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Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

**2008****Open to Public Inspection**

<b>A</b> For the 2008 calendar year, or tax year beginning <b>07/01</b> , 2008, and ending <b>06/30</b> , 20 <b>09</b>	
<b>B</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	<b>C</b> Name of organization <b>INTERVAL HOUSE</b> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>P.O. BOX 3356</b> City or town, state or country, and ZIP + 4 <b>SEAL BEACH, CA 90740</b>
	<b>D</b> Employer identification number <b>95 3389113</b>
	<b>E</b> Telephone number ( <b>562</b> ) <b>594-9492</b>
	<b>G</b> Gross receipts \$ <b>3,616,016</b>
	<b>F</b> Name and address of principal officer <b>CAROL WILLIAMS</b> <b>6615 E. PACIFIC COAST HWY#170, LONG BEACH, CA90803</b>
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( <b>3</b> ) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
<b>J</b> Website: ▶ <b>www.intervalhouse.org</b>	
<b>K</b> Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	
<b>L</b> Year of formation <b>1979</b> <b>M</b> State of legal domicile <b>CA</b>	
<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number ▶	

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>The mission of Interval House is to ensure safety for victims of domestic violence and their children, to create public awareness about domestic violence, and to mobilize the community to prevent violence and end this recurring phenomenon.</b>	
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.	
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3 13</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4 13</b>
	<b>5</b> Total number of employees (Part V, line 2a)	<b>5 54</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6 300</b>
	<b>7a</b> Total gross unrelated business revenue from Part VII, line 12, column (C)	<b>7a 0</b>
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b 0</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>3,035,570 3,067,236</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>8,318 350</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>97,957 71,672</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>597,846 462,850</b>
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>3,739,691 3,602,108</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<b>0 440,504</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0 0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<b>1,933,467 2,119,485</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0 0</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>38,222</b>	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	<b>1,257,553 832,565</b>
	<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25).	<b>3,191,020 3,392,554</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>548,671 209,554</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>4,267,607 4,508,398</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>698,164 729,401</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>3,569,443 3,778,997</b>

**Part II Signature Block**

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
	Signature of officer <i>Carol Williams</i>	Date <b>5/13/10</b>
<b>Preparer's Use Only</b>	Type or print name and title <b>EXECUTIVE DIRECTOR</b>	
	Preparer's signature <i>John Gregory Valenzuela</i>	Date <b>5/13/10</b>
<b>Preparer's Use Only</b>	Firm's name (or yours if self-employed), address, and ZIP + 4 <b>John Gregory Valenzuela</b> <b>237 E. Bagnall Ave., Placentia, CA 92870</b>	Preparer's identifying number (see instructions) <b>528-8958</b>
	EIN <b>714</b>	Phone no <b>528-8958</b>

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

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

Cat No 11282Y

Form **990** (2008)

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**Part III** Statement of Program Service Accomplishments (see instructions)

- 1** Briefly describe the organization's mission:  
 • The mission of Interval House is to ensure safety for victims of domestic violence and their children, to create public awareness about domestic violence, and to mobilize the community to prevent violence and end this recurring phenomenon.
- 2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No  
 If "Yes," describe these new services on Schedule O.
- 3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No  
 If "Yes," describe these changes on Schedule O.
- 4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
See Schedule O

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services. (Describe in Schedule O.)  
 (Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )

**4e** Total program service expenses ► \$ 3,033,276 (Must equal Part IX, Line 25, column (B).)

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3</b> 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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5</b> <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>6</b> Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>9</b> Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>10</b> Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>11</b> Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>12</b> Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the U.S.? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II. . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>17</b> Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>18</b> Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>19</b> Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>20</b> Did the organization operate one or more hospitals? If "Yes," complete Schedule H . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>21</b> Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>22</b> Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25. . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Part IV** Checklist of Required Schedules (continued)

	Yes	No
<b>28</b> During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
<b>a</b> Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV . . . . .		✓
<b>b</b> Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV . . . . .		✓
<b>c</b> Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV . . . . .		✓
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .	✓	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .		✓
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .		✓
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .		✓
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I . . . . .		✓
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 . . . . .		✓
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .		✓
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .		✓
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI . . . . .		✓

