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**Short Form  
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)

**2009**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Sponsoring organizations of donor advised funds, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.  
▶ The organization may have to use a copy of this return to satisfy state reporting requirements

**A** For the 2009 calendar year, or tax year beginning 01/01, 2009, and ending 12/31, 2009

|  |   |   |   |
|--|---|---|---|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Termination<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | Please use IRS label or print or type. See Specific Instructions. | <b>C</b> Name of organization<br>SERAPHIM MANOR<br>Number and street (or P O box, if mail is not delivered to street address) Room/suite<br>1735 ONE HALF NO EDMONT ST<br>City or town, state or county, and ZIP + 4<br>LOS ANGELES, CA 90027 | <b>D</b> Employer identification number<br>02-0767158<br><b>E</b> Telephone number<br>323-665-2057<br><b>F</b> Group Exemption Number . . . ▶ |
|--|---|---|---|

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

**G** Accounting method  Cash  Accrual  
Other (specify) ▶

**I** Website: ▶ SERAPHIMSHELTER.ORG

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

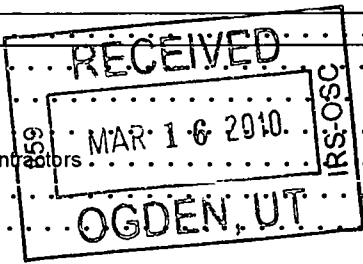
**J** Tax-exempt status (check only one)-  501(c)(3) ◀ (insert no)  4947(a)(1) or  527

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 2880

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

|   | Description   | Line | Amount |
|---|---|------|--------|
| Revenue   | 1 Contributions, gifts, grants, and similar amounts received . . . . .  | 1    | 2880   |
|   | 2 Program service revenue including government fees and contracts . . . . .   | 2    |        |
|   | 3 Membership dues and assessments . . . . .   | 3    |        |
|   | 4 Investment income . . . . .   | 4    |        |
|   | 5a Gross amount from sale of assets other than inventory . . . . .  | 5a   |        |
|   | b Less cost or other basis and sales expenses . . . . .   | 5b   |        |
|   | c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .   | 5c   |        |
|   | 6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>                   |      |        |
|   | a Gross revenue (not including \$ _____ of contributions reported on line 1) . . . . .  | 6a   |        |
|   | b Less direct expenses other than fundraising expenses . . . . .  | 6b   |        |
| c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . . | 6c  |      |        |
| 7a Gross sales of inventory, less returns and allowances . . . . .                                  | 7a  |      |        |
| b Less cost of goods sold . . . . .   | 7b  |      |        |
| c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .          | 7c  |      |        |
| 8 Other revenue (describe ▶ _____)  | 8   |      |        |
| 9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . .                           | 9   | 2880 |        |
| Expenses  | 10 Grants and similar amounts paid (attach schedule) . . . . .  | 10   |        |
|   | 11 Benefits paid to or for members . . . . .  | 11   |        |
|   | 12 Salaries, other compensation, and employee benefits . . . . .  | 12   |        |
|   | 13 Professional fees and other payments to independent contractors . . . . .  | 13   |        |
|   | 14 Occupancy, rent, utilities, and maintenance . . . . .  | 14   |        |
|   | 15 Printing, publications, postage, and shipping . . . . .  | 15   |        |
|   | 16 Other expenses (describe ▶ <u>SEE ATTACHED</u> ) . . . . .   | 16   | 3331   |
| 17 <b>Total expenses.</b> Add lines 10 through 16 . . . . .   | 17  | 3331 |        |
| 18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .                        | 18  | -451 |        |
| Net Assets  | 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . . | 19   |        |
|   | 20 Other changes in net assets or fund balances (attach explanation) . . . . .  | 20   |        |
|   | 21 <b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20 . . . . .   | 21   | -451   |



**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

|    | Description  | (A) Beginning of year | (B) End year |
|----|--|-----------------------|--------------|
| 22 | Cash, savings, and investments . . . . .   |                       |              |
| 23 | Land and buildings . . . . .   |                       |              |
| 24 | Other assets (describe ▶ _____)  |                       |              |
| 25 | <b>Total assets</b> . . . . .  | 0                     | 0            |
| 26 | <b>Total liabilities</b> (describe ▶ _____)  | 0                     | 0            |
| 27 | <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . . | 0                     | 0            |

