IN LIMITED PARTNERSHIP | 59,773. | 50,899. |
| MACHINERY AND EQUIPMENT | 2,770. | 1,316. |
| TOTAL | \$ <u>75,350.</u> | \$ <u>75,438.</u> |

CLIENT 3000

NATHA

91-2011489

**STATEMENT 3
FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES**

| | <u>BEGINNING</u> | <u>ENDING</u> |
|---------------------------------------|-----------------------------|-----------------------------|
| ACCOUNTS PAYABLE AND ACCRUED EXPENSES | \$ 47,582. | \$ 39,323. |
| NOTE PAYABLE | <u>1,858,811.</u> | <u>1,839,966.</u> |
| TOTAL | <u>\$ 1,906,393.</u> | <u>\$ 1,879,289.</u> |

**STATEMENT 4
FORM 990-EZ, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

THE MISSION OF NATHA IS TO CREATE A COMMUNITY WITH A YOUTH CENTERED PERSPECTIVE THAT PROMOTES SELF-SUFFICIENCY AND ENHANCES INDIVIDUALS' CAPACITY TO ADVOCATE FOR AND MAINTAIN A HEALTHY, SAFE COMMUNITY.

**STATEMENT 5
FORM 990-EZ, PART VI
REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS**

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? NO