Form **990**

Return of Organization Exempt From Income Tax

2007

OMB No. 1545-0047

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A	For th	ne 2007 c	alendar	year, or tax year	beginning	1/1/2007	, and	d endi	ng 12/3	1/20	007			
В	Check if	applicable:	Please	C Name of organization	ation					D	Employ	yer identification number		
		s change	use IRS label or	A LITTLE HEL	.P					0	4	3726769		
=	Name cl		print or	Number and stree	et (or P.O. box i	f mail is not delivered	to street a	address) Room/suite	E.	Teleph	one number		
=	Initial re	•	type. See	112 Brenton C	t						650) 814-1058		
\equiv	Final ret		Specific Instruc-	City or town, sta	te or country, a	nd ZIP + 4				F	F Accounting method: Cash Accrual			
\equiv		ed return	tions.	Mountain View	v, CA 9404	3					Ot	her (specify)		
	Applicati	ion pending				4947(a)(1) nonexenedule A (Form 990 or						e to section 527 organizations. n for affiliates? Yes V No		
G	Waheit	o: b httr		.stasek.com/al	•	oddio 71 (i oimi ood oi	000			-		per of affiliates ▶		
<u> </u>	Website	c. P mu	J .// VV VV VV	.StaSek.Com/ai	шенер				H(c) Are all a	ffiliate	es inclu	uded? Yes No		
J	Organiz	zation type	check o	nly one) 🕨 🗹 50	1(c) (3) ◄ (ii	nsert no.) 🗌 4947(a)	(1) or	527	,			t. See instructions.)		
K	Check	here ▶ _	if the o	rganization is not a	a 509(a)(3) sup	porting organization	and its g	ross	H(d) Is this a s	epara	ate retur	rn filed by an by a group ruling? Yes V No		
			•	ere than \$25,000. A r a complete return.	eturn is not req	uired, but if the organ	zation cho	ooses	I Group E					
_	to file a	Teturn, be s	sure to me	a complete return.								the organization is not required		
				s 6b, 8b, 9b, and				,323	to attac	h Sc	h. B (F	Form 990, 990-EZ, or 990-PF).		
P	art I	Reven	iue, Ex	penses, and (Changes in	Net Assets or	Fund	Balar	nces (See ti	he i	nstru	ctions.)		
	1	Contribu	utions, g	gifts, grants, an	d similar am	ounts received:								
	а	Contribu	utions to	o donor advised	funds .		1a		985,5	65				
	b	Direct p	ublic su	apport (not inclu	ided on line	1a)	1b			0				
	С	Indirect	public s	support (not inc	luded on lin	e 1a)	1c			0				
						uded on line 1a)	1d			0				
	е	Total (ad	dd lines	1a through 1d) (cash \$	985,565 nonc	ash \$		0)	.	1e	985,565		
	2									2	0			
	3								.	3	0			
	4	5 Dividends and interest from securities						.	4	758				
	5								5	0				
	6a	Gross re	ents .				6a			0				
	b	Less: re	ental exp	oenses			6b			0				
	С			, ,		b from line 6a .					6c	0		
ne	7	Other in	vestme	nt income (desc	ribe 🕨	(4) 0)	7	0		
Revenue	8a	Gross a	ımount 1	from sales of as	ssets other	(A) Securities		(E	3) Other	_				
Re		than inv	entory				0 8a			0				
				er basis and sales			0 8b			0				
			. , .	attach schedule)			0 8c			0		•		
		-	•	s). Combine line	,	· , · ,					8d	0		
	9	-				any amount is from	n gaming	g, chec	ck here ► L	J				
	а			(not including \$			l 00	ı						
	١.			•	•		9a 9b			0				
	1		-	penses other th						-	00	0		
	1					Subtract line 9b f	rom line	e 9a		0	9c			
				inventory, less i			10a			0				
	b		_	oods sold				10h fu	line 10e	Ť	10c	0		
						ach schedule). Subt				.	11	0		
	11 12	Total re	venue	(110111 Fart VII, 11 Add lines 1e 2	11e 103) . 3 4 5 6c 7		 I 11			.	12	986,323		
_	13										13	967,964		
es	13))					14	12,079		
ens	14 15					olumn (C))					15	161		
Expenses	16	Paymen	only (ITC	ini iiiie 44, colu filiates (attach s	chedule)					.	16	0		
	17	Total e	xpense	s. Add lines 16	and 44. col	umn (A)				:	17	980,204		
Ŋ	+										18	6,119		
Net Assets	18 19		-			ne 17 from line 1: of year (from line			· · · · ·	- 1	19	15,289		
t As	20					or year (from line ces (attach expla		ullift (<i>(</i> ~ <i>))</i>	•	20	0		
Ne	21					Combine lines 18,		1 20			21	21,408		
					,		,							

