		00		_				_				OMB No. 154	5-0047
Form	J	30	Return	n of Organ	ization Exen	npt l	From	n Incom	e '	Тах		୬ଲ ନ	5
			Under section	501(c), 527, or 4	947(a)(1) of the Inter	nal Re	venue	Code (excep	ot bl	ack lu	ing		J
Dens	irtment c	of the Treasury			efit trust or private f		-					Open to P	ublic
		enue Service	The organizati	on may have to ι	use a copy of this ret	urn to s	satisfy s	state reportir	ng re	quirer	nents.	Inspecti	on
Α	For th	ne 2005 cal	ndar year, or tax	year beginning	1/1/2005	, 200	5, and	ending 12/				, 20	
Β	Check if		ase C Name of org							•	-	ification numbe	r
	Address	s change									726769		
1	Name c		pe.		if mail is not delivered to	o street	address) Room/suite		•	none num		
/ I	nitial re	eturn s	ee 112 Brento) 814- 1		
ŀ	Final ret	Carrie	ruc-	, state or country, a					F	_	ng method:	L	Accrual
		ed return						H and L are no	nt an		ther (spec	on 527 organizati	ions
	Applicati	ion pending			l 4947(a)(1) nonexemp edule A (Form 990 or 9							iates? Y organizati	
G	Nehsit	e ► httn://	ww.stasek.com	-	···· · · · · · · · · · · · · · · · · ·	,		H(b) If "Yes,"	ente	r numt	per of affi	liates ►	
<u> </u>	1105510	or F Intpin		<i>vantaonoip</i>				H(c) Are all a				Yes	No
J	Organiz	zation type (eck only one) 🕨 🔽	✓ 501(c) (3) ◄ (i	nsert no.) 🗌 4947(a)(1) or 🗌	527					structions.)	
			0 0		rmally not more than \$,		H(d) Is this as				an o ruling? Yes	No.
			file a return with the return. Some states		anization chooses to file return.	a returr	n, be	-			umber ►		
												nization is not r	reauired
L	Gross	receipts: Ac	lines 6b, 8b, 9b,	and 10b to line 1	2 ► 314,4	62), 990-EZ, or 99	
Pa	art I	Revenu	, Expenses, ai	nd Changes in	n Net Assets or I	Fund	Balan	ces (See t	he i	nstru	ctions.)	
	1	Contribut	ns, gifts, grants	, and similar an	nounts received:								
	а	Direct pul	ic support			1 a		313,8	370				
	b	Indirect p	olic support .			1b			0				
			nt contributions			1c			0				
	d				313,870 noncas			0)		1d		3	13,870
	2	3 Membership dues and assessments						2			0		
	-							3			0		
	4		savings and ter		vestments	• •			•	4 5			<u>387</u> 0
	5		and interest from			 6a	 I		0	5			0
	6a		S			6b			0				
			•		b from line 6a)	00			-	6c			0
	7		stment income (-		• •)	7			0
Revenue	8a		unt from sales of		(A) Securities		(B)	Other	<i>.</i>				
leve	0u	than inve			0	8a			0				
	b		r other basis and	sales expenses.	0	8b			0				
	с	Gain or (le	ss) (attach sched	dule)	0	8c			0				
	d	Net gain o	(loss) (combine l	ine 8c, columns	(A) and (B))					8d			0
	9	Special eve	ts and activities (a	ttach schedule). I	f any amount is from	gaming	g, checl	k here 🕨 🗌]			See Stater	nent 1
	а	Gross rev	nue (not includir	ng \$	of		1						
				,		9a			205 30				
	b		t expenses othe			9b			30	9c			175
			. ,	•	subtract line 9b fro	m line 10a	9a) .		0	90			175
	10a		s of inventory, le of goods sold .			10b			0				
	b c		-		tach schedule) (subtr		10h fr	om lino 10a)		10c			0
	11									11			0
	12	Total reve	ue (add lines 1d	, 2, 3, 4, 5, 6c, 7	7, 8d, 9c, 10c, and 1	1)				12		3	14,432
	13	Program	ervices (from line	e 44. column (B))					13			00,768
ses	14				olumn (C))					14			9,712
Expenses	15									15			117
Ĕ	16	Payments	to affiliates (atta	ch schedule).					.	16			0
	17	Total exp	nses (add lines	16 and 44, colu	umn (A))					17		3	10,597
ets	18			-	ne 17 from line 12)					18			3,835
Net Assets	19				of year (from line 7			A))	.	19			12,431
let ,	20				nces (attach explan					20			0
~	21	ivet assets	or turia balances	at end of year (combine lines 18, 1	e, and	20) .	<u> </u>		21			16,266

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y

Form **990** (2005)

Form 990 (2005)

	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) Stmt 2 (cash \$ noncash \$) If this amount includes foreign grants, check here ► ☑	22	1,100	1,100		
23	Specific assistance to individuals (attach schedule)	23	0	0		
24	Benefits paid to or for members (attach schedule)	24	0	0		
25	Compensation of officers, directors, etc.	25	0	0	0	C
26	Other salaries and wages	26	0	0	0	(
27	Pension plan contributions	27	0	0	0	
28	Other employee benefits	28	0	0	0	C
29	Payroll taxes	29	0	0	0	0
30	Professional fundraising fees	30	0	0	0	(
31	Accounting fees	31	0	0	0	(
32	Legal fees	32	0	0	0	(
33	Supplies	33	90	0	90	
34	Telephone	34	0	0	0	
35	Postage and shipping	35	129	0	129	
36	Occupancy	36	0	0	0	
37	Equipment rental and maintenance	37	0	0	0	
38	Printing and publications	38	0	0	0	
39	Travel	39	9,127	0	9,069	58
40	Conferences, conventions, and meetings .	40	0	0	0	
41	Interest	41	0	0	0	(
12	Depreciation, depletion, etc. (attach schedule)	42	0	0	0	(
43	Other expenses not covered above (itemize):					
а	See Statement 3	43a	300,151	299,668	424	59
b		43b				
С		43c				
d		43d				
е		43e				
f		43f				
g		43g				
4	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13–15)	44	310,597	300,768	9,712	11

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

Form **990** (2005)

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

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.