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	13	
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	✓	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	54	
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	✓	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		✓
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<b>4a</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)?		✓
<b>b</b>	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		✓
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		✓
<b>c</b>	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible?		✓
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		✓
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		✓
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		✓
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		✓
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	✓	
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	✓	
<b>8</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
<b>9</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?	9a	
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
<b>10</b>	<b>Section 501(c)(7) organizations. Enter:</b>		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations. Enter:</b>		
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

**Part VI Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)**Section A. Governing Body and Management**

	Yes	No
<i>For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.</i>		
<b>1a</b> Enter the number of voting members of the governing body . . . . .	<b>1a</b>	<b>13</b>
<b>b</b> Enter the number of voting members that are independent . . . . .	<b>1b</b>	<b>13</b>
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	<b>2</b>	✓
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	<b>3</b>	✓
<b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .	<b>4</b>	✓
<b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .	<b>5</b>	✓
<b>6</b> Does the organization have members or stockholders? . . . . .	<b>6</b>	✓
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	<b>7a</b>	✓
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	<b>7b</b>	✓
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? . . . . .	<b>8a</b>	✓
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	✓
<b>9a</b> Does the organization have local chapters, branches, or affiliates? . . . . .	<b>9a</b>	✓
<b>b</b> If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .	<b>9b</b>	
<b>10</b> Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 . . . . .	<b>10</b>	✓
<b>11</b> Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	<b>11</b>	✓

**Section B. Policies**

	Yes	No
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<b>12a</b>	✓
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<b>12b</b>	✓
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	<b>12c</b>	✓
<b>13</b> Does the organization have a written whistleblower policy? . . . . .	<b>13</b>	✓
<b>14</b> Does the organization have a written document retention and destruction policy? . . . . .	<b>14</b>	✓
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
<b>a</b> The organization's CEO, Executive Director, or top management official? . . . . .	<b>15a</b>	✓
<b>b</b> Other officers or key employees of the organization? . . . . .	<b>15b</b>	✓
Describe the process in Schedule O. (see instructions)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<b>16a</b>	✓
<b>b</b> If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	<b>16b</b>	

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ► **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☐ Own website ☒ Another's website ☒ Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► **CAROL WILLIAMS, 6615 E. PACIFIC COAST HWY #170, LONG BEACH, CA 90803 (562) 594-9492**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**
**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Robert Armstrong President	2	✓		✓				\$0	\$0	\$0
Harlene Goodrich Vice President	2	✓		✓				\$0	\$0	\$0
Elizabeth Lambert Secretary	2	✓		✓				\$0	\$0	\$0
Lauren Walton Treasurer	2	✓		✓				\$0	\$0	\$0
Barbara Blackman Board Member	1	✓						\$0	\$0	\$0
Barry Curtis Board Member	1	✓						\$0	\$0	\$0
Ron Lowenberg Board Member	1	✓						\$0	\$0	\$0
Donna Melody Board Member	1	✓						\$0	\$0	\$0
Mike Morey Board Member	1	✓						\$0	\$0	\$0
Jackie Sanders Board Member	1	✓						\$0	\$0	\$0
Carol Spellen Board Member	1	✓						\$0	\$0	\$0
Norman Vinn Board Member	1	✓						\$0	\$0	\$0
Larry Webb Board Member	1	✓						\$0	\$0	\$0



**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (*continued*)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Carol Williams Executive Director	40			✓	✓			87,199	0	*92,261
* Includes "catch-up" pension plan covering 30 yrs of service										
<b>1b Total</b>								<b>87,199</b>	<b>0</b>	<b>92,261</b>

**2** Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶ **0**

- 3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
<b>3</b>		✓
<b>4</b>	✓	
<b>5</b>		✓

**Section B. Independent Contractors**

- 1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
<b>2</b> Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ▶ <b>0</b>		