Form 990 (2007) Part II Statement of All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.) **Functional Expenses** Do not include amounts reported on line (B) Program (C) Management (A) Total (D) Fundraising and general 6b, 8b, 9b, 10b, or 16 of Part I. **22a** Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ ____ 0 0 22a If this amount includes foreign grants, check here 22b Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ ____ 22b 0 If this amount includes foreign grants, check here $\triangleright \Box$ Specific assistance to individuals (attach 23 0 0 schedule) Benefits paid to or for members (attach 0 0 24 schedule) 25a Compensation of current officers, directors, key employees, etc. listed in Part V-A 0 0 25a **b** Compensation of former officers, directors, key employees, etc. listed in Part V-B 25b 0 0 0 0 c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and 0 0 0 0 25c persons described in section 4958(c)(3)(B) Salaries and wages of employees not included 26 26 0 0 0 0 on lines 25a, b, and c 27 Pension plan contributions not included on 0 0 0 0 27 lines 25a, b, and c 28 Employee benefits not included on lines 0 0 0 0 28 29 0 0 0 0 29 Payroll taxes 0 0 0 0 30 30 Professional fundraising fees . 0 0 0 0 31 31 Accounting fees 0 0 0 0 32 Legal fees 32 0 0 0 0 33 33 Supplies 0 0 0 0 Telephone 34 34 8 8 0 0 35 35 Postage and shipping . . . 0 0 0 0 36 36 Occupancy 0 0 37 0 0 37 Equipment rental and maintenance . . . 0 0 0 0 38 38 Printing and publications 0 10,708 0 10,708 39 39 0 0 0 0 40 40 Conferences, conventions, and meetings . . . 0 0 0 0 41 41 0 0 0 0 42 42 Depreciation, depletion, etc. (attach schedule) Other expenses not covered above (itemize): See Statement 1 969.488 967.964 1.363 161 43a 43b -----43c 43d 43e 43f 43g Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15) 980,204 967,964 161 12,079 **Joint Costs.** Check ▶ ☐ if you are following SOP 98-2. Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? . \triangleright \square Yes \checkmark No _; (ii) the amount allocated to Program services \$_ If "Yes," enter (i) the aggregate amount of these joint costs \$_____

(iii) the amount allocated to Management and general \$

; and (iv) the amount allocated to Fundraising \$

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Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

All of	What is the organization's primary exempt purpose? Improving the lives of women and gial organizations must describe their exempt purpose achievements in a clear and concise manner. Sometimes of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section	State the number 501(c)(3) and (4)	Fynenses
_	rganizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and alloc a See Statement 2	ations to others.)	others.)
а	a See Statement 2		
	(Grants and allocations \$) If this amount includes foreign grants, or	check here ►	
b	b		
	(Grants and allocations \$) If this amount includes foreign grants, or	check here ► _	
С	С		
	(Grants and allocations \$) If this amount includes foreign grants, or	check here ▶	
d	d		
	(Grants and allocations \$) If this amount includes foreign grants, or	check here ▶ □	
е	e Other program services (attach schedule)		
	(Grants and allocations \$) If this amount includes foreign grants, or	check here	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services).	•	967,964

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Part IV Balance Sheets (See the instructions.) (B) End of year Where required, attached schedules and amounts within the description (A) Beginning of year column should be for end-of-year amounts only. 45 0 45 Cash—non-interest-bearing 15,289 21,408 46 46 Savings and temporary cash investments O 47a Accounts receivable 47a 0 0 47c 0 47b **b** Less: allowance for doubtful accounts . 0 48a **48a** Pledges receivable 48b 0 0 48c 0 **b** Less: allowance for doubtful accounts . 0 49 0 50a Receivables from current and former officers, directors, trustees, and 0 50a 0 **b** Receivables from other disqualified persons (as defined under section 0 50b 0 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) 51a Other notes and loans receivable (attach 0 51a Assets schedule) 51b 0 0 51c 0 **b** Less: allowance for doubtful accounts . 0 52 0 0 53 0 Prepaid expenses and deferred charges ☐ Cost ☐ FMV 0 54a 0 **54a** Investments—publicly-traded securities. 0 0 54b b Investments—other securities (attach schedule) ▶ ☐ Cost ☐ FMV 55a Investments—land, buildings, 55a O equipment: basis **b** Less: accumulated depreciation (attach 0 0 55b 0 55c 0 56 0 Investments—other (attach schedule) . 57a 0 57a Land, buildings, and equipment: basis . **b** Less: accumulated depreciation (attach 0 0 57b 0 57c Other assets, including program-related investments 0 (describe ▶ 58 59 **Total assets** (must equal line 74). Add lines 45 through 58 . . . 15,289 21,408 59 0 60 0 Accounts payable and accrued expenses 0 61 0 61 0 0 62 Deferred revenue 62 Loans from officers, directors, trustees, and key employees (attach 0 0 63 0 64a 0 Tax-exempt bond liabilities (attach schedule) 64b 0 0 **b** Mortgages and other notes payable (attach schedule) 0 65 0 65 Other liabilities (describe >) 0 0 66 Organizations that follow SFAS 117, check here ▶ □ and complete lines 67 through 69 and lines 73 and 74. **Fund Balances** 67 67 68 68 69 Organizations that do not follow SFAS 117, check here ▶ <a>
✓ and complete lines 70 through 74. ō 21,408 15,289 70 70 Net Assets 0 Paid-in or capital surplus, or land, building, and equipment fund . 0 71 0 72 Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must 15,289 73 21,408 Total liabilities and net assets/fund balances. Add lines 66 and 73 15,289 74 21,408