Wh	nat is the organization's prir	nary exempt purpose? ►	Improving the lives of women and girls through ch	Program Service
of d	clients served, publications is	ssued, etc. Discuss achiever	rements in a clear and concise manner. State the number ments that are not measurable. (Section 501(c)(3) and (4) t also enter the amount of grants and allocations to others.)	Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
а	See Statement 4			
	(Grants and allocations	\$		
		Þ) If this amount includes foreign grants, check here 🕨 🗌	
b				
	(Grants and allocations	\$) If this amount includes foreign grants, check here \blacktriangleright	
с				
	(Grants and allocations	\$) If this amount includes foreign grants, check here ►	
d	<u>·</u>			
-				
		<u> </u>		
~	1	\$) If this amount includes foreign grants, check here 🕨 🗌	
е	Other program services (at (Grants and allocations) If this amount includes foreign grants, check here >	
f		Finenses (should equal li	ne 44, column (B), Program services) ►	300,768
-	. etal of i regram Gervice			500,700

Form **990** (2005)

Part IV	Balance Sheets (See the instructions.)			
Note:	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.	(A) Beginning of year		(B) End of year
45	Cash—non-interest-bearing	0	45	112
46	Savings and temporary cash investments	12,431	46	16,154
		<u>o</u> o o	47c	(
		0		
		0 0	48c	
49	Less: allowance for doubtful accounts 48b Grants receivable	0	49	
50	Receivables from officers, directors, trustees, and key employees			
	(attach schedule)	0	50	
	Other notes and loans receivable (attach schedule) Schedule)	0		
d dssets		0 0	51c	
52	Inventories for sale or use	0	52	(
53	Prepaid expenses and deferred charges	0	53	
54	Investments—securities (attach schedule) ► Cost FMV	U U	54	
55a	Investments—land, buildings, and equipment: basis	0		
b	Less: accumulated depreciation (attach			
		0 0	55c 56	
56	Investments—other (attach schedule)	0	00	
	Land, buildings, and equipment. basis			
b	Less: accumulated depreciation (attach schedule) 57b	0 0	57c	(
58	Other assets (describe ►	0		(
59	Total assets (must equal line 74). Add lines 45 through 58	12,431	59	16,266
60	Accounts payable and accrued expenses	0	60	
61	Grants payable	0		(
62	Deferred revenue	0	62	(
	Loans from officers, directors, trustees, and key employees (attach			
	schedule)	0	63	(
64a	Tax-exempt bond liabilities (attach schedule)	0	64a	(
b	Mortgages and other notes payable (attach schedule)	0	64b	(
65	Other liabilities (describe ►)	0	65	(
66	Total liabilities. Add lines 60 through 65	0	66	(
-	anizations that follow SFAS 117, check here ► □ and complete lines 67 through 69 and lines 73 and 74.			
<u> </u>			67	
86	Temporarily restricted		68	
69	Permanently restricted		69	
Circle Corga	anizations that do not follow SFAS 117, check here 🕨 🗹 and			
67 68 69 07 70 70 70 71 72 73	complete lines 70 through 74.	40.404	70	46.000
5 70	Capital stock, trust principal, or current funds.	12,431	70	16,266
2 71	Paid-in or capital surplus, or land, building, and equipment fund	0	71 72	
72 4 72	Retained earnings, endowment, accumulated income, or other funds	0	12	
1 73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72;			
z	column (A) must equal line 19; column (B) must equal line 21) .	12,431	73	16,266
74	Total liabilities and net assets/fund balances. Add lines 66 and 73.	12,431	74	16,266

Form **990** (2005)

Form	990 (2005)					Page 5
Pa	rt IV-A	Reconciliation of Revenue per Aud instructions.)	ited Financial Statem	ents With Rev	enue per Re	eturn (See the
a b		enue, gains, and other support per audit included on line a but not on Part I, line			<mark>a</mark>	
1	Net unrea	alized gains on investments		b1		
2		services and use of facilities		b2		
3		es of prior year grants		b3		
4	Other (sp	ecify):		b4		
		b1 through b4			b	
с		line b from line a			· · · –	
d		included on Part I, line 12, but not on lin			· · · –	
1		nt expenses not included on Part I, line		d1		
2		ecify):				
2		eony).		d2		
		d1 and d2			d	
е	Total rev	venue (Part I, line 12). Add lines c and d				
Pa	rt IV-B	Reconciliation of Expenses per Au				Return
а		enses and losses per audited financial s				
b	-	included on line a but not on Part I, line				
1		services and use of facilities		b1		
2		r adjustments reported on Part I, line 20				
3		ported on Part I, line 20				
4		pecify):				
	•••			b4		
		b1 through b4			b	
с					с	
d		included on Part I, line 17, but not on lin				
1		nt expenses not included on Part I, line		d1		
2		pecify):				
		,,		d2		
		d1 and d2			d	
e Par		Current Officers, Directors, Trustees				officer director tructoo
		or key employee at any time during the year		compensated.) (S	ee the instruct	tions.)
		(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	(D) Contributions to o benefit plans & de compensation p	eferred and other allowances
See	Statemen	it 5				

Form 990 (2005)	Р	age 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 meetings						
 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 contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business 	t 6					
relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) 75b	~					
 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 this organization through common supervision or common control? 75c 		~				
If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization.						
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						

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.)