Part VIII Statement of Revenue				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a	156,480			
	b	Membership dues	1b	0			
	c	Fundraising events	1c	7,500			
	d	Related organizations	1d	0			
	e	Government grants (contributions)	1e	1,996,309			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	906,947			
	g	Noncash contributions included in lines 1a-1f. \$		209,791			
	h	Total. Add lines 1a-1f		3,067,236			
Program Service Revenue	2a	Client Fees	Business Code 624100	350	350	0	0
	b						
	c						
	d						
	e						
	f	All other program service revenue		0	0	0	0
	g	Total. Add lines 2a-2f		350			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		71,672	0	0
4		Income from investment of tax-exempt bond proceeds		0	0	0	0
5		Royalties		0	0	0	0
6a		Gross Rents	(i) Real (ii) Personal				
b		Less: rental expenses					
c		Rental income or (loss)	0 0				
d		Net rental income or (loss)					
7a		Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
b		Less: cost or other basis and sales expenses					
c		Gain or (loss)	0 0				
d		Net gain or (loss)					
8a		Gross income from fundraising events (not including \$ 7,500 of contributions reported on line 1c). See Part IV, line 18	a	476,758			
b		Less: direct expenses	b	13,908			
c		Net income or (loss) from fundraising events		462,850	0	0	462,850
9a		Gross income from gaming activities. See Part IV, line 19	a				
b		Less: direct expenses	b				
c		Net income or (loss) from gaming activities					
10a		Gross sales of inventory, less returns and allowances	a				
b	Less: cost of goods sold	b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11a		Business Code				
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		0			
	12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		3,602,108	350	0	534,522

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0	0		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	440,504	440,504		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	87,199	0	87,199	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	1,571,332	1,434,165	110,408	26,759
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	122,203	105,672	14,560	1,971
9	Other employee benefits	206,184	178,291	24,566	3,327
10	Payroll taxes	132,567	114,633	15,795	2,139
11	Fees for services (non-employees):				
a	Management	0	0	0	0
b	Legal	0	0	0	0
c	Accounting	17,220	0	17,220	0
d	Lobbying	0	0	0	0
e	Professional fundraising services. See Part IV, line 17	0			0
f	Investment management fees	0	0	0	0
g	Other	146,436	134,732	11,699	5
12	Advertising and promotion	0	0	0	0
13	Office expenses	60,074	42,196	17,419	459
14	Information technology	0	0	0	0
15	Royalties	0	0	0	0
16	Occupancy	354,682	340,710	12,173	1,799
17	Travel	112,887	112,182	655	50
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	4,628	4,033	429	166
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	98,800	92,007	6,036	757
23	Insurance	29,857	26,170	2,897	790
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a	Miscellaneous Expenses	7,981	7,981	0	0
b					
c					
d					
e					
f	All other expenses	0	0	0	0
25	<b>Total functional expenses.</b> Add lines 1 through 24f	<b>3,392,554</b>	<b>3,033,276</b>	<b>321,056</b>	<b>38,222</b>
26	<b>Joint Costs.</b> Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash—non-interest-bearing . . . . .	292,328	1	258,216
	2 Savings and temporary cash investments . . . . .	2,052,944	2	2,476,123
	3 Pledges and grants receivable, net . . . . .	469,240	3	423,783
	4 Accounts receivable, net . . . . .		4	
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L . . . . .		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .		6	
	7 Notes and loans receivable, net . . . . .		7	
	8 Inventories for sale or use . . . . .		8	
	9 Prepaid expenses and deferred charges . . . . .	72,655	9	68,360
	10a Land, buildings, and equipment: cost basis 10a 2,476,180			
	b Less: accumulated depreciation. Complete Part VI of Schedule D 10b 1,216,490	1,335,842	10c	1,259,690
	11 Investments—publicly traded securities . . . . .		11	
	12 Investments—other securities. See Part IV, line 11 . . . . .		12	
	13 Investments—program-related. See Part IV, line 11 . . . . .		13	
	14 Intangible assets . . . . .		14	
	15 Other assets. See Part IV, line 11 . . . . .	44,598	15	22,226
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	4,267,607	16	4,508,398	
<b>Liabilities</b>	17 Accounts payable and accrued expenses . . . . .	219,975	17	289,062
	18 Grants payable . . . . .		18	
	19 Deferred revenue . . . . .	6,050	19	10,000
	20 Tax-exempt bond liabilities . . . . .		20	
	21 Escrow account liability. Complete Part IV of Schedule D . . . . .		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		22	
	23 Secured mortgages and notes payable to unrelated third parties . . . . .	427,541	23	408,113
	24 Unsecured notes and loans payable . . . . .		24	
	25 Other liabilities. Complete Part X of Schedule D . . . . .	44,598	25	22,226
	26 <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	698,164	26	729,401
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets . . . . .	3,322,645	27	3,511,095
	28 Temporarily restricted net assets . . . . .	246,798	28	267,902
	29 Permanently restricted net assets . . . . .	0	29	0
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds . . . . .		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund . . . . .		31	
	32 Retained earnings, endowment, accumulated income, or other funds . . . . .		32	
	33 Total net assets or fund balances . . . . .	3,569,443	33	3,778,997
	34 <b>Total liabilities and net assets/fund balances</b> . . . . .	4,267,607	34	4,508,398