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Pa	rt IV-A Reconciliation of Revenue per Auc instructions.)	lited Financial Statem	ents With Rev	enue per	Return (See the
а	Total revenue, gains, and other support per audit	ted financial statements			а	
b	Amounts included on line a but not on Part I, line			[
1	Net unrealized gains on investments		b1			
2	Donated services and use of facilities		b2			
3	Recoveries of prior year grants		b3			
4	Other (specify):					
-			b4			
	Add lines b1 through b4				b	
С				[С	
d	Amounts included on Part I, line 12, but not on li	ine a:				
1	Investment expenses not included on Part I, line	6b	d1			
2	Other (specify):					
			d2			
	Add lines d1 and d2				d	
е	Total revenue (Part I, line 12). Add lines c and d				e	
	rt IV-B Reconciliation of Expenses per Au					1
a	Total expenses and losses per audited financial s				а	
b	Amounts included on line a but not on Part I, line		b1			
1	Donated services and use of facilities		b2	-		
2	Prior year adjustments reported on Part I, line 20		b3			
3	Losses reported on Part I, line 20 Other (specify):		55			
4	Other (specify).		b4			
	Add lines b1 through b4				b	
С					С	
d	Amounts included on Part I, line 17, but not on li					
1	Investment expenses not included on Part I, line		d1			
2	Other (specify):					
	(-p,,		d2			
е	Add lines d1 and d2				d	
	rt V-A Current Officers, Directors, Trustees				e officer	director trustee
	or key employee at any time during the ye					director, trustee,
	(A) Name and address	(B) Title and average hours per	(C) Compensation (If not paid, enter	(D) Contribution	ns to employee	(E) Expense account and other allowances
		week devoted to position	-0)	compensa	ation plans	and other unewarroos
See	e Statement 3	_				
		_				
		-				
		-				
		_				
		-				
		-				
		-				

Form 990 (2007) Page 6 Part V-A Current Officers, Directors, Trustees, and Key Employees (continued) Yes No 75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent Stmt 4 contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business 75b relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) . . . c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for 75c If "Yes," attach a statement that includes the information described in the instructions, d Does the organization have a written conflict of interest policy? Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.) (C) Compensation (if not paid, (D) Contributions to employee (E) Expense (B) Loans and Advances benefit plans & deferred account and other (A) Name and address enter -0-) compensation plans allowances Part VI Other Information (See the instructions.) Yes No Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a 76 **77** / 77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes. 78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by 78a 1 78b Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach 1 80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt 1 80a **b** If "Yes," enter the name of the organization ▶ and check whether it is ☐ exempt **or** ☐ nonexempt

b Did the organization file Form 1120-POL for this year?

Form	990 (2007)		F	age I
Pai	t VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		~
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	~	
	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	~	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	84b		<u> </u>
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization			
	received a waiver for proxy tax owed for the prior year.			
	Dues, assessments, and similar amounts from members	-		
	Section 162(e) lobbying and political expenditures	-		
	Taxable amount of lobbying and political expenditures (line 85d less 85e)	1		
	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
_	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f			
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the			
	following tax year?	85h		
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 86a			
b	Gross receipts, included on line 12, for public use of club facilities	-		
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a	-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	_		
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a		~
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b		/
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:			
	, 3001011 1011 7, 3001011 1012 7			
b	501(c)(3) and 501(c)(4) orgs. 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," attach			
	a statement explaining each transaction	89b		~
С	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶			
	Enter: Amount of tax on line 89c, above, 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?	89e		~
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		~
	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the			
J	supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings	89g		_
00-	at any time during the year?			
	List the states with which a copy of this return is filed ▶ None			
	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)			0
91a	mondonomy	814-1	058	
u		043		
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)?	91b	~	
	If "Yes," enter the name of the foreign country ► See Statement 5			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts.			