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances

Par	rt VI Other Information (See the instructions.)		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed			
	description of each activity	76		<u> </u>
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		<u> </u>
	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			
	this return?	78a		v
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach			
	a statement	79		~
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			
	organization?	80a		~
b	If "Yes," enter the name of the organization >			
	and check whether it is \Box exempt or \Box nonexempt			
81a	Enter direct and indirect political expenditures. (See line 81 instructions.)			
	Did the organization file Form 1120-POL for this year?	81b		V
-			000	

Form	990 (2005)		P	age 7
Pa	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.)		~	
	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	~	<u> </u>
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b 84a	•	~
	Did the organization solicit any contributions or gifts that were not tax deductible?	04a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
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) . <td>85g</td> <td></td> <td></td>	85g		
-				
n	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			
h	Gross receipts, included on line 12, for public use of club facilities	1		
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	1		
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
88	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	88		~
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶			
b	<i>501(c)(3) and 501(c)(4) orgs.</i> 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.			0
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization			0
90a	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, 2005 (See instructions.)	C)	
91a	The books are in care of ►Rosemary StasekTelephone no. ►650-814-Located at ►112 Brenton Ct., Mountain View, CAZIP + 4 ►940			
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)?	91b	Yes	No
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	01-	~	
	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country \blacktriangleright See Statement 8	91c		
92	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 P 92	• •	.	▶□

Form **990** (2005)

Form 99	<u>`</u>						Page 8
Part	VII	Analysis of Income-Producing			í		
Note: indicat		er gross amounts unless otherwise	(A)	Business income	(C)	ection 512, 513, or 514 (D)	(E) Related or exempt function
93	Pro	gram service revenue:	Business code	Amount	Exclusion coo	le Amount	income
а							
b							
С							
d							
е							
f	Mee	dicare/Medicaid payments					
g	Fee	s and contracts from government agenci	ies				
94	Mer	mbership dues and assessments					
95	Inte	rest on savings and temporary cash investme	nts				387
96	Divi	idends and interest from securities			_		
97	Net	rental income or (loss) from real estate:					
а	deb	ot-financed property					
b		debt-financed property					
98	Net	rental income or (loss) from personal proper	ty				
99	-	er investment income					
100		n or (loss) from sales of assets other than invent	ory				
101		income or (loss) from special events .					\$175
102		ess profit or (loss) from sales of inventory					
103	Oth	er revenue: a					
b							
С							
d							
е					0	0	¢500
104		ototal (add columns (B), (D), and (E)) .	-\\				\$562 562
105 Noto:		al (add line 104, columns (B), (D), and (E e 105 plus line 1d, Part I, should equal tl				· · · •	
Part					moses (See	the instructions)	
Line		Explain how each activity for which inco					accomplishment
	NO.	of the organization's exempt purposes (accomplishment
		See Statement 9					
Part	IX	Information Regarding Taxable Su	bsidiaries and D	isregarded Ent	i ties (See the	e instructions.)	
	Nan	(A) ne, address, and EIN of corporation,	(B) Percentage of	(C)	(D)	(E) End-of-year
	F		ownership interest	Nature of	activities	Total income	assets
			%				
			%				
			%				
			%				
Part	Х	Information Regarding Transfers As	sociated with Per	sonal Benefit C	ontracts (See	the instructions.)	
(a) (b)		the organization, during the year, receive any funds the organization, during the year, pay p	remiums, directly	or indirectly, on			☐ Yes✓ No☐ Yes✓ No
• • •	o If	"Ves" to (b) file Form 8870 and Form		0113).			
• • •	1	"Yes" to (b), file Form 8870 and Form			schedules and st	atements and to the h	pest of my knowledge
• • •		"Yes" to (b), file Form 8870 and Form 4 Under penalties of perjury, I declare that I have exar and belief, it is true, correct, and complete. Declara	nined this return, includ				
Note Pleas		Under penalties of perjury, I declare that I have exar	nined this return, includ				
Note		Under penalties of perjury, I declare that I have exar and belief, it is true, correct, and complete. Declare	nined this return, includ			tion of which prepare	
Note Pleas		Under penalties of perjury, I declare that I have exar and belief, it is true, correct, and complete. Declara	nined this return, includ				
Note Pleas Sign		Under penalties of perjury, I declare that I have exar and belief, it is true, correct, and complete. Declara Signature of officer Rosemary Stasek, Chair	nined this return, includ			tion of which prepare	
Note Pleas Sign Here	e	Under penalties of perjury, I declare that I have exar and belief, it is true, correct, and complete. Declara Signature of officer Rosemary Stasek, Chair Type or print name and title.	nined this return, includ	than officer) is base		tion of which prepare	r has any knowledge.
Note Pleas Sign Here Paid	e	Under penalties of perjury, I declare that I have exar and belief, it is true, correct, and complete. Declara Signature of officer Rosemary Stasek, Chair	nined this return, includ		ed on all informa	tion of which prepare	
Note Pleas Sign Here Paid Prepare	e er's	Under penalties of perjury, I declare that I have exar and belief, it is true, correct, and complete. Declara Signature of officer Rosemary Stasek, Chair Type or print name and title. Preparer's signature Firm's name (or yours	nined this return, includ	than officer) is base	ed on all informa Check if self- employed ▶	tion of which prepare	r has any knowledge.
Note Pleas Sign Here Paid	e er's ly	Under penalties of perjury, I declare that I have exar and belief, it is true, correct, and complete. Declara Signature of officer Rosemary Stasek, Chair Type or print name and title. Preparer's signature	nined this return, includ	than officer) is base	Check if self- employed ► EIN	tion of which prepare	r has any knowledge.

