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# Form 990-EZ

SCANNEC JUN 03 2010,

### **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)

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

OMB No 1545-1150

2009

Open to Public Inspection

		the Treasury		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 re	an uramente			Inspection	
	A For the 2009 calendar year, or tax year beginning , 2009, and ending						. 20		
_		pplicable	D Employer	oyer identification number					
$\overline{}$				-1642746					
$\equiv$	ddress change use RS women of substance & Men of Honor 84  ame change label or Number and street (or PO box, if mail is not delivered to street address) Room/suite E Teleph								
一	ante chiq itial retur	•	print or			2 Totophone	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
二	eminate		type. See	3613 Walter Circle		(805)	498	-3714	
二	mended		Specific Instruc-	City or town, state or country, and ZIP + 4		F Group Exe			
三		n pending	tions.	Newbury Park, CA 91320		Number		···	
=		<u> </u>	organiz	rations and 4947(a)(1) nonexempt charitable trusts must attach	G	Accounting Metho		X Cash Accrual	
	•		_	npleted Schedule A (Form 990 or 990-EZ).	i	Other (specify)		A com	
						<del></del>		ganization is not	
1 V	Vebsite	e: <b>&gt;</b> N/A			i			edule B (Form 990,	
		· <u> </u>	heck on	ly one) - X 501(c) ( 3 ) ◀ (insert no ) 4947(a)(1) or 55	_	990-EZ, or 990-P		saulo s (i s.m. sso,	
	heck			ion is not a section 509(a)(3) supporting organization and its gross re			<u> </u>	n \$25 000 A	
			-	urn is not required, but if the organization chooses to file a return, be		<del>-</del>		11 420,000 71	
				ne 9 to determine gross receipts, if \$500,000 or more, file Form 990 i			<u>≻ \$</u>	27,393	
$\overline{}$	rt I			penses, and Changes in Net Assets or Fund Balance					
Ге	1			grants, and similar amounts received · · · · · · · · · · · · · · · · · · ·	· · · · ·			<u> </u>	
	2		_	enue including government fees and contracts				26,778	
	3	-		nd assessments · · · · · · · · · · · · · · · · · · ·					
	4	Investment II						615	
	5a			sale of assets other than inventory	I	<u> </u>	+		
		Less rost of	'SE	sale of assets other than inventory _ · · · · · · 5a asis and sales expenses · · · · · · 5b	<u> </u>				
			5						
Re	C Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c  6 Special scens and that the Complete applicable parts of Schedule G) If any amount is from garning, check here								
v e		ı							
n	•	Gross reven		ĺ					
u e	h	reported on I	DG!	DEN :UT · · · · · · · · · · · · · · · · 6a   se other than fundratsing expenses · · · · · · · · · · 6b					
				from special events and activities (Subtract line 6b from line 6a)		6			
				atory, less returns and allowances · · · · · · · · · / 7a			+		
		Less cost of							
		Gross profit	7	<u>-</u>					
	8	Other revenu	) [	<del>-</del>					
	9		•	lines 1, 2, 3, 4, 5c, 6c, 7c, and 8			+	27,393	
_	10			mounts paid (attach schedule)		1			
	11			or members		1			
E .	12	•		pensation, and employee benefits		<u> </u>	2		
p	13			nd other payments to independent contractors					
n	14			lities, and maintenance					
s e	15			s, postage, and shipping · · · · · · · · · · · · · · · · · · ·				22,788	
š	16	Other expen		and a N		\ 4			
	17			d lines 10 through 16 · · · · · · · · · · · · · · · · · ·			7	22,788	
-	18			or the year (Subtract line 17 from line 9)				4,605	
Α	19			alances at beginning of year (from line 27, column (A)) (must agree v		<u> </u>	-+-		
Ns e e t t				eported on prior year's return) · · · · · · · · · · · · · · · · · · ·		1	9	1,567	
tt	20			it assets or fund balances (attach explanation)				· · · · · · · · · · · · · · · · · · ·	
s	21			alances at end of year Combine lines 18 through 20 · · · · ·			1	6,172	
Pa	rt II			ets. If Total assets on line 25, column (B) are \$1,250,000 or more,					
<u> 1 a</u>		Daiaiice		(See the instructions for Part II )		) Beginning of year	T	(B) End of year	
22	Cash	n, savinas, and		ments - · · · · · · · · · · · · · · · · · ·		1,56'	7 22	6,172	
23							23		
24		-					24		
25	Total	l assets · ·		)	·.	1,56		6,172	
26		l liabilities (de			, <del>├</del>		26	<u></u>	
27		•		es (line 27 of column (B) must agree with line 21)	· —	1,56	7 27	6,172	