Form 990 (2007) Page 8 Part VI Other Information (continued) Yes No c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c If "Yes," enter the name of the foreign country See Statement 6 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year . . . ▶ | 92 Analysis of Income-Producing Activities (See the instructions.) Unrelated business income Excluded by section 512, 513, or 514 (E) Note: Enter gross amounts unless otherwise Related or indicated. exempt function Business code Exclusion code Amount income 93 Program service revenue: а b C d е Medicare/Medicaid payments f Fees and contracts from government agencies g Membership dues and assessments . . . 94 758 Interest on savings and temporary cash investments 95 96 Dividends and interest from securities 97 Net rental income or (loss) from real estate: debt-financed property а not debt-financed property b 98 Net rental income or (loss) from personal property Other investment income 99 100 Gain or (loss) from sales of assets other than inventory 101 Net income or (loss) from special events . 102 Gross profit or (loss) from sales of inventory Other revenue: a ____ 103 b C d е 758 Subtotal (add columns (B), (D), and (E)) Total (add line 104, columns (B), (D), and (E)) 758 Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I. Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.) Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes). See Statement 7 Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.) (A)
Name, address, and EIN of corporation, (B) Percentage of ownership interest Fnd-of-year Nature of activities partnership, or disregarded entity assets % % % % Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.) Part X

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? \square Yes \checkmark No

☐ Yes ✓ No

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Part	is a controlling organization			Entities. Comp	lete only if the o	rganiz	ation
106	Did the reporting organization male the Code? If "Yes," complete the				ion 512(b)(13) of	Yes	No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number		(C) ription of ansfer	(D Amount of		fer
а							
b							
С							
	Totals						
107	Did the reporting organization rec 512(b)(13) of the Code? If "Yes," of				section	Yes	No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number		(C) ription of ansfer	(D Amount of		fer
а							
b							
С							
	Totals						
108	Did the organization have a binding rents, royalties, and annuities described.	•	•	7, 2007, coverin	g the interest,	Yes	No
Pleas	Under penalties of perjury, I declare that I and belief, it is true, correct, and complet se	have examined this return, include	ding accompanying s				
Sign Here				Dat	е		
Paid	Preparer's		Date	Check if self- employed ▶ □	Preparer's SSN or PTIN (See Gen.	. Inst. X)
Prepar Use Or				EIN Phone n	▶		

SCHEDULE A

(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

2007

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

A LITTLE HELP 04 3726769 Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 2 of the instructions. List each one. If there are none, enter "None.") (e) Expense (d) Contributions to (a) Name and address of each employee paid more (b) Title and average hours (c) Compensation mployee benefit plans & account and other than \$50,000 per week devoted to position deferred compensation allowances None Total number of other employees paid over \$50,000 0 Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.") (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation None Total number of others receiving over \$50,000 for professional services 0 Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation None Total number of other contractors receiving over \$50,000 for other services

Pa	rt III Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ \bigcup \bigcu	1		V
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
а	Sale, exchange, or leasing of property?	2a		~
b	Lending of money or other extension of credit?	2b		~
С	Furnishing of goods, services, or facilities?	2c		~
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		~
е	Transfer of any part of its income or assets?	2e		~
3а	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a	~	
b	Did the organization have a section 403(b) annuity plan for its employees?	3b		~
С	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		~
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? .	3d		~
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a		V
b	Did the organization make any taxable distributions under section 4966?	4b		<i>-</i>
С	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		•
d	Enter the total number of donor advised funds owned at the end of the tax year			
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶			
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			0
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year			0

Pa	rt I\	Reason for Non-Private	Foundation S	Status (See pages 4	through 7 of	the instruct	ions.)			
cer	tify	that the organization is not a priva				olicable box.)				
5		A church, convention of churches	s, or association o	of churches. Section 170	0(b)(1)(A)(i).					
6		☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)								
7		A hospital or a cooperative hospi	tal service organiz	zation. Section 170(b)(1)((A)(iii).					
8	☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).									
9		A medical research organization of and state ▶		·	. , . , .	, , ,				
10		An organization operated for the b (Also complete the Support Scheo	_	or university owned or op	perated by a go	vernmental uni	t. Section 170(b)(1)(A)(iv)			
11a	An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)									
11b		A community trust. Section 170(b)(1)(A)(vi). (Also co	omplete the Support Sc	hedule in Part	IV-A.)				
12		An organization that normally rece from activities related to its charit- from gross investment income ar organization after June 30, 1975.	able, etc., function and unrelated busin	ns—subject to certain ex ness taxable income (les	cceptions, and ss section 511	(2) no more the tax) from bus	an 331/3 % of its support inesses acquired by the			
13		An organization that is not contrarequirements of section 509(a)(3).				• ,	nd otherwise meets the			
		☐ Type I ☐ Type II	☐Type I	II-Functionally Integrate	ed	Type III-Othe	r			
		Provide the following info	rmation about th	e supported organizat	ions. (See pag	e 7 of the instr	ructions.)			
Name(s) o		(a) (s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support			
					Yes	No				
Fa+-	.1									
Γota						•	0			
14		An organization organized and or	perated to test for	public safety. Section 5	509(a)(4). (See r	page 7 of the i	nstructions.)			