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

OMB No. 1545-0047

എന

Supplementary Information—(See separate instructions.) MUST be completed by the above organizations and attached to their Form 990 c

Department of the Treasury Internal Revenue Service Name of the organization

ns.)	<u>∠</u> v
n 990 or 990-EZ	
Employer identifica	tion number

A LITTLE HELP 04 3726769 Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$50,000 .	0			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services (Cap page 2) of the instructions, List each and (whether individuals ator (Niero 2)

(See page 2 of the instructions. List each one (whether indiv	iduais or firms). If there are none, e	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		

professional services

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 0		

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Cat. No. 11285F

Schedule A (Form 990 or 990-EZ) 2005

Par	t 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 ► \$		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?		~
b	Lending of money or other extension of credit?		~
с	Furnishing of goods, services, or facilities?		~
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		~
е	Transfer of any part of its income or assets? 2e		~
3a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	~	
b	Do you have a section 403(b) annuity plan for your employees?		~
с	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		~
4a	Did you maintain any separate account for participating donors where donors have the right to provide advice on		~
b	the use or distribution of funds?		~
	rt IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)		
The	organization is not a private foundation because it is: (Please check only ONE applicable box.)		
5 6	 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i). A school. Section 170(b)(1)(A)(ii). (Also complete Part V.) 		
-			

- 7 A hospital or a cooperative hospital service organization. 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 operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ►
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- **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 complete the Support Schedule in Part IV-A.)
- 12 An organization that normally receives: (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 □ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization:
 □ Type 1 □ Type 2 □ Type 3

 Provide the following information about the supported organizations. (See page 6 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

14 🗌 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

Page 2

Schedule A	(Form	990 c	or 990-E	EZ) 2005

 Part IV-A
 Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

 Calendar year (or fiscal year beginning in)
 ▶
 (a) 2004
 (b) 2003
 (c) 2002
 (d) 2001
 (e) Total