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

Part III' Statement of Program Service Accor	mplishments (See the	instructions for Part III	.)	/Bogs	Expenses ured for section
What is the organization's primary exempt purpose? MINISTE					(3) and 501(c)(4)
Describe what was achieved in carrying out the organization's ex					izations and section
manner, describe the services provided, the number of persons	benefited, or other relevan	t information for		1 .	(a)(1) trusts, optional
each program title	- /2020			for ot	ners)
28 CLOTHING VOUCHERS, CLOTHING AND TELEPHON	E/HOUSING				
ALLOWANCE GIVEN WHEN RELEASED.	<del></del>				
	<del></del>				
	unt includes foreign grants	, check here · · · ·	· · · · • • [	28a	1,325
29 FOOD AND TOLIETRIES GIVEN WHEN RELEASED	<del> </del>		<del></del>		
GIFT CARDS OR ACTUAL PURCHASE WITH INDIV	IDUALS.		·		
	unt includes foreign grants	, check here · · · ·	• • • • •	29a	5,934
TRAVEL AND AUTO FOR REUNIFICATION OF FAM	ILIES FOR PRISON				
SERVICES AND MINISTRY			<del></del>		
	unt includes foreign grants			30a	6,673
31 Other program services (attach schedule) · · · · · · ·		• • • • • • • • • •	_	•	
,	unt includes foreign grants	·		31a	
Total program service expenses (add lines 28a through 31a				32	13,932
Part IV List of Officers, Directors, Trustees, and Key Em		<del></del>			
(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	<ul><li>(d) Contributions employee benefit pla</li></ul>		(e) Expense account and
· · · · · · · · · · · · · · · · · · ·	devoted to position	enter -0)	deferred compensa		other allowances
	PRESIDENT				
3613 Walter Circle Newbury Park, 91320	40	1,230		q	0
<del></del>	VICE PRESIDENT				
3613 Walter Circle Newbury Park, 91320	20	0		q	0
ELICIA HILDRETH	SECRETARY				
3613 Walter Circle Newbury Park, 91320	20	0		a	0
			_		
	}				
		<u>.</u>			
		•			
<del></del>	,				
		EEA	<del></del>		Form <b>990-EZ</b> (2009)

EEA

84-1642746

Page 2

WOMEN OF SUBSTANCE & MEN OF HONOR

Form 990-EZ (2009)

Form 990-EZ (2009)

Pa	rt V Other Information (Note the statement requirements in the instructions for Part V)		1	
22	Did the exemization energy in any activity not provide by reported to the IRS2. If "Ves." attach a detailed		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	33		17
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of	33		_X_
34	the changes	34		v
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but	<del>-~</del>		<u> X</u>
33	not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
2	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section		l	
a	6033(e) notice, reporting, and proxy tax requirements?	35a		Х
h	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 significant disposition of net assets			
50	during the year? If "Yes," complete applicable parts of Schedule N · · · · · · · · · · · · · · · · · ·	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions · · · · ► 37a	Ť		
	Did the organization file Form 1120-POL for this year?	37b		Х
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	<del></del>		
<b></b>	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		Х
h	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	<del></del>		
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9 · · · · · · · · · · · · · · · · · ·	ĺ		
b		ĺ		
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	ĺ		
	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		X
С	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 · · · · · · · · · · · · · · · · · · ·			
е	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		X
41	List the states with which a copy of this return is filed  CA			
	The organization's books are in care of ▶ Rosalinda Vint  Telephone no ▶ 805-4	98-3	714	
	Located at ▶ 3613 Walter Circle Newbury Park, CA ZIP+4 ▶ 9132	20		
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		Yes	No
	account)? · · · · · · · · · · · · · · · · · · ·	42b		Х
	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	1		
	and Financial Accounts.	L		
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		Х
	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		• • ▶	. [
	and enter the amount of tax-exempt interest received or accrued during the tax year · · · · · · · · ▶ 43			
			Yes	No
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		Х

address, and ZIP + 4

May the IRS discuss this return with the preparer shown above?