ale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
5	Gifts, grants, and contributions received. (Do					
	not include unusual grants. See line 28.) .	13,759	56,895	27,586	14,88	113,128
	Membership fees received	0	0	0	(0
	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	0	0	0	,	0
	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	1,010	387	69	2	I 1,487
	Net income from unrelated business					
	activities not included in line 18	0	0	0	(0
	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	0	0	0		0
	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge	0	0	0	(0
	Other income. Attach a schedule. Do not					
	include gain or (loss) from sale of capital assets	0	175	0		175
	Total of lines 15 through 22	14,769	57,457	27,655	14,90	114,790
	10101 01 111100 10 111100911 == 1	,				
	Line 23 minus line 17	14,769	57,457	27,655	14,90	114,790
		·		27,655 277	14,909 14	
	Line 23 minus line 17	14,769 148 a Enter 2% of am	57,457 575 nount in column	277 (e), line 24	143 . • 26a	9
	Line 23 minus line 17	14,769 148 a Enter 2% of ame of and amount cotion) whose total g	57,457 575 count in column ontributed by ea ifts for 2003 through the total of all the second secon	(e), line 24	144 > 26a er than a edded the bunts > 26l	
•	Line 23 minus line 17	14,769 148 a Enter 2% of ame of and amount contion) whose total grayour return. Enter 24, column (e)	57,457 575 count in column contributed by ea ifts for 2003 thro r the total of all th	(e), line 24	144 > 26a er than a edded the bunts > 26l	
;	Line 23 minus line 17	14,769 148 a Enter 2% of ame of and amount contion) whose total grayour return. Enter 24, column (e)	57,457 575 count in column contributed by ea ifts for 2003 thro r the total of all th	(e), line 24	144 26a er than a edded the punts ▶ 261 260	
:	Line 23 minus line 17	14,769 148 a Enter 2% of ame of and amount contion) whose total grown return. Enter 24, column (e) 19 26	57,457 575 count in column contributed by ea ifts for 2003 thro r the total of all th	(e), line 24	144	
; 	Enter 1% of line 23	14,769 148 a Enter 2% of ame of and amount contion) whose total grown return. Enter 24, column (e) 19 26	57,457 575 count in column contributed by ea ifts for 2003 thro r the total of all th	(e), line 24	144	
c d	Enter 1% of line 23 Organizations described on lines 10 or 11: a Prepare a list for your records to show the name governmental unit or publicly supported organiza amount shown in line 26a. Do not file this list with Total support for section 509(a)(1) test: Enter line Add: Amounts from column (e) for lines: 18 Public support (line 26c minus line 26d total) Public support percentage (line 26e (numerate organizations described on line 12: a For person," prepare a list for your records to show the Do not file this list with your return. Enter the second or support the second or support the second or support the second or support to show the point file this list with your return. Enter the second or support the second	14,769 148 a Enter 2% of ame of and amount contion) whose total graph your return. Enter 24, column (e)	57,457 575 count in column ontributed by ear ifts for 2003 through the total of all the column on the total of all the column on the total of all the column of the total of all the column of the co	(e), line 24 ach person (other ough 2006 excernese excess among the control of the control o	144 ▶ 26a er than a eded the bunts ▶ 26i ▶ 26a	om a "disqualified squalified person."
c d f	Enter 1% of line 23	14,769 148 a Enter 2% of ame of and amount contion) whose total graph your return. Enter 24, column (e)	57,457 575 count in column ontributed by ear ifts for 2003 through the total of all the column on the total of all the column on the total of all the column of the total of all the column of the co	(e), line 24 ach person (other ough 2006 excernese excess among the control of the control o	144 ▶ 26a er than a eded the bunts ▶ 26i ▶ 26a	om a "disqualified squalified person."
c d e f	Enter 1% of line 23 Organizations described on lines 10 or 11: a Prepare a list for your records to show the name governmental unit or publicly supported organiza amount shown in line 26a. Do not file this list with Total support for section 509(a)(1) test: Enter line Add: Amounts from column (e) for lines: 18 Public support (line 26c minus line 26d total) Public support percentage (line 26e (numerate Organizations described on line 12: a For person," prepare a list for your records to show the Do not file this list with your return. Enter the story of the color of the list organizations described in line 17 that was receive show the name of, and amount received for each ye (Include in the list organizations described in lines 5 the difference between the amount received and the	14,769 148 a Enter 2% of ame of and amount contion) whose total graph your return. Enter 24, column (e)	57,457 575 count in column ontributed by ea ifts for 2003 throward the total of all the second of t	(e), line 24	ar than a seded the pounts ► 266	om a "disqualified squalified person." ot for your records to year or (2) \$5,000. Irn. After computing