	: You may use the worksheet in the instructions						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 200	1	(e) Total
15	Gifts, grants, and contributions received. (Do						
	not include unusual grants. See line 28.).	27,586	14,888	3,133		0	45,607
16	Membership fees received	0	0	0		0	0
17	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	0
18	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.	69	21	0		0	90
19	Net income from unrelated business activities not included in line 18,	0	0	0		0	0
20	Tax revenues levied for the organization's benefit and either paid to it or expended on						
	its behalf	0	0	0		0	0
21	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	0
22	Other income. Attach a schedule. Do not	0	0	0		•	•
00	include gain or (loss) from sale of capital assets	0	0	0		0	0
23	Total of lines 15 through 22	27,655	14,909	3,133		0	45,697
24	Line 23 minus line 17	27,655	14,909	3,133		0	45,697
	Enter 1% of line 23	277	149	31		0	
25							
25 26	Organizations described on lines 10 or 11:				►	26a	
26		a Enter 2% of a ne of and amount ation) whose total	amount in colum contributed by e I gifts for 2001 th	n (e), line 24 each person (othe rough 2004 exce	er than a eded the	26a 26b	
26 b	Organizations described on lines 10 or 11: Prepare a list for your records to show the nam governmental unit or publicly supported organiz	a Enter 2% of a ne of and amount ation) whose total th your return. En	amount in colum contributed by e I gifts for 2001 th ater the total of all	n (e), line 24 each person (othe rough 2004 exce these excess am	er than a eded the ounts ►		
26 b c	Organizations described on lines 10 or 11: Prepare a list for your records to show the nam governmental unit or publicly supported organiz amount shown in line 26a. Do not file this list wi Total support for section 509(a)(1) test: Enter lin Add: Amounts from column (e) for lines: 18	a Enter 2% of a ne of and amount ation) whose total th your return. En ne 24, column (e)	amount in colum contributed by e l gifts for 2001 th tter the total of all 19	n (e), line 24 each person (othe rough 2004 exce these excess am	er than a eded the ounts ►	26b 26c	
26 b c d	Organizations described on lines 10 or 11: Prepare a list for your records to show the nam governmental unit or publicly supported organiz amount shown in line 26a. Do not file this list wi Total support for section 509(a)(1) test: Enter lin Add: Amounts from column (e) for lines: 18 22	a Enter 2% of a me of and amount ation) whose total th your return. En me 24, column (e)	amount in colum contributed by e l gifts for 2001 th iter the total of all 19 26b	n (e), line 24 each person (othe rough 2004 exce these excess am 	er than a eded the ounts ► ►	26b 26c 26d	
26 b c d	Organizations described on lines 10 or 11: Prepare a list for your records to show the nam governmental unit or publicly supported organiz amount shown in line 26a. Do not file this list wi Total support for section 509(a)(1) test: Enter lin Add: Amounts from column (e) for lines: 18 22 Public support (line 26c minus line 26d total)	a Enter 2% of a ne of and amount ation) whose total th your return. En ne 24, column (e)	amount in colum contributed by e l gifts for 2001 th iter the total of all 19 26b	n (e), line 24 each person (othe rough 2004 exce these excess am 	er than a eded the ounts ► ►	26b 26c 26d 26e	%
26 b c d e	Organizations described on lines 10 or 11: Prepare a list for your records to show the nam governmental unit or publicly supported organiz amount shown in line 26a. Do not file this list wi Total support for section 509(a)(1) test: Enter lin Add: Amounts from column (e) for lines: 18 22 Public support (line 26c minus line 26d total) Public support percentage (line 26e (numera Organizations described on line 12: a Fo person," prepare a list for your records to show to Do not file this list with your return. Enter the	a Enter 2% of a ne of and amount ation) whose total th your return. En ne 24, column (e) tor) divided by lin r amounts include the name of, and t e sum of such am	amount in colum contributed by e l gifts for 2001 th iter the total of all 19 26b ne 26c (denomin ed in lines 15, 1 total amounts recounts for each y	n (e), line 24 each person (othe rough 2004 exce these excess am nator)) 6, and 17 that we reived in each year ear:	er than a eded the ounts > > > > > > > > >	26b 26c 26d 26e 26f d from d from	ualified person."
26 b c d e f	Organizations described on lines 10 or 11: Prepare a list for your records to show the nam governmental unit or publicly supported organiz amount shown in line 26a. Do not file this list wi Total support for section 509(a)(1) test: Enter lin Add: Amounts from column (e) for lines: 18 22 Public support (line 26c minus line 26d total) Public support percentage (line 26e (numera Organizations described on line 12: a Fo person," prepare a list for your records to show to	a Enter 2% of a ne of and amount ation) whose total th your return. En ne 24, column (e) tor) divided by lin r amounts include the name of, and t e sum of such am	amount in colum contributed by e l gifts for 2001 th iter the total of all 19 26b ne 26c (denomin ed in lines 15, 1 total amounts recounts for each y	n (e), line 24 each person (othe rough 2004 exce these excess am nator)) 6, and 17 that we reived in each year ear:	er than a eded the ounts > > > > > > > > >	26b 26c 26d 26e 26f d from d from	n a "disqualified Jualified person."
26 b c d e f 27	Organizations described on lines 10 or 11: Prepare a list for your records to show the nam governmental unit or publicly supported organiz amount shown in line 26a. Do not file this list wi Total support for section 509(a)(1) test: Enter lin Add: Amounts from column (e) for lines: 18 22 Public support (line 26c minus line 26d total) Public support percentage (line 26e (numera Organizations described on line 12: a Fo person," prepare a list for your records to show to Do not file this list with your return. Enter the	a Enter 2% of a ne of and amount ation) whose total th your return. En ne 24, column (e) tor) divided by lin r amounts include the name of, and t a sum of such am 0 red from each pers year, that was more 5 through 11b, as w the larger amount	amount in colum contributed by e I gifts for 2001 th iter the total of all 19	n (e), line 24 each person (other rough 2004 exce these excess am 	er than a eded the ounts 	26b 26c 26d 26e 26f d from h "diso a list for r the ye return differe	n a "disqualified jualified person." 0 or your records to ear or (2) \$5,000. . After computing nnces (the excess
26 b c d e f 27 b	Organizations described on lines 10 or 11: Prepare a list for your records to show the name governmental unit or publicly supported organized amount shown in line 26a. Do not file this list wi Total support for section 509(a)(1) test: Enter line Add: Amounts from column (e) for lines: 18 22 Public support (line 26c minus line 26d total) Public support percentage (line 26e (numerational Organizations described on line 12: a For person," prepare a list for your records to show to Do not file this list with your return. Enter the (2004)	a Enter 2% of a ne of and amount ation) whose total th your return. En ne 24, column (e) tor) divided by lin r amounts include the name of, and t e sum of such am 0 ved from each pers year, that was more through 11b, as w the larger amount 0	amount in colum contributed by e I gifts for 2001 th ther the total of all 	n (e), line 24 each person (other rough 2004 exce these excess am 	er than a eded the ounts 	26b 26c 26d 26e 26f d from n "diso a list for r the ye return differe	n a "disqualified jualified person." 0 or your records to ear or (2) \$5,000. . After computing inces (the excess 0
26 b c d e f 27 b	Organizations described on lines 10 or 11: Prepare a list for your records to show the name governmental unit or publicly supported organiz amount shown in line 26a. Do not file this list wit Total support for section 509(a)(1) test: Enter line Add: Amounts from column (e) for lines: 18 22 Public support for section 509(a)(1) test: Enter line 26d total) Public support (line 26c minus line 26d total) Public support percentage (line 26e (numeration 2003) Organizations described on line 12: a For person," prepare a list for your records to show to Do not file this list with your return. Enter the for any amount included in line 17 that was received show the name of, and amount received for each your (linclude in the list organizations described in lines 5 the difference between the amount received and amounts) for each year: (2004) 0. (2003) Add: Amounts from column (e) for lines: 15 17 20 20	a Enter 2% of a ne of and amount ation) whose total th your return. En ne 24, column (e) tor) divided by lin r amounts include the name of, and t e sum of such am 0 red from each pers year, that was more through 11b, as w the larger amount 0	amount in colum contributed by e I gifts for 2001 th iter the total of all 19 26b 26b en 26c (denomine ed in lines 15, 1 total amounts recounts for each y . (2002) ion (other than "di e than the larger rell as individuals.) described in (1) o . (2002)	n (e), line 24 each person (other rough 2004 exce these excess am 	er than a eded the ounts vere receive ar from, eacl (2001) s"), prepare a on line 25 fo on st with your um of these 	26b 26c 26d 26e 26f d from different different 27c	n a "disqualified pualified person." 0 or your records to ear or (2) \$5,000. . After computing nnces (the excess 0 45,607
