



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



Part V Other Information (Note the statement requirements in the instructions for Part VI.)

| | | 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 | | ✓ |
| 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 | | ✓ |
| 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. | | |
| a | Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? | | ✓ |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | | |
| 36 | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N | | ✓ |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0 | | |
| b | Did the organization file Form 1120-POL for this year? | | ✓ |
| 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? | | ✓ |
| b | If "Yes," complete Schedule L, Part II and enter the total amount involved | 38b | |
| 39 | Section 501(c)(7) organizations. Enter: | | |
| a | Initiation fees and capital contributions included on line 9 | 39a | |
| b | Gross receipts, included on line 9, for public use of club facilities | 39b | |
| 40a | Section 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 | | |
| b | Section 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 | 40b | ✓ |
| c | Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0 | | |
| d | Enter amount of tax on line 40c reimbursed by the organization ▶ 0 | | |
| 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. | 40e | ✓ |
| 41 | List the states with which a copy of this return is filed. ▶ CALIFORNIA | | |
| 42a | The books are in care of ▶ GARY KEMPER Telephone no. ▶ (818) 913-0345 Located at ▶ 1210 PRINCETON DRIVE, GLENDALE CA ZIP + 4 ▶ 91205-3631 | | |
| b | At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | 42b | ✓ |
| 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: ▶ | 42c | ✓ |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 | | |
| 44 | Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44 | ✓ |
| 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 | 45 | ✓ |

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.

- | | Yes | No |
|-----|-----|----|
| 46 | | ✓ |
| 47 | | ✓ |
| 48 | | ✓ |
| 49a | | ✓ |
| 49b | | |
- 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?
- b 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 & deferred compensation | (e) Expense account and other allowances |
|--|--|------------------|---|--|
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total number of other employees paid over \$100,000 ▶ | | NONE | | |

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 each receiving over \$100,000 . . ▶ | | NONE |

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, this return 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: *Gary W Kemper* Date: 5/17/2010

GARY W KEMPER, SECRETARY-TREASURER
Type or print name and title.

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed

Firm's name (or yours if self-employed), address, and ZIP + 4: _____ EIN: _____ Preparer's Identifying Number (See instructions): _____ Phone no.: () _____

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

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 |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1-3 | | | | | | |
| 5 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) | | | | | | |
| 6 Public support. Subtract line 5 from line 4. | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|--|----------|----------|----------|----------|-----------|--------------------------|
| 7 Amounts from line 4 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 First five years. 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 stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|--------------------------|
| 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) | 14 | % |
| 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f | 15 | % |
| 16a 33 1/3% support test—2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 33 1/3% support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 17a 10%-facts-and-circumstances test—2008. 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 stop here. 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 10%-facts-and-circumstances test—2007. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 18 Private foundation. 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 |
|---|----------|----------|----------|----------|---------------|---------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | 120705 | 120705 |
| 2 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 | | | | | 0 | 0 |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | 0 | 0 |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | 0 | 0 |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | 0 | 0 |
| 6 Total. Add lines 1-5 | | | | | 120705 | 120705 |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | 0 | 0 |
| 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 | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support (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 |
|---|----------|----------|----------|----------|---------------|---------------|
| 9 Amounts from line 6 | | | | | 120705 | 120705 |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | 0 | 0 |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | 0 | 0 |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | 0 | 0 |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | 0 | 0 |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | 120705 |

14 First five years. 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 stop here ▶

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|---|
| 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g | 16 | % |

Section D. Computation of Investment Income Percentage

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

19a 33 1/3 % support tests—2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ▶

b 33 1/3 % support tests—2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, 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 ▶