c d f	Enter 1% of line 23 Organizations described on lines 10 or 11: a Prepare a list for your records to show the name governmental unit or publicly supported organiza amount shown in line 26a. Do not file this list with Total support for section 509(a)(1) test: Enter line Add: Amounts from column (e) for lines: 18 Public support (line 26c minus line 26d total) Public support percentage (line 26e (numerate Organizations described on line 12: a For person," prepare a list for your records to show the Do not file this list with your return. Enter the story of the color of the color of the color of the color of the list organizations described in line 5 to 10 close to 10 close to 20 close the color of the list organizations described in lines 5 to 10 close the color of the list organizations described in lines 5 to 10 close the color of the list organizations described in lines 5 to 10 close the color of the list organizations described in lines 5 to 10 close the color of the list organizations described in lines 5 to 10 close the color of the list organizations described in lines 5 to 10 close the color of the list organizations described in lines 5 to 10 close the color of the list organizations described in lines 5 to 10 close the color of the list organizations described in lines 5 to 10 close the color of the list organizations described in lines 5 to 10 close the color of the list organizations described in lines 5 to 10 close the color of the color of the list organizations described in lines 5 to 10 close the color of the color of the list organizations described in lines 5 to 10 close the color of the list organizations described in lines 5 to 10 close the color of the list organizations described in lines 5 to 10 close the color of the color of the list organizations described in lines 5 to 10 close the color of th	14,769 148 a Enter 2% of ame of and amount contion) whose total grayour return. Enter 224, column (e)	57,457 575 rount in column ontributed by ea ifts for 2003 through the total of all the column on the total of all the column on the total of all the column of the total of the tot	(e), line 24	than a eded the bunts ► 266 266 266 266 266 266 267 266 267 268 268	om a "disqualified squalified person." ot for your records to year or (2) \$5,000. Irn. After computing erences (the excess)
	Enter 1% of line 23	14,769 148 a Enter 2% of ame of and amount contion) whose total graph your return. Enter 224, column (e)	57,457 575 nount in column ontributed by ea ifts for 2003 thro r the total of all th 56 26c (denomina in lines 15, 16, al amounts recei ints for each yea 2004) n (other than "dischan the larger of as individuals.) D escribed in (1) or	(e), line 24	than a eded the bunts ► 266 ► 266 ► 266 ► 266 ► 266 ► 266 ► 267 ► 267 ► 268 ► 268 ► 269 ► 2	om a "disqualified squalified person." ot for your records to year or (2) \$5,000. Inn. After computing perences (the excess)
;	Enter 1% of line 23	14,769 148 a Enter 2% of ame of and amount contion) whose total graph your return. Enter 224, column (e)	57,457 575 rount in column ontributed by ea ifts for 2003 through the total of all the column on the total of all the column on the total of all the column of the total of the to	(e), line 24	than a eded the bunts 266 266 266 266 266 267 267 267 267 267	om a "disqualified squalified person." ot for your records to year or (2) \$5,000. Inn. After computing erences (the excess) 113,128
;	Enter 1% of line 23	14,769 148 a Enter 2% of ame of and amount contion) whose total graph your return. Enter 224, column (e)	57,457 575 nount in column ontributed by ea ifts for 2003 thror or the total of all throw the total of the to	(e), line 24	r than a eded the bunts 266 266 266 266 266 267 267 267 276 276	om a "disqualified squalified person." ot for your records to year or (2) \$5,000. Inn. After computing erences (the excess) 113,128
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	Enter 1% of line 23	14,769 148 a Enter 2% of ame of and amount contion) whose total graph your return. Enter 224, column (e)	57,457 575 Sount in column ontributed by ea ifts for 2003 through the total of all the column in lines 15, 16, al amounts receiped in (al amounts receiped in (blue) an (other than "dischan the larger of as individuals.) Described in (1) or 2004)	(e), line 24 ch person (other ough 2006 excernese excess amount of the count of	144	om a "disqualified squalified person." to for your records to year or (2) \$5,000. Irn. After computing erences (the excess) 113,128 1 0 113,128
	Enter 1% of line 23	14,769 148 a Enter 2% of ame of and amount contion) whose total graph your return. Enter 224, column (e)	57,457 575 Sount in column ontributed by ea ifts for 2003 through the total of all the column in lines 15, 16, al amounts receiped in (al amounts receiped in (blue) an (other than "dischan the larger of as individuals.) Described in (1) or 2004) Column (e) 277 (denominal	(e), line 24 ch person (other ough 2006 excernese excess amount of the count of	144	om a "disqualified squalified person." t for your records to year or (2) \$5,000. Inn. After computing perences (the excess) 113,128 1 0 113,128 1 99 %