26 b c d e f 27 b c d	Organizations described on lines 10 or 11: Prepare a list for your records to show the name governmental unit or publicly supported organizal 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 22 Public support for section 509(a)(1) test: Enter line 26d total) Public support (line 26c minus line 26d total) Public support percentage (line 26e (numeration 2000) 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 (2004) 0 (2003) For any amount included in line 17 that was received for each year: (2004) 0 (2004) 0 (2004) 0 (2004) 0 (2004) 0 (2004) 0 (2004) 0 (2004) 0 (2004) 0 (2004) 0 (2004) 0 (2004) 0 (2004) 0 (2004) 0 (2004) 0 (2004) 0 (2004) 0 (2004) <	a Enter 2% of a ne of and amount ation) whose total th your return. En ne 24, column (e) tor) divided by lin r amounts include the name of, and t a sum of such am 0 red from each pers year, that was more through 11b, as w the larger amount 0 and line 27b total	amount in colum contributed by e I gifts for 2001 th iter the total of all 	n (e), line 24	er than a eded the ounts	26b 26c 26d 26e 26f d from d from d from a list for r the ye return differe 27c 27d	n a "disqualified pualified person." 0 or your records to ear or (2) \$5,000. . After computing ences (the excess 0 45,607 0
26 b c d e f 27 b c d e	Organizations described on lines 10 or 11: Prepare a list for your records to show the name governmental unit or publicly supported organiz amount shown in line 26a. Do not file this list wit Total support for section 509(a)(1) test: Enter line Add: Amounts from column (e) for lines: 18 22 Public support for section 509(a)(1) test: Enter line 26d total) Public support (line 26c minus line 26d total) Public support percentage (line 26e (numeration 2003) Organizations described on line 12: a For person," prepare a list for your records to show to Do not file this list with your return. Enter the (2004) 0 (2003) For any amount included in line 17 that was received for each year: (2004) 0 (2004) 0 (2004) 0 (2004) 0 (2004) 0 (2004) 0 (2004) 0 (2004) 0 (2004) 0 (2004) 0 (2004) 0 (2004) 0 (2004) 0 (2004) 0 (2004) 0 (2004) 0 (2004) 0 (2004) 0	a Enter 2% of a ne of and amount ation) whose total th your return. En ne 24, column (e) tor) divided by lin r amounts include the name of, and t a sum of such am 0 red from each pers year, that was more through 11b, as w the larger amount 0 and line 27b total tal)	amount in colum contributed by e I gifts for 2001 th iter the total of all 	n (e), line 24 each person (other rough 2004 exce these excess am 	er than a eded the ounts 	26b 26c 26d 26e 26f d from different different 27c	n a "disqualified pualified person." 0 or your records to ear or (2) \$5,000. . After computing nnces (the excess 0 45,607
26 b c d e f 27 b c d e f	Organizations described on lines 10 or 11: Prepare a list for your records to show the name governmental unit or publicly supported organized amount shown in line 26a. Do not file this list wit Total support for section 509(a)(1) test: Enter line Add: Amounts from column (e) for lines: 18 22 Public support (line 26c minus line 26d total) Public support percentage (line 26e (numerational) Public support intellist organizations described in lines 5 Public support for section 509(a)(2) test: Enter at 17 Public support for section 509(a)(2) test: Enter at 18 Public support for section 509(a)(2) test: Enter at 18 Public support for section 509(a)(2) test: Enter at 18 (10) Public support for section 509(a)(2) test: Enter at 18 (10) Public support for section 509(a)(2) test: Enter at 18 (10) Public support for section 509(a)(2) test: Enter at 18 (10) Public support for section 509(a)(2) test: Enter at 18 (10) Public support for section 509(a)(2) test: Enter at 18 (10) Public support for section 509(a)(2) test: Enter at 18 (10) Public support for section 509(a)(2) test: Enter at 18 (10) Public support for section 509(a)(2) test: Enter at 18 (10) Public support for section 509(a)(2) test: Enter at 18 (10) Public support for	a Enter 2% of a ne of and amount ation) whose total th your return. En ne 24, column (e) tor) divided by lin r amounts include the name of, and t e sum of such am 0 red from each pers year, that was more i through 11b, as w the larger amount 0 0 0 0 	amount in colum contributed by e I gifts for 2001 th iter the total of all 19 26b ne 26c (denomin ed in lines 15, 1 otal amounts rec ounts for each y . (2002) con (other than "di e than the larger e than the larger (2002) described in (1) of . (2002) described in (1) of . (2002) 3, column (e) .	n (e), line 24 each person (other rough 2004 exce these excess am 	er than a eded the ounts 	26b26c26d26e26fd from n "disconder difference"a list for r the yor return difference27c27c27d27e	n a "disqualified pualified person." 0 or your records to ear or (2) \$5,000. After computing ences (the excess 0 45,607 0 45,607
26 b c d e f 27 b c d e f g	Organizations described on lines 10 or 11: Prepare a list for your records to show the name governmental unit or publicly supported organized amount shown in line 26a. Do not file this list wit Total support for section 509(a)(1) test: Enter line Add: Amounts from column (e) for lines: 18 22 Public support (line 26c minus line 26d total) Public support percentage (line 26e (numerational) Public support percentage (line 12: a Foold) For any amount included in line 12: a Foold (2003) For any amount included in line 17 that was received for each year: (2004)	a Enter 2% of a ne of and amount ation) whose total th your return. En ne 24, column (e) tor) divided by lin r amounts include the name of, and t e sum of such am 0 red from each pers year, that was more through 11b, as w the larger amount 0 0 0 	amount in colum contributed by e I gifts for 2001 th iter the total of all 	n (e), line 24 each person (other rough 2004 exce these excess am 	er than a eded the ounts 	26b26c26d26e26fd fromd fro	n a "disqualified pualified person." 0 or your records to ear or (2) \$5,000. After computing ences (the excess 0 45,607 0 45,607 100 %
26 b c d e f 27 b c d e f	Organizations described on lines 10 or 11: Prepare a list for your records to show the name governmental unit or publicly supported organized amount shown in line 26a. Do not file this list wit Total support for section 509(a)(1) test: Enter line Add: Amounts from column (e) for lines: 18 22 Public support (line 26c minus line 26d total) Public support percentage (line 26e (numerational) Public support intellist organizations described in lines 5 Public support for section 509(a)(2) test: Enter at 17 Public support for section 509(a)(2) test: Enter at 18 Public support for section 509(a)(2) test: Enter at 18 Public support for section 509(a)(2) test: Enter at 18 (10) Public support for section 509(a)(2) test: Enter at 18 (10) Public support for section 509(a)(2) test: Enter at 18 (10) Public support for section 509(a)(2) test: Enter at 18 (10) Public support for section 509(a)(2) test: Enter at 18 (10) Public support for section 509(a)(2) test: Enter at 18 (10) Public support for section 509(a)(2) test: Enter at 18 (10) Public support for section 509(a)(2) test: Enter at 18 (10) Public support for section 509(a)(2) test: Enter at 18 (10) Public support for section 509(a)(2) test: Enter at 18 (10) Public support for	a Enter 2% of a ne of and amount ation) whose total th your return. En ne 24, column (e) tor) divided by lin r amounts include the name of, and t e sum of such am 0 red from each pers year, that was more through 11b, as w the larger amount 0 and line 27b total tal) mount from line 2 tor) divided by lin mn (e) (numerato	amount in colum contributed by e I gifts for 2001 th inter the total of all 	n (e), line 24	er than a eded the ounts 	26b 26c 26e 26f 26f d from d from differe 27c 27c 27d 27e 27g 27g 27h	n a "disqualified pualified person." 0 or your records to ear or (2) \$5,000. After computing inces (the excess 0 45,607 0 45,607 100 % 0 %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.