THOUSAND OAKS

CA 91360

See instructions

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 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Yes No 46 46 candidates for public office? If "Yes," complete Schedule C, Part I Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 47 47 48 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 49 a Did the organization make any transfers to an exempt non-charitable related organization? . . . . . 49a 49b **b** If "Yes," was the related organization a section 527 organization? . . . . . . . . . . . . . . . . . . Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key 50 employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None " (b) Title and average (c) Compensation (d) Contributions to (e) Expense account and hours per week employee benefit plans & (a) Name and address of each employee paid more than \$100,000 devoted to position qeteneq combensation other allowances NONE Total number of other employees paid over \$100,000 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 Total number of other independent contractors each receiving over \$100,000 Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge reparer (other than officer) is based on all information of which preparer has any knowledge and complete claration of and belief Sign Signature o Here Type or print name and title Preparer's Identifying No (See inst.) Check if Preparer's signature Paid employed 7-0617761 BERMAN AND BERMAN Preparer's EIN Firm's name for 50 W HILLCREST DRIVE #218 **Use Only** if self-employed)

Phone no

. . . . . . . . . . . .

805-497-6966

Yes X No
Form 990-EZ (2009)

#### **SCHEDULE A** (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047 2009

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

➤ See separate instructions.

Open to Public Inspection

		organization OF SUBSTANCE &	MEN OF HONOR						1	identification ( . 642746	number		
Pa				/ Status (All organiza	ations mus	complete	this part )	See ınstru			_		
		ization is not a privat	e foundation becau	use it is (For lines 1 thro	uah 11. ch	eck only o	ne box )					_	
1				ssociation of churches d				(i).					
2	H	·	•	(A)(ii). (Attach Schedule									
3	H			vice organization descri	•	ion 170(b)	(1)(A)(iii).						
4	H		•	ed in conjunction with a				70(b)(1)(A	)(iii). Enter	the hospit	al's name		
•	لـــا	city, and state	- gameanon operan					( - )( - )(	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
5			rated for the benefi	t of a college or universi	tv owned o	r operated	by a gove	rnmental	unit descri	bed in			
	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				governmental unit desc	ribed in <b>se</b>	ction 170(l	b)(1)(A)(v).						
7	H		-	a substantial part of its s					the genera	l public			
•	ш	described in section							<b>y</b>				
8	$\Box$			170(b)(1)(A)(vi). (Comp	lete Part II	)							
9	$\overline{\mathbf{x}}$	•		(1) more than 33 1/3%			ntributions	. members	ship fees, a	and gross			
•	لحكما			empt functions - subject									
		•		and unrelated business		•							
				30, 1975 See section !		-		,					
10	$\Box$			d exclusively to test for p		-		)(4).					
11	Ħ	•	•	d exclusively for the ben		•			arry out the	•			
		purposes of one or n	nore publicly suppo	orted organizations desc	ribed in se	ction 509(a	a)(1) or se	ction 509(	a)(2) See	section			
		• •		the type of supporting of									
		a Type I	b Type	ell c	Type III-	Functiona	lly integrate	ed	d	Type I	II-Other		
е		By checking this box	, I certify that the o	rganization is not contro	lled directly	or indired	tly by one	or more d	ısqualıfied	<del></del>			
	_	-		rs and other than one or						section			
		509(a)(1) or section	509(a)(2)										
f		If the organization re	ceived a written de	termination from the IRS	S that it is a	Type I, T	ype II, or T	ype III sup	porting				
		organization, check t	this box · · · ·										• •
g		Since August 17, 20	06, has the organiz	ation accepted any gift	or contribu	ion from a	ny of the						
		following persons?									_		
		(i) A person who d	lirectly or indirectly	controls, either alone or	together v	ith person	is describe	ed in (ii)				Yes	No
		and (III) below,	the governing body	of the supported organ	ızatıon?		• • • • •	• • • • •	• • • • •	• • • • •	11g(i)		
		(ii) A family member of a person described in (i) above?							11g(ii)				
		(iii) A 35% controlle	ed entity of a perso	n described in (i) or (ii) a	bove? -	· · · · ·	• • • • •			• • • • •	11g(iii)		
h		Provide the following	information about	the supported organiza	tion(s)								
	(i) N	ame of supported	(ii) EIN	(III) Type of organization	(iv) is the o	_	(v) Did y	•	1	ls the	(vii) Ai		of
		organization		(described on lines 1-9 above or IRC section	in col (i) listed in your the organ governing document? col (i)		the organi		organization in col  (i) organized in the		support		
				(see instructions) )				port?	U	S ?			
					Yes	No	Yes	No	Yes	No			
					ļ			<u> </u>					
								<u></u>					
		-					ļ	<del></del>	-				
							ļ	<del> </del>					
			l		1	l	1	!	1	1	}		