**Part XI Financial Statements and Reporting**

- 1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .
- b Were the organization's financial statements audited by an independent accountant? . . . . .
- c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . .
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .
- b If "Yes," did the organization undergo the required audit or audits? . . . . .

	Yes	No
2a		<input checked="" type="checkbox"/>
2b	<input checked="" type="checkbox"/>	
2c	<input checked="" type="checkbox"/>	
3a	<input checked="" type="checkbox"/>	
3b	<input checked="" type="checkbox"/>	

Department of the Treasury  
Internal Revenue Service

**To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.**

OMB No 1545-0047

2008

**Open to Public Inspection**

Employer identification number

95 : 3389113

The organization is not a private foundation because it is: (Please check only **one** organization.)

- ☐ 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
  - ☐ 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
  - ☐ 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H.)
  - ☐ 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: .....
  - ☐ 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
  - ☐ 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
  - ☒ 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
  - ☐ 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
  - ☐ 9 An organization that normally receives: (1) more than 33⅓ % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33⅓ % 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).** (Complete Part III.)
  - ☐ 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)
  - ☐ 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
    - ☐ a Type I
    - ☐ b Type II
    - ☐ c Type III—Functionally integrated
    - ☐ d Type III—Other
  - ☐ e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
  - ☐ f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box .....
  - ☐ g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....		
(ii) A family member of a person described in (i) above? .....		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....		
  - ☐ h Provide the following information about the organizations the organization supports.

[illegible]

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,903,696	2,908,640	3,145,418	3,035,570	3,067,236	15,060,560
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
<b>4</b> <b>Total.</b> Add lines 1-3	2,903,696	2,908,640	3,145,418	3,035,570	3,067,236	15,060,560
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						300,000
<b>6</b> <b>Public support.</b> Subtract line 5 from line 4.						14,760,560

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4	2,903,696	2,908,640	3,145,418	3,035,570	3,067,236	15,060,560
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	75,412	42,548	162,969	97,957	71,672	450,558
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	11,517	739	727	51,583	350	64,916
<b>11</b> <b>Total support.</b> Add lines 7 through 10						15,576,034
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	2,541,369
<b>13</b> <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	<b>94.76 %</b>
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f	<b>15</b>	<b>94.8 %</b>
<b>16a</b> <b>33⅓% support test—2008.</b> If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
<b>b</b> <b>33⅓% support test—2007.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
<b>17a</b> <b>10%-facts-and-circumstances test—2008.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b</b> <b>10%-facts-and-circumstances test—2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>18</b> <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") . . . . .						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1-5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12) . . . . .						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h . . . . .	<b>18</b>	%

- 19a 33⅓% support tests—2008.** If the organization did not check the box on line 14, and line 15 is more than 33⅓%, and line 17 is not more than 33⅓%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐
- b 33⅓% support tests—2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓%, and line 18 is not more than 33⅓%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

**Part IV** **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

Schedule A, Part II, Line 10:

Other income represents income not able to be classified elsewhere within Schedule A. Such income represents

miscellaneous income, refunds, etc.