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH

3200919045797

| | | | | | |
|--|--|--|--|---|--|
| STATE FILE NUMBER | | STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV. 1/01) | | LOCAL REGISTRATION NUMBER | |
| 1 NAME OF DECEDENT — FIRST (Given) MARJORIE | | 2 MIDDLE JEANNE | | 3 LAST (Family) KEMPER | |
| AKA, ALSO KNOWN AS — Include full AKA (FIRST MIDDLE LAST) | | 4 DATE OF BIRTH mm/dd/yyyy 04/28/1944 | | 5 AGE Yrs. 65 IF UNDER ONE YEAR: Months _____ Days _____ IF UNDER 24 HOURS: Hours _____ Minutes _____ | |
| 9 BIRTH STATE/FOREIGN COUNTRY CA | | 10 SOCIAL SECURITY NUMBER 570-39-7694 | | 11 EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK | |
| 13 EDUCATION — Highest Level/Degree (see worksheet on back) SOME COLLEGE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | 14/15 WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | 12 MARITAL STATUS (at Time of Death) MARRIED | |
| 17 USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED WRITER | | 18 KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) AUTHOR | | 7 DATE OF DEATH mm/dd/yyyy 11/12/2009 | |
| 20 DECEDENT'S RESIDENCE (Street and number or location) 1210 PRINCETON DRIVE | | 21 CITY GLENDALE | | 22 COUNTY/PROVINCE LOS ANGELES | |
| 23 ZIP CODE 91205 | | 24 YEARS IN COUNTY 41 | | 25 STATE/FOREIGN COUNTRY CA | |
| 26 INFORMANT'S NAME, RELATIONSHIP GARY W. KEMPER, SPOUSE | | 27 INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) 1210 PRINCETON DRIVE, GLENDALE, CA 91205 | | | |
| 28 NAME OF SURVIVING SPOUSE — FIRST GARY | | 29 MIDDLE W | | 30 LAST (Maiden Name) KEMPER | |
| 31 NAME OF FATHER — FIRST BURTON | | 32 MIDDLE LAWRENCE | | 33 LAST ANDERSON | |
| 34 BIRTH STATE MN | | 35 NAME OF MOTHER — FIRST MARY | | 36 MIDDLE LOUISE | |
| 37 LAST (Maiden) WOOLDRIDGE | | 38 BIRTH STATE AR | | 39 DISPOSITION DATE mm/dd/yyyy 11/18/2009 | |
| 40 PLACE OF FINAL DISPOSITION 1210 PRINCETON DRIVE, GLENDALE, CA 91205 | | 41 TYPE OF DISPOSITION(S) CR/RES | | 42 SIGNATURE OF EMBALMER NOT EMBALMED | |
| 43 LICENSE NUMBER | | 44 NAME OF FUNERAL ESTABLISHMENT CRIPPEN MORTUARY | | 45 LICENSE NUMBER FD-402 | |
| 46 SIGNATURE OF LOCAL REGISTRAR JONATHAN FIELDING, MD | | 47 DATE mm/dd/yyyy 11/18/2009 | | 101 PLACE OF DEATH KAISER FOUNDATION HOSPITAL | |
| 102 IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> EP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other | | 103 FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 4867 SUNSET BLVD. | | 104 COUNTY LOS ANGELES | |
| 105 CITY LOS ANGELES | | 106 CITY LOS ANGELES | | 107 CAUSE OF DEATH Enter the chain of events — diseases, injuries, or complications — that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or vascular dysfunction without showing the etiology. DO NOT ABBREVIATE. (A) SEPSIS (B) PROBABLE PNEUMONIA (C) CHRONIC OBSTRUCTIVE PULMONARY DISEASE (D) _____ | |
| 108 DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | 109 BIOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | 110 AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| 111 USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO | | 112 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 RENAL FAILURE, RESPIRATORY FAILURE, HYPERTENSION, HISTORY OF SMOKING | | | |
| 113 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO | | 114 I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since: _____ Decedent Last Seen Alive: _____ (A) mm/dd/yyyy 10/26/2009 (B) mm/dd/yyyy 11/12/2009 | | | |
| 115 SIGNATURE AND TITLE OF CERTIFIER MICHAEL YEE CHEN M.D. | | 116 TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE MICHAEL YEE CHEN M.D. 4950 SUNSET BLVD., LOS ANGELES, CA 90027 | | 117 LICENSE NUMBER A106243 | |
| 118 I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined | | 119 INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK | | 120 INJURY DATE mm/dd/yyyy | |
| 121 PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) | | 122 HOUR (24 Hours) | | | |
| 123 DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) | | 124 LOCATION OF INJURY (Street and number or location, end city, and ZIP) | | | |
| 125 SIGNATURE OF CORONER / DEPUTY CORONER | | 126 DATE mm/dd/yyyy | | 127 TYPE NAME, TITLE OF CORONER / DEPUTY CORONER | |
| STATE REGISTRAR | | A | | B | |
| C | | D | | E | |
| FAX AUTH # | | GENSUS TRACT | | | |

This is a true certified copy of the record filed in the County of Los Angeles Department of Public Health if it bears the Registrar's signature in purple ink

Jonathan E. Fielding MD
Director of Public Health and Registrar

DATE ISSUED **NOV 19 2009**



This copy not valid unless prepared on engraved border displaying seal and signature of Registrar

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

RAJAKRISHNA ASHAMA

20-5969417

Form 990 EZ for 2008

Other Expenses

Statement 1

Description

Amount

BANK CHARGES

115

MISCELLANEOUS EXPENSES

10475

Total to Form 990 EZ, Line 16

10590