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

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

|     |   | Yes | No |
|-----|---|-----|----|
| 33  | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .  |     |    |
| 34  | Were any changes made to the organizing or governing documents? 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 why the organization did not report the income on Form 990-T   |     |    |
| a   | Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? . . . . .  | 35a |    |
| b   | If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .  | 35b |    |
| 36  | Did the organization undergo a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N . . . . .   | 36  |    |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <u>37a</u>   |     |    |
| b   | Did the organization file Form 1120-POL for this year? . . . . .  | 37b |    |
| 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? . . . . .   | 38a |    |
| 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 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____  |     |    |
| b   | Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . . | 40b |    |
| c   | Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ _____  |     |    |
| d   | Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____  |     |    |
| e   | All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .   | 40e |    |
| 41  | List the states with which a copy of this return is filed ▶ CA  |     |    |
| 42a | The organization's books are in care of ▶ SANDRA SCHOOLEY Telephone no ▶ (323) 665-2057<br>Located at ▶ 1735 ONE HALF NO EDMONT ST ZIP + 4 ▶ 90027  |     |    |
| 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)? . . . . .  | 42b | X  |
|     | If "Yes," enter the name of the foreign country ▶ _____<br>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  |     |    |
| c   | At any time during the calendar year, did the organization maintain an office outside of the U S ? . . . . .  | 42c | X  |
|     | If "Yes," enter the name of the foreign country ▶ _____   |     |    |
| 43  | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here . . . . . ▶ <input type="checkbox"/><br>and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <u>43</u>   |     |    |
| 44  | Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .  | 44  | X  |
| 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  | X  |

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51

- 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 . . . . . 

|           |                          |                                     |
|-----------|--------------------------|-------------------------------------|
|           | Yes                      | No                                  |
| <b>46</b> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . . 

|           |                          |                                     |
|-----------|--------------------------|-------------------------------------|
|           | Yes                      | No                                  |
| <b>47</b> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . . 

|           |                          |                                     |
|-----------|--------------------------|-------------------------------------|
|           | Yes                      | No                                  |
| <b>48</b> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- 49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . . 

|            |                          |                                     |
|------------|--------------------------|-------------------------------------|
|            | Yes                      | No                                  |
| <b>49a</b> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b If "Yes," was the related organization a section 527 organization? . . . . . 

|            |                          |                          |
|------------|--------------------------|--------------------------|
|            | Yes                      | No                       |
| <b>49b</b> | <input type="checkbox"/> | <input type="checkbox"/> |

50 Complete this table for the organization's 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   |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |

f Total number of other employees paid over \$100,000 . . . . .

51 Complete this table for the organization's 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   |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |

d Total number of other independent contractors each receiving over \$100,000 . . . . .

**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, 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: *Sandra Schooley* Date: 3-10-10

SANDRA SCHOOLEY - EXECUTIVE DIRECTOR  
Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature: *[Signature]* Date: 03/10/10 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: FIVE STAR SERVICES  
1001 W CARSON SUITE P TORRANCE, CA 90502-2051

Preparer's identifying number (See instructions): P00176947  
EIN: 33-0339520  
Phone no: (310) 783-0318

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

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 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; 10 Other income; 11 Total Support (Add lines 7 through 10); 12 Gross receipts from related activities, etc; 13 First Five Years: If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2009; 15 Public support percentage from 2009 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2009; 16b 33 1/3% support test - 2008; 17a 10% facts-and-circumstances test - 2009; 17b 10% facts-and-circumstances test - 2008; 18 Private foundation.

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

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 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; 3 Gross receipts from activities that are not an unrelated trade or business under section 513; 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf; 5 The value of services or facilities furnished by a governmental unit to the organization without charge; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year; 7c Add lines 7a and 7b; 8 Public Support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c 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; 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV); 13 Total support. (Add lines 9, 10c, 11 and 12).

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

Table with 3 columns: Description, Amount, Percentage. Row 15: Public support percentage for 2009 (line 8 column (f) divided by line 13 column (f)) 15 %; Row 16: Public support percentage from 2008 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Amount, Percentage. Row 17: Investment income percentage for 2009 (line 10c column (f) divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2008 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2009. 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 - 2008. 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

**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.

Area with horizontal dashed lines for supplemental information.

SUPPORTING STATEMENTS FOR ORGANIZATION

SERAPHIM MANOR

02-0767158

1735 ONE HALF NO EDGEMONT ST

LOS ANGELES, CA 90027

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\*\*\*\* SCHEDULE of Part I - Other Expenses

| <u>Description</u>                    | <u>Amount</u> |
|---------------------------------------|---------------|
| OPERATIONAL SUPPLIES EXPENSES         | 3,331         |
| <u>Total Part I - Other Expenses:</u> | <u>3,331</u>  |