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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 (e) 2009 (a) 2005 (b) 2006 (c) 2007 (d) 2008 (f) Total Calendar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . . . . . . . . . . . . . . The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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) Public support. Subtract line 5 from In 4 Section B. Total Support (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total (a) 2005 Calendar year (or fiscal year beginning in) Amounts from line 4 · · · · · · · 8 Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . . . . . . . . Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. Add lines 7 through 10 11 12 Gross receipts from related activities, etc. (see instructions) 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) 13 Section C. Computation of Public Support Percentage 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 15 15 33 1/3% support test - 2009. 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 33 1/3% support test - 2008. 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 17a 10%-facts-and-circumstances test - 2009. 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 b 10%-facts-and-circumstances test - 2008. 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 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

### 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)

	ction A. Public Support	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Cale	endar year (or fiscal year beginning in)	(a) 2005	(6) 2006	(0) 2007	( <b>u</b> ) 2008	(6) 2009	(I) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	3,175	6,704	6,367	15,450		31,696
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 bus under sec 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 · · · · · ·	3,175	6,704	6,367	15,450		31,696
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons • • • •					· ·- · · · - · - · - · - ·	<u> </u>
b	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 · · ·						
С	Add lines 7a and 7b · · · · · · · · ·						
8	Public support (Subtract line 7c from line 6) · · · · · · · · · · · · · · · · · ·						31,696
<u>Se</u>	ction B. Total Support	,					<del></del>
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008 15,450	(e) 2009	(f) Total 31,696
9 10a	Amounts from line 6	3,175	6,704	6,367	15,450		31,696
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	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.)						31,696
14	First five years. If the Form 990 is for the organization, check this box and stop here	ganization's first, se	econd, third, fourth	or fifth tax year as	s a section 501(c)(	3)	· · · · · ▶ 🕱
<u>Se</u>	ction C. Computation of Public Su Public support percentage for 2009 (line 8, c	pport Percent	tage by line 13, column (	f)) • • • • • •		15	%
16	Public support percentage from 2008 Sched					16	%
<u>Se</u>	ction D. Computation of Investme Investment income percentage for 2009 (line	nt Income Per	centage vided by line 13, co	olumn (f))		17	%
18	Investment income percentage from 2008 Sc					18	%
19a	33 1/3% support tests - 2009. If the organiza 17 is not more than 33 1/3%, check this box	tion did not check	the box on line 14,	and line 15 is more	e than 33 1/3%, ar	id line	▶□
b	33 1/3% support tests - 2008. If the organiza line 18 is not more than 33 1/3%, check this	box and stop here	. The organization	qualifies as a publi	icly supported orga	ınızatıon • •	▶ 📋
20	Private Foundation: If the organization did n	ot check a box on	line 14, 19a, or 19b	o, check this box ai	nd see instructions		• • • • • • □

990	Overflow Statement	<b>2009</b> Page 1
Name(s) as shown on return		FEIN
WOMEN OF SUE	STANCE & MEN OF HONOR	84-1642746

Description		1	Amount
Fundraising Expenses		\$	2,559
Fees			783
Office Expense			2,610
Taxes			74
Outside Serives			1,245
Publicity			970
Transportation Cards for Juveniles			4,837
Education for Juveniles			1,715
Youth Identification			121
Grants for Juveniles			615
Emergency Housing			564
Clothing for Juveniles			761
Food and Meal Cards for Juveniles			1,910
Care Packages			4,024
	Total:	\$	22,788