**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

► **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

**INTERVAL HOUSE**

Employer identification number

**95 : 3389113**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

- |  | (a) Donor advised funds | (b) Funds and other accounts |
|--|-------------------------|------------------------------|
| 1 Total number at end of year . . . . .    |                         |                              |
| 2 Aggregate contributions to (during year) |                         |                              |
| 3 Aggregate grants from (during year)      |                         |                              |
| 4 Aggregate value at end of year . . . . . |                         |                              |
- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . ☐ Yes ☐ No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? . . . . . ☐ Yes ☐ No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).  
☐ Preservation of land for public use (e.g., recreation or pleasure) ☐ Preservation of an historically important land area  
☐ Protection of natural habitat ☐ Preservation of certified historic structure  
☐ Preservation of open space
- 2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
- |  | Held at the End of the Year |
|--|-----------------------------|
| a Total number of conservation easements . . . . .   | <b>2a</b>                   |
| b Total acreage restricted by conservation easements . . . . .                                 | <b>2b</b>                   |
| c Number of conservation easements on a certified historic structure included in (a) . . . . . | <b>2c</b>                   |
| d Number of conservation easements included in (c) acquired after 8/17/06 . . . . .            | <b>2d</b>                   |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► . . . . .
- 4 Number of states where property subject to conservation easement is located ► . . . . .
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? . . . . . ☐ Yes ☐ No
- 6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ► . . . . .
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ► \$ . . . . .
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . . ☐ Yes ☐ No
- 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 . . . . . ► \$ . . . . .
- (ii) Assets included in Form 990, Part X . . . . . ► \$ . . . . .
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 . . . . . ► \$ . . . . .
- b Assets included in Form 990, Part X . . . . . ► \$ . . . . .

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition  
 b ☐ Scholarly research  
 c ☐ Preservation for future generations  
 d ☐ Loan or exchange programs  
 e ☐ Other .....
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . ☐ Yes ☐ No

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
<b>c</b> Beginning balance . . . . .	<b>1c</b>
<b>d</b> Additions during the year . . . . .	<b>1d</b>
<b>e</b> Distributions during the year . . . . .	<b>1e</b>
<b>f</b> Ending balance . . . . .	<b>1f</b>

- |   | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance . . .                         | <b>246,798</b>   |                |                    |                      |                     |
| <b>b</b> Contributions . . .                                      | <b>107,000</b>   |                |                    |                      |                     |
| <b>c</b> Investment earnings or losses . . .                      | <b>0</b>         |                |                    |                      |                     |
| <b>d</b> Grants or scholarships . . .                             | <b>0</b>         |                |                    |                      |                     |
| <b>e</b> Other expenditures for facilities and programs . . . . . | <b>85,896</b>    |                |                    |                      |                     |
| <b>f</b> Administrative expenses . . . . .                        | <b>0</b>         |                |                    |                      |                     |
| <b>g</b> End of year balance . . . . .                            | <b>267,902</b>   |                |                    |                      |                     |

- a Board designated or quasi-endowment ▶ 0 %
- b Permanent endowment ▶ 0 %
- c Term endowment ▶ 100 %

- |        | Yes | No |
|--------|-----|----|
| 3a(i)  |     | ✓  |
| 3a(ii) |     | ✓  |
| 3b     |     |    |

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
<b>1a</b> Land . . . . .	0	303,783		303,783
<b>b</b> Buildings . . . . .	0	1,601,918	870,577	731,341
<b>c</b> Leasehold improvements . . . . .	0	0	0	0
<b>d</b> Equipment . . . . .	0	330,612	330,530	82
<b>e</b> Other . . . . .	0	239,867	15,383	224,484
<b>Total.</b> Add lines 1a–1e (Column (d) should equal Form 990, Part X, column (B), line 10(c) )				1,259,690

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products . . .		
Closely-held equity interests . . . . .		
Other .....		
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<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 12 ) ►		

**Part VIII** Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 13.) ▶		

**Part IX**      **Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
<b>Monies held in Trust</b>	<b>22,226</b>
<b>Total. (Column (b) should equal Form 990, Part X, col. (B) line 15 )</b>	<b>22,226</b>

**Part X** **Other Liabilities.** See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
Federal income taxes	0
<b>Monies held in Trust</b>	<b>22,226</b>
<b>Total. (Column (b) should equal Form 990, Part X, col (B) line 25 ) ►</b>	<b>22,226</b>

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,602,108
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,392,554
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	209,554
4	Net unrealized gains (losses) on investments	4	0
5	Donated services and use of facilities	5	1,458,717
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV)	8	0
9	Total adjustments (net). Add lines 4–8	9	1,458,717
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	1,668,271

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	5,074,969
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	0
b	Donated services and use of facilities	2b	1,458,717
c	Recoveries of prior year grants	2c	0
d	Other (Describe in Part XIV)	2d	14,144
e	Add lines 2a through 2d	2e	1,472,861
3	Subtract line 2e from line 1	3	3,602,108
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0
b	Other (Describe in Part XIV)	4b	0
c	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	3,602,108

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	4,865,415
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	1,458,717
b	Prior year adjustments	2b	0
c	Losses reported on Form 990, Part IX, line 25	2c	0
d	Other (Describe in Part XIV)	2d	14,144
e	Add lines 2a through 2d	2e	1,472,861
3	Subtract line 2e from line 1	3	3,392,554
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0
b	Other (Describe in Part XIV)	4b	0
c	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	3,392,554

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

**Schedule D, Part V, Line 4:**

Endowment funds are held for use as specified by the donor. Such Endowment Funds are Temporarily Restricted and become Unrestricted upon completion of the actions of Interval House or the passage of time.