Part V

Private School Questionnaire (See page 9 of the instructions.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	(** ** ** *** *** *** *** *** *** *** *			
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	Yes	No
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
32 a b	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) Does the organization maintain the following: Records indicating the racial composition of the student body, faculty, and administrative staff? Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32a 32b		
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	32c 32d		
33	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
С	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
е	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Pa	rt VI-A Lobbying Expenditures by El (To be completed ONLY by an					e instr	uctions.)	
Che	ck > a if the organization belongs to an affilia	ated group. Che	eck ▶ b ☐ if	you checked	"a" ar	nd "limite	ed control"	provisions apply.
	Limits on Lobbyii (The term "expenditures" meal	-				Affiliat	(a) ed group otals	(b) To be completed for all electing organizations
	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			36			Organizations —
36	Total lobbying expenditures to influence public		,		37			
37	Total lobbying expenditures to influence a legis	• ,	,		38			
38	Total lobbying expenditures (add lines 36 and 3				39			
39	Other exempt purpose expenditures				40			
40 41	Total exempt purpose expenditures (add lines Lobbying nontaxable amount. Enter the amount				70			
41		obbying nontaxa						
	Not over \$500,000 20% (_				
	Over \$500,000 but not over \$1,000,000 . \$100,0							
	Over \$1,000,000 but not over \$1,500,000 . \$175,000 plus 10% of the excess over \$1,000,000							
	Over \$1,500,000 but not over \$17,000,000 . \$225,000 plus 5% of the excess over \$1,500,000							
		0,000						
42	Grassroots nontaxable amount (enter 25% of li	ne 41)			42			
43	Subtract line 42 from line 36. Enter -0- if line 4	2 is more than lir	ne 36		43			
44	Subtract line 41 from line 38. Enter -0- if line 4	1 is more than lir	ne 38		44			
	Caution: If there is an amount on either line 43	or line 44. vou r	must file Form 47	20.				
		eraging Perio						
	(Some organizations that made a section See the instructions for	n 501(h) election	do not have to	complete all			olumns be	elow.
			bying Expenditu			-	aging Pe	riod
	Calendar year (or	(a)	(b)	(c)			(d)	(e)
	fiscal year beginning in) ▶	2007	2006	2005			004	Total
45	Lobbying nontaxable amount							
46	Labbring spiling approach (1500/ of line 45(a))							
46	Lobbying ceiling amount (150% of line 45(e))							
47	Total lobbying expenditures							
48	Grassroots nontaxable amount							
	0							
49	Grassroots ceiling amount (150% of line 48(e))							
50	Grassroots lobbying expenditures							
	rt VI-B Lobbying Activity by Nonelec	ting Public C	harities					
га	(For reporting only by organiza			Part VI-A)	(See	page	13 of the	e instructions.)
Duri	ng the year, did the organization attempt to influ		· · · · · · · · · · · · · · · · · · ·	,	•			<u> </u>
		icrioc riational, st			anig a	Y Y	res No	Amount
auer			um. through the	use of:				
	mpt to influence public opinion on a legislative n	natter or referend		use of:		. ['	
		natter or referend			 .)		\(\sqrt{\sqrt{\sqrt{\chi}}} \sqrt{\sqrt{\chi}}	
a	mpt to influence public opinion on a legislative n Volunteers	natter or referend	eported on lines	 c through h			V	
a b	mpt to influence public opinion on a legislative n Volunteers	natter or referend	eported on lines	 c through h			\(\times \)	
a b c	mpt to influence public opinion on a legislative n Volunteers	natter or referend on in expenses re	eported on lines			. -	\(\times \) \(\t	
a b c d	npt to influence public opinion on a legislative modern Volunteers Paid staff or management (Include compensation Media advertisements. Mailings to members, legislators, or the public	natter or referend on in expenses re ents	eported on lines	c through h			\(\times \)	
a b c d	Note to influence public opinion on a legislative of Volunteers	natter or referend on in expenses re ents ernment officials,	eported on lines	c through h			\(\times \) \(\t	
a b c d e f	Note to influence public opinion on a legislative of Volunteers	natter or referend on in expenses re ents ernment officials, , speeches, lectu	eported on lines	c through h			\(\times \)	
a b c d e f	Note to influence public opinion on a legislative of Volunteers	natter or referend on in expenses re ents eoses ernment officials, , speeches, lectu	eported on lines	c through h			\(\times \) \(\t	0

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 13 of the instructions.)

51					following with any other organization on 527, relating to political organization		d in s	ection
а	Trar	nsfers from the rep	orting organization	to a noncharitable exempt orga	nization of:		Yes	No
	(i)	Cash				51a(i)		~
	(ii)	Other assets				a(ii)		~
b	Oth	er transactions:						
	(i)	Sales or exchange	es of assets with a	noncharitable exempt organization	tion	b(i)		~
	(ii)	Purchases of asse	ets from a nonchar	itable exempt organization		b(ii)		
	(iii)	Rental of facilities	, equipment, or oth	ner assets		b(iii)		~
	(iv)	Reimbursement a	rrangements			b(iv)		~
	(v)	Loans or loan gua	arantees			b(v)		~
	(vi)	Performance of se	ervices or members	ship or fundraising solicitations		b(vi)		~
С	Sha	ring of facilities, eq	juipment, mailing li	sts, other assets, or paid emplo	yees	С		
d					. Column (b) should always show the fair			
	goo	ds, other assets, o	r services given by	the reporting organization. If the	ne organization received less than fair	market v	/alue i	n any
	tran	saction or sharing ai	rrangement, show in	o column (d) the value of the good	s, other assets, or services received:			
	a)	(b)		(c)	(d)			
Line	no.	Amount involved	Name of nonc	charitable exempt organization	Description of transfers, transactions, and s	haring arr	angeme	ents
	des	cribed in section 50 es," complete the	01(c) of the Code (other than section 501(c)(3)) or i :	e or more tax-exempt organizations n section 527?	☐ Yes		No V V V V V V Of the n any
		(a) Name of organiz	ation	(b) Type of organization	(c) Description of relationshi	ip		