Sche	dule A (Form 990 or 990-EZ) 2005		P	Page 4
Pa	rt VPrivate School Questionnaire (See page 7 of the instructions.)(To be completed ONLY by schools that checked the box on line 6 in Part IV)		1	1
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,	30		
31	programs, and scholarships?	31		
	that makes the policy known to all parts of the general community it serves?			
32 a	Does the organization maintain the following: Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c d	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c 32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c 33d		
d e	Scholarships or other financial assistance? .	33e		
f		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		

Schedule A (Form 990 or 990-EZ) 2005

Sche	dule A (Form 990 or 990-EZ) 2005			Page 5
Pa	rt VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of (To be completed ONLY by an eligible organization that filed Form 5		instructions.)	
Cheo	ck ▶ a 🔲 if the organization belongs to an affiliated group. Check ▶ b 🗌 if you checked	" a " an	d "limited control"	provisions apply.
	Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37	Total lobbying expenditures to influence a legislative body (direct lobbying).	37		
38	Total lobbying expenditures (add lines 36 and 37)	38		
39	Other exempt purpose expenditures	39		
40	Total exempt purpose expenditures (add lines 38 and 39)	40		
41	Lobbying nontaxable amount. Enter the amount from the following table-			
	If the amount on line 40 is— The lobbying nontaxable amount is—			
	Not over \$500,000			
	Over \$500,000 but not over \$1,000,000 . \$100,000 plus 15% of the excess over \$500,000			
	Over \$1,000,000 but not over \$1,500,000 . \$175,000 plus 10% of the excess over \$1,000,000	41		
	Over \$1,500,000 but not over \$17,000,000. \$225,000 plus 5% of the excess over \$1,500,000			
	Over \$17,000,000			
42	Grassroots nontaxable amount (enter 25% of line 41).	42		
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

		Lobbying Expenditures During 4-Year Averaging Period					
	Calendar year (or	(a)	(b)	(c)	(d)	(e)	
	fiscal year beginning in) ►	2005	2004	2003	2002	Total	
45	Lobbying nontaxable amount						
46	Lobbying ceiling amount (150% of line 45(e))						
47	Total lobbying expenditures						
48	Grassroots nontaxable amount						
49	Grassroots ceiling amount (150% of line 48(e))						
50	Grassroots lobbying expenditures						
Ра	rt VI-B Lobbying Activity by Nonelec (For reporting only by organiza	•		Part VI-A) (See	page 11 of the	e instructio	

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			No	Amount
			~	
	Paid staff or management (Include compensation in expenses reported on lines c through h.).		~	
с	Media advertisements		~	
	Mailings to members, legislators, or the public		~	
	Publications, or published or broadcast statements		~	
	Grants to other organizations for lobbying purposes		~	
a			~	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		~	
i	Total lobbying expenditures (Add lines c through h.)			0
	If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activ			

Schedule A (Form 990 or 990-EZ) 2005

Sche	dule A	(Form 990 or 990-EZ)	2005				F	age 6
Par	t VI			ransfers To and Transa e page 12 of the instruction	ctions and Relationships With	Nond	harit	able
51		the reporting orga	nization directly or	indirectly engage in any of the	following with any other organization d on 527, relating to political organizations		d in se	ection
		()		()()		5 {	Yes	No
а				to a noncharitable exempt orga		51a(i)	103	v
								~
						a(ii)		
b		er transactions:				h (i)		~
	•••	0		noncharitable exempt organizat		b(i)		~
	• •			itable exempt organization		b(ii)		~
				ner assets		b(iii)		~
						b(iv)		~
						b(v)		~
				ship or fundraising solicitations		b(vi)		~
c d	lf th goo	e answer to any of ds, other assets, o	the above is "Yes," or services given by	/ the reporting organization. If the	. Column (b) should always show the fair ne organization received less than fair r			of the
			rrangement, show ir	n column (d) the value of the good	s, other assets, or services received:			
;) Line		(b) Amount involved	Name of none	(c) charitable exempt organization	(d) Description of transfers, transactions, and sl	naring arr	angeme	ents
	des	cribed in section 5		other than section 501(c)(3)) or i	e or more tax-exempt organizations n section 527? ►	🗌 Yes	; 🗹	No
		(a)	.	(b)	(c)			
		Name of organiz	zation	Type of organization	Description of relationshi	р		

Statement 1 Form: 990 Page: 1 Part: I Question: 9

Schedule of Special Events						
Description	Gross Receipts	Contributions	Gross Revenue	Direct Costs	Net Income (Loss)	
Clothing Sale at Flea Market	\$205.00	\$0.00	\$205.00	\$30.00	\$175.00	
Total:	\$205.00	\$0.00	\$205.00	\$30.00	\$175.00	

Statement 2 Form: 990 Page: 2 Part: II Question: 22

Date:

A LITTLE HELP 04-3726769

Grants and Allocations

Name and Address:

Type: Number of individuals: Grant Amount Classification Relationship:

Cash \$1,100.00 Scholarship for vocational training none 1 recipient Karte Char Kabul, Kabul xx Afghanistan

Description of Property:

How Determined

Book Value of Property: FMV of Property:

Total Grants:

\$1,100.00

Statement 3 Form: 990 Page: 2 Part: II Question: 43

A LITTLE HELP 04-3726769

Attachment listing other expenses for Part II

Description	Total:	Pgm Services	Mgt and General	Fundrasing
Bank Charges	\$125.00	\$0.00	\$125.00	\$0.00
Computer Software	\$299.00	\$0.00	\$299.00	\$0.00
Paypal Charges	\$59.00	\$0.00	\$0.00	\$59.00
Program Service Accomplishments	\$299,668.00	\$299,668.00	\$0.00	\$0.00
Total:	\$300,151.00	\$299,668.00	\$424.00	\$59.00

Statement 4 Form: 990 Page: 3 Part: III Question:

	Program Services	
Achievement		Pgm. Svc. Exp
0 , , , 0	ams, General/Other: Support the operation of the Kabul Beauty School. opportunities for women in Afghanistan. (12 months) \$0.00	\$34,013.00
Patient Care, General/Other: Begi	n contruction of Afshar hospital. (1 building)	\$174,336.00
Grants and Allocations:	\$0.00	
0	Other: Wardak Province infrastructure improvements - improvements to bir, plumbing, pharmacy and womens center (5 projects) \$0.00	\$48,250.00
Water Works Programs: Wells cor	structed in Dashti Barchi and Indira Ghandi hospital (2 wells)	\$32,375.00
Grants and Allocations:	\$0.00	
Health Care Programs, General/O	ther: Macroyan Clinic - doctor salary and medical supplies (1 physician)	\$3,750.00
Grants and Allocations:	\$0.00	
video production and school visits		\$5,309.00
Grants and Allocations:	\$0.00 reading pads in Dari and Pashtu (50 pads)	\$1,635.00
		φ1,055.00
Grants and Allocations:	\$0.00	
Vocational Education: Scholarship for Ariana airlines (1 student)	to assist with expenses for woman attending flight attendant training	\$1,100.00
Grants and Allocations:	\$1,100.00	
	Total:	\$300,768.00

Statement 5 Form: 990 Page: 5 Part: V Question:

Name and Address	Title	Title Hrs Comp. Benefits			
Name and Address	Title	nrs	Comp.	Benefits	Expenses
Rosemary Stasek 112 Brenton Ct. Mountain View, CA 94043 United States	Chairman	5	\$0.00	\$0.00	\$0.00
Lauri Lerner 112 Brenton Ct. Mountain View, CA 94043 United States	Vice Chair	0	\$0.00	\$0.00	\$0.00
Maria Matheny 112 Brenton Ct. Mountain View, CA 94043 United States	Treasurer	0	\$0.00	\$0.00	\$0.00
TOTALS			\$0.00	\$0.00	\$0.00

Statement 6 Form: 990

Page: 6 Part: V Question: 75b

A LITTLE HELP 04-3726769

Relationships

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

Statement 7 Form: 990 Page: 7 Part: VI Question: 91b A LITTLE HELP 04-3726769

Foreign Accounts

Foreign Account List

Afghanistan

Statement 8 Form: 990 Page: 7 Part: VI Question: 91c

A LITTLE HELP 04-3726769

Foreign Offices

Foreign Office List

Afghanistan

Statement 9		A LITTLE HELP	
Form: 990		04-3726769	
Page: 8			
Part: VIII			
Question:			
	Relationship of Activities		
Line No	Relationship of Activities to the Accomplishment of Exempt Purposes		
95	Interest from checking account		
101	Proceeds from sale of donated items at flea market		

Statement 10 Form: 990 Page: None Part: None Question: None A LITTLE HELP 04-3726769

Reasonable Cause Explanation

Reasonable Cause Explanation

All programs are in Afghanistan and all key reporting and participating persons currently live in Afghanistan. It takes great time and effort to collect and compile complete information along with necessary translations.

Statement 11 Form: Schedule A Page: 2 Part: III Question: 3 A LITTLE HELP 04-3726769

Explanation of Grant Determination

Explanation of grant qualifications

Individuals are interviewed and vocational training attendance is verified.

Schedule B - Part I

Contributors

A LITTLE HELP	04-3726769					
Organization Type:						
Filers of:						
Form 990 or 990-EZ	 X 501(c)(3) Organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 Political Organization 					
Form 990PF	 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation 					
, ,	tion is covered by the General Rule or a Special Rule. Note: only section 501(c)(7), (8), (10) organizations can check eral Rule and a Special Rule see instructions.)					
	is filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one nplete Parts I and II.)					
Special Rules						
1.509(a)-3/1.17	1(c)(3) organization filing Form 990, or Form 990-EZ, that met the 3313 % support test under Regulations sections DA-9(e) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount e forms. (Complete Parts I and II.)					
aggregate contr	For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)					
For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the yea some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the Parts unless the General Rule applies to this organization because it received nonexclusivel religious, charitable, etc., contributions of \$5,000 or more during the year.)						
. e. g. e de, onarra	\$0.00					

-

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B - Part I Contributors

A LITTLE HELP

					04-3/20/09
Name and Address		Contribution	Туре		
1	Waterford Foundation	\$232,000.00	Individual	Yes	
	1396 West Herndon, Suite 101		Payroll	No	
	Fresno, CA 93711		Noncash	No	
	United States				
2	Direct Relief International	\$15,487.00	Individual	Yes	
	27 S, La Patera Lane		Payroll	No	
	Santa Barbara, CA 93117		Noncash	No	
	United States				

04-3726769