**Schedule D, Part X:**

Other Liabilities represents monies held in trust for the Golf Tournament Fundraiser. Such monies are separated and used for the annual fundraising event.

**Part XIV** Supplemental Information *(continued)*

Schedule D, Part XII, Line 2d:

Refunds on computer rebates classified as expense reductions for tax purposes.

Schedule D, Part XIII, Line 2d:

Refunds on computer rebates classified as revenue per audit.

Department of the Treasury  
Internal Revenue Service

► **Attach to Form 990 or Form 990-EZ.** Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

2008

**Open To Public Inspection**

## INTERVAL HOUSE

95 : 3389113

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

**3** List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

[illegible]

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		<u>Annual Auction</u> (event type)	<u>Golf Tournament</u> (event type)	<u>1</u> (total number)	(Add col (a) through col (c))
Revenue	1 Gross receipts . . . . .	189,005	282,270	5,483	476,758
	2 Less: Charitable contributions . . . . .	0	0	0	0
	3 Gross revenue (line 1 minus line 2) . . . . .	189,005	282,270	5,483	476,758
Direct Expenses	4 Cash prizes . . . . .	0	0	0	0
	5 Non-cash prizes . . . . .	0	0	0	0
	6 Rent/facility costs . . . . .	0	0	0	0
	7 Other direct expenses . . . . .	13,376	301	231	13,908
	8 Direct expense summary. Add lines 4 through 7 in column (d) . . . . . ▶	( 13,908 )			
	9 Net income summary. Combine lines 3 and 8 in column (d) . . . . . ▶	462,850			

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue . . . . .				
Direct Expenses	2 Cash prizes . . . . .				
	3 Non-cash prizes . . . . .				
	4 Rent/facility costs . . . . .				
	5 Other direct expenses . . . . .				
	6 Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶	( )			
	8 Net gaming income summary. Combine lines 1 and 7 in column (d) . . . . . ▶				

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: . . . . .		
a Is the organization licensed to operate gaming activities in each of these states? . . . . .	9a	
b If "No," Explain: . . . . .		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .	10a	
b If "Yes," Explain: . . . . .		
11 Does the organization operate gaming activities with nonmembers? . . . . .	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .	12	

		Yes	No
<b>13</b>	Indicate the percentage of gaming activity operated in:		
<b>a</b>	The organization's facility . . . . . <b>13a</b> %		
<b>b</b>	An outside facility . . . . . <b>13b</b> %		
<b>14</b>	Provide the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ► . . . . .		
	Address ► . . . . .		
<b>15a</b>	Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . <b>15a</b>		
<b>b</b>	If "Yes," enter the amount of gaming revenue received by the organization ► \$ . . . . . and the amount of gaming revenue retained by the third party ► \$ . . . . .		
<b>c</b>	If "Yes," enter name and address:		
	Name ► . . . . .		
	Address ► . . . . .		
<b>16</b>	Gaming manager information:		
	Name ► . . . . .		
	Gaming manager compensation ► \$ . . . . .		
	Description of services provided ► . . . . .		
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor		
<b>17</b>	Mandatory distributions:		
<b>a</b>	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . <b>17a</b>		
<b>b</b>	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$		



▶ Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.  
▶ Attach to Form 990.