Statement 1 A LITTLE HELP Form: 990 04-3726769

Page: 2 Part: II Question: 43

Attachment listing other expenses for Part II

Description	Total:	Pgm Services	Mgt and General	Fundrasing
Program Service Accomplishments	\$967,964.00	\$967,964.00	\$0.00	\$0.00
Government Fees	\$1,085.00	\$0.00	\$1,085.00	\$0.00
Bank Charges	\$275.00	\$0.00	\$275.00	\$0.00
Paypal charges	\$161.00	\$0.00	\$0.00	\$161.00
Media Research	\$3.00	\$0.00	\$3.00	\$0.00
Total:	\$969,488.00	\$967,964.00	\$1,363.00	\$161.00

Form: 990 Page: 3 Part: III Question:

A LITTLE HELP 04-3726769

Program Services

Achievement			Pgm. Svc. Exp.
Elementary & Secondary Education, Gene	ral/Othe	r: Purchase school desks (80 schooldesks)	\$2,824.00
Grants and Allocations:	\$0.00	This amount includes foreign grants: N/A	
Patient Care, General/Other: Contruction of	of Afshar	hospital. (1 building)	\$923,885.00
Grants and Allocations:	\$0.00	This amount includes foreign grants: N/A	
Unknown/Unclassified: Small donations for	r educat	ion and health care in Afghanistan (3 projects)	\$1,113.00
Grants and Allocations:	\$0.00	This amount includes foreign grants: N/A	
Vocational Education: Scholarship to assis	st with ex	rpenses to attend leadership seminiar (1 student)	\$518.00
Grants and Allocations:	\$0.00	This amount includes foreign grants: N/A	
Elementary & Secondary Education, Gene (11 projects)	ral/Other	: Tents, textbooks, lab eqipment and teacher supplies	\$33,367.00
Grants and Allocations:	\$0.00	This amount includes foreign grants: N/A	
Health Care Equipment & Supplies Provisi	on: Equip	oment and supplies for maternity wards (5 supplies)	\$3,923.00
Grants and Allocations:	\$0.00	This amount includes foreign grants: N/A	
Children & Youth Services, General/Other	: Suppor	t for Wardak orphangae (2 projects)	\$2,334.00
Grants and Allocations:	\$0.00	This amount includes foreign grants: N/A	
	•		

Total: \$967,964.00

A LITTLE HELP Form: 990 04-3726769 Page: 5

Part: V Question:

Officers, Directors, Trustees, and Key Employees

Name and Address Lauri Lerner		Ave. Hrs/week	Comp. \$0.00	Benefits \$0.00	\$0.00
		0			
Title:	Vice Chair				
Addr 1: Addr 2:	112 Brenton Ct				
CSZ:	Mountain View, CA 94043				
Country:	United States				
Maria Mathe	eny	0	\$0.00	\$0.00	\$0.00
Title:	Treasurer				
Addr 1: Addr 2:	112 Brenton Ct				
CSZ:	Mountain View, CA 94043				
Country:	United States				
Rosemary	Stasek	0	\$0.00	\$0.00	\$0.00
Title:	Chairman				
Addr 1:	112 Brenton Ct				
Addr 2:					
CSZ:	Mountain View, CA 94043				
Country:	United States				
TOTALS			\$0.00	\$0.00	\$0.00

Statement 4 A LITTLE HELP Form: 990 04-3726769

Form: 990 Page: 6 Part: V

Question: 75b

Relationships

Person/Business 1	Person/Business 2	
Rosemary Stasek	Maria Matheny	
Chairman	Treasurer	
Person	Person	
Relationship First Cousins once removed		

Statement 5 A LITTLE HELP Form: 990 04-3726769

Page: 7
Part: VI
Question: 91b

Foreign Accounts

Foreign Account List

Afghanistan

Statement 6 A LITTLE HELP Form: 990 04-3726769

Form: 990 Page: 8 Part: VI Question: 91c

Foreign Offices

Foreign Office List

Afghanistan

A LITTLE HELP 04-3726769

Form: 990 Page: 8 Part: VIII Question:

Relationship of Activities

Line No	Relationship of Activities to the Accomplishment of Exempt Purposes
95	Interest from bank account

Statement 8 A LITTLE HELP Form: Schedule A 04-3726769

Page: 2 Part: III Question: 3a

Explanation of Grant Determination

Explanation of grant qualifications

Recipients are interviewed and qualified applicants received funding as available.

Form: Schedule A

Page: 4 Part: IV-A Question: 22 A LITTLE HELP 04-3726769

Other Income

Description	2006	2005	2004	2003
Net Income from special events		\$175.00	\$0.00	\$0.00
Total:		\$175.00	\$0.00	\$0.00