Form **8734**

(Rev. January 2004) Department of the Treasury Internal Revenue Service

Support Schedule for Advance Ruling Period

Please refer to the separate instructions for assistance in completing this schedule. For additional help, call IRS Exempt Organizations Customer Services toll free at 1-877-829-5500.

OMB No. 1545-1836

For tax years	beginning	, and ending		, 20
	Name of organization		Employer identification number	
Print or				
type.	Number and street (or P.O. box number if mail is r	ot delivered to street address) Roc	om/Suite	Telephone number
See				()
Specific Instructions. City or town, state, and ZIP + 4			E-mail address	
				Fax number ()

- Note: Get Schedule A (Form 990 or 990-EZ), Organization Exempt Under Section 501(c)(3), and its separate Instructions before you complete this form.
 - If you did not receive any support for a given year, show financial data for the year by indicating -0- or none.
 - Year 1 should reflect support received as of the date legally organized, unless otherwise specified in the determination letter.
 - Organizations that filed Form 990 or 990-EZ will be able to use information reported on Schedule A, Part IV-A, to complete this form.

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Calendar year (or fiscal year beginning in)		(a) Year 5	(b) Year 4	(c) Year 3	(d) Year 2	(e) Year 1 (See Note above.)	(f) Total of Years 1 through 5
1	Gifts, grants, and contributions received. (Do not include unusual grants. See line 14.)						
2	Membership fees received						
3	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose.						
4	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975						
5	Net income from unrelated business activities not included in line 4						
6	Tax revenues levied for your benefit and either paid to you or expended on your behalf						
7	The value of services or facilities furnished to you by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
8	Other income. Attach a schedule. Do not include gain (or loss) from sale of capital assets						
9	Total of lines 1 through 8						
10	Line 9 minus line 3						
11	Enter 1% of line 9						

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12	If you are an organization that normally receives a substantial part of your support from a governmental public, complete lines 12a through 12f. (Sections 509(a)(1) and 170(b)(1)(A)(vi)). If you want the IRS to support test as a section 509(a)(1) and 170(b)(1)(A)(vi) organization, complete only lines 12a and	compute your publi
а	Enter 2% of amount in column (f), line 10	12a
	Attach a list showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for Year 5 through Year 1 exceeded the amount shown in line 12a. Enter the total of all these excess amounts	12b
	Total support for section 509(a)(1) test: Enter line 10, column (f)	12c ////////////////////////////////////
e f	Public support (line 12c minus line 12d total)	12e 12f 9
13	If you are an organization that normally receives: (1) more than 33\%% of your support from contribution and gross receipts from activities related to your exempt functions, and (2) no more than 33\%% of your exempt functions, and (2) no more than 33\%% of your exempt functions, and (2) no more than 33\%% of your exempt functions, and (2) no more than 33\%% of your exempt functions, and (2) no more than 33\%% of your exempt functions, and (2) no more than 33\%% of your support from contribution and gross receipts from activities related to your exempt functions, and (2) no more than 33\%% of your support from contribution and gross receipts from activities related to your exempt functions, and (2) no more than 33\%% of your support from contribution and gross receipts from activities related to your exempt functions, and (2) no more than 33\%% of your support from contribution and gross receipts from activities related to your exempt functions, and (2) no more than 33\%% of your support from contribution and gross receipts from activities related to your exempt functions, and (2) no more than 33\%% of your support from contribution and gross receipts from activities related to your exempt functions, and (2) no more than 33\%% of your support from contribution and gross receipts from activities related to your exempt functions, and (2) no more than 33\%% of your support from contribution and gross receipts from activities related to your exempt functions, and (2) no more than 33\% of your support from contribution and gross receipts from activities related to your exempt functions, and (2) no more than 33\% of your support from contribution and gross receipts from activities related to your exempt functions, and (2) no more than 33\% of your support from contribution and gross from activities related to your exempt functions, and (2) no more than 33\% of your support from activities related to your exempt functions, and (2) no more than 33\% of your support from activities related to your exempt functions, and (our support from gros inization after June 30
а	For amounts included in lines 1, 2, and 3 that were received from a "disqualified person," attach a list and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts received in each year from, each "disqualified person."	
b	(Year 5) (Year 4) (Year 3) (Year 2) (Year 2) (Year 3) (Year 3) (Year 2) (Year 3) (Year 3) (Year 4) (Year 3) (Year 3) (Year 4) (Year 3) (Year 3) (Year 4) (Year 3) (Year 4) (Year 3) (Year 4) (Year 3) (Year 4) (Year 3) (Year 3) (Year 3) (Year 3) (Year 3) (Year 4) (Year 3) (Ye	"), attach a list showing line 11 for the year of en the amount receive
С	(Year 5) (Year 4) (Year 3) (Year 2) (Year 2) Add: Amounts from column (f) for lines: 1 2	∕ear 1) │13c│
d e f g	Add: Line 13a total and line 13b total	13d 13e
	Investment income percentage (line 4, column (f) (numerator) divided by line 13f (denominator))	
14	Unusual Grants: For an organization described in line 12 or 13 that received any unusual grants durin 1, attach a list showing for each year the name of the contributor, the date and amount of the grant, of the nature of the grant. Do not include these grants in line 1.	
	List the amount of unusual grants excluded for each year below.	
	(Year 5) (Year 4) (Year 3) (Year 2) (Year 2)	/ear 1)
15	Please list the name and telephone number of an officer, director, or trustee who can be contacted down need more information. If someone other than an officer, director, or trustee will represent the organization completed Form 2848 , Power of Attorney.	uring business hours ation, attach a properl
	Name: Type or print name and title.	
	Phone: () Fax Number (if available): ()
Plea Sigr	I declare under the penalties of perjury that I am authorized to sign this form on behalf of the above organization and that including the accompanying attachments, and to the best of my knowledge it is true, correct, and complete.	tt I have examined this form
Her		

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Type or print name and title or authority of signer

A Little Help 04-3726769 Form 8734

Attachment to Line 8

Year 4 2005 \$175 Income from Special Event Clothing Sales at Flea Market A Little Help 04-3726769 Form 8734

Attachment to Line 14

Year 4 2005

January 2005	Waterford Foundation	\$12,000
April 2005	Waterford Foundation	\$24,975
September 2005	Waterford Foundation	\$195,000
October 2005	Waterford Foundation	\$25,000

Year 5 2006

April 2006	Waterford Foundation	n \$100,000
June 2006	Waterford Foundation	n \$200,000
September 2006	Waterford Foundation	n \$200,000
December 2006	Waterford Foundation	n \$250,000

These donations are unusual grants for the purpose of building Afshar Hospital. They are not a part of the normal operation of the organization and will cease when hospital construction is completed.