**Open to Public  
Inspection**

Name of the organization

Emp 95

## INTERVAL HOUSE

<b>Part I</b>	<b>General Information on Grants and Assistance</b>
---------------	---

- |   | Yes                                 | No                       |
|---|-------------------------------------|--------------------------|
| 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.   | <input type="checkbox"/>            | <input type="checkbox"/> |

## Part II

**Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

[illegible]

- [illegible]



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

► Attach to Form 990. To be completed by organizations  
that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

**INTERVAL HOUSE**

Employer identification number

**95 3389113**

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax indemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</b> If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?		
<b>3</b> Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.		
<input checked="" type="checkbox"/> Compensation committee		
<input type="checkbox"/> Independent compensation consultant		
<input checked="" type="checkbox"/> Form 990 of other organizations		
<input checked="" type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a:		
<b>a</b> Receive a severance payment or change of control payment?		
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?		
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?		
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.</b>		
<b>5</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
<b>a</b> The organization?		
<b>b</b> Any related organization?		
If "Yes" to line 5a or 5b, describe in Part III.		
<b>6</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
<b>a</b> The organization?		
<b>b</b> Any related organization?		
If "Yes" to line 6a or 6b, describe in Part III.		
<b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III		
<b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III		



**Part III** Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

**Schedule J, Part I, Line 7:**

Interval House contributes to a 401A retirement plan for the Executive Director.

**Schedule J, Part II:**

Column (C) Deferred Compensation includes "catch-up" pension plans 403 B, 401A, 457B.

Column (D) Nontaxable Benefits includes flex plan, health and life insurance.

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**NonCash Contributions**

► To be completed by organizations that answered "Yes"  
on Form 990, Part IV, lines 29 or 30.  
► Attach to Form 990.

OMB No 1545-0047

**2008**

**Open To Public  
Inspection**

Name of the organization

**INTERVAL HOUSE**

Employer identification number

**95 : 3389113**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .	✓		<b>1,672</b>	<b>FMV</b>
5 Clothing and household goods . . . . .	✓		<b>179,189</b>	<b>FMV</b>
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .				
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution (historic structures) . . . . .				
14 Qualified conservation contribution (other) . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .	✓	<b>46</b>	<b>28,897</b>	<b>FMV</b>
20 Drugs and medical supplies . . . . .	✓	<b>1</b>	<b>33</b>	<b>FMV</b>
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ► ( . . . . . ) . . . . .				
26 Other ► ( . . . . . ) . . . . .				
27 Other ► ( . . . . . ) . . . . .				
28 Other ► ( . . . . . ) . . . . .				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . **29** **0**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .		✓
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? . . . . .	✓	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		✓
b If "Yes," describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

[illegible]

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

**INTERVAL HOUSE**

Employer identification number

**95 : 3389113**

Form 990, Part I, Line 6:

Interval House obtains volunteers from a number of sources including schools, referrals, and their website. All volunteers are screened and trained for the duties they will be assigned. Volunteers sign in and out thereby providing the proper documentation for accounting purposes.

Form 990, Part III, Line 4:

(Code: ) (Expenses \$2,346,543 including grants of \$0) (Revenue \$0)

**Shelter and Housing**

Interval House is one of the oldest, the largest and most pioneering domestic violence programs in the country.

We currently operate two emergency shelters, four transitional housing sites, two comprehensive outreach centers, and 10 satellite offices in the highest risk communities of Los Angeles and Orange Counties that are available to all victims of domestic violence. Our extraordinary program is unique in the nation for providing all services in over 60 different languages 24 hours a day, 7 days a week. Over 98% of Interval House advocates are multilingual, ethnically diverse, and have been personally affected by domestic violence.

Interval House has continued to sustain and expand cutting-edge shelter and housing programs for victims of domestic violence and their children, amidst the most challenging of economic times. As a result of the economic downturn, Interval House has experienced over 40% increase in calls for housing assistance since the previous year. To assist with addressing the growing need for shelter services, Interval House started construction on our shelter renovation, adding a second story and increasing the number of beds available to the most underserved victims of domestic violence in crisis.

Since the first doors opened, Interval House has sheltered over 16,730 women and children, served over 2.5 million meals, and counseled over 705,000 victims on the 24-hour crisis hotline.



Name of the organization

**INTERVAL HOUSE**

Employer identification number

**95****3389113**

Form 990, Part III, Line 4b:

(Code: ) (Expenses \$686,733 including grants of \$0) (Revenue \$0)

**Supportive Services and Outreach**

Interval House has earned a reputation for expertise in providing ethnically and culturally diverse communities with comprehensive domestic violence support services including:

24-Hour Crisis Hotlines; 24-Hour Teen Hotlines; Community Service Centers; Counseling; Legal; Emergency Response Team; Health & Wellness; Children & Youth; Teen Dating Violence "Second Generation"; Elder Abuse; Substance Abuse Recovery & Support; LGBTQ; Human Trafficking; Interfaith Project "Creating A Safe Environment"; Pioneering Multicultural Programs; International Institute Against Violence; Leadership Development; Economic Self-Sufficiency; and Community Education

For 30 years, Interval House has worked tirelessly to develop innovative supportive services and outreach programs that have been recognized with over 400 local, regional, and national awards for our cutting edge programs' dedication to all domestic violence victims.

**Our most prestigious awards include:**

- Two Governor's Awards acknowledging Interval House for the most outstanding programs serving victims in the State of California and in the nation!

- Three Presidential Awards conferred by Presidents Clinton and Bush citing Interval House as a model domestic violence program to the nation!

- The U.S. Department of Justice Award for the first domestic violence shelter in the United States to create specialized comprehensive services to underserved families!

- Interval House Executive Director, Carol Williams, has the unique distinction of being appointed by three different California Governors to serve on the Governor's Domestic Violence Advisory Council for an unprecedented number of terms (consecutively since 1995)!

- Interval House Executive Director, Carol Williams, was honored with the first Lifetime Achievement Award from the California Partnership to End Domestic Violence (CPEDV). This statewide award recognizes the most exceptional individual who has made outstanding lifetime contributions to the work of ending domestic violence.

Name of the organization

Employer identification number

**INTERVAL HOUSE****95****3389113**

Form 990, Part III, Line 4 cont.:

The past year was no exception:

- Interval House received the recognition by California's First Lady Maria Shriver for its outstanding programs in California empowering, inspiring, and educating women who are victims of domestic violence. First Lady Maria Shriver visited the Interval House shelters prior to presenting the prestigious recognition at The Women's Conference, attended by more than 16,000 political leaders from across the globe, internationally renowned celebrities, and California's community residents.
- Interval House's Clinical Director, Mary Walton, received the Lifetime Achievement in Advocacy Award from the Institute on Violence, Abuse, & Trauma; and the Sunshine Peace Award from the Sunshine Lady Foundation, founded by billionaire investor Warren Buffet and sister Doris Buffet.
- Interval House was honored with the "Women Helping Women" Award from Soroptimist International for the most remarkable contributions in support of women locally and internationally.
- Interval House's Executive Director, Carol Williams was honored with the National Institute on Domestic Violence (IDVAAC) in the African American Community's Angel Award, for outstanding leadership and accomplishments benefitting women and children around the world.

Total program service expense: \$3,033,276

Form 990, Part IV, Line 29:

Interval House receives numerous in-kind donations. Such donations are valued as appropriate. Policies and Procedures are in effect to value such items for recording in the books of account.

Form 990, Part V, Line 7g:

During the year, Interval House did not receive any contributions of intellectual property.

Form 990, Part V, Line 7h:

During the year, Interval House did not receive any contributions of cars, boats, airplanes or other vehicles.

Name of the organization

INTERVAL HOUSE

Employer identification number

95

3389113

## Form 990, Part VI, Section A, Line 10:

The Interval House Audit Committee composed of two Board members and an outside, independent volunteer from our local financial institution review the Form 990 along with the Finance Director, Executive Director, and Operations Director prior to submission.

## Form 990, Part VI, Section B, Line 12c:

The Board of Directors and key employees are asked each year to update their Conflict of Interest information. This information is used to determine if conflicts exist and if such conflicts provide a problem for the organization in the provision of services. All conflicts are resolved prior to any Board member or key employee being allowed to continue in service to the organization.

## Form 990, Part VI, Section B, Line 15:

The Executive Director's compensation package and employment contract is subject to the regular review and analysis of the Executive Committee of the Board of Directors. The compensation package is compared to numerous, respected nonprofit salary surveys published within the California region. The compensation package is compared to those of other organizations and Executive Directors of similar size with similar job requirements, along with a close review of leadership, experience, years of service, and accomplishments. The compensation of all other executives is reviewed annually during the budget process by the Executive Director and approved by the Board of Directors.

## Form 990, Part VI, Section C, Line 19:

Interval House, upon request, provides all public documents including Form 990, governing documents and financial statements to any requesting party. In addition, such documents are available on independent websites including Guidestar.