990

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

OMB No. 1545-0047

Α	For the	2005 calendar year, or tax year beginning 7/01/05, and ending 6/30/06			
В	Check if Address	applicable: Please C Name of organization use IRS change label or	D		rer identification no. 7306337
	Name ch	ange print or MEET EACH NEED WITH DIGNITY	E		one number
П	Initial ret	type. Number and street (or P.O. box if mail is not delivered to street address) Room/suite			-896-0246
Ħ	Final ret	Specific 13460 VAN NOIS BOOLEVARD	F		ting method: Cash
=		Instruct City of town, state of country, and ZIF + 4	X	Accrual	Other (specify)
$\sqsubseteq$	Amende		<u> </u>		
Ш	Applicati	on pending  - Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable  - H and I are not applicable to se  - trusts must attach a completed Schedule A (Form 990 or 990-EZ).  - H(a) Is this a group return for		-	nizations.  Yes X No
<u>G</u>	Websit	e: WWW.MENDPOVERTY.ORG H(b) If "Yes," enter number of	faffill	ates 🕨	
J		cation type H(c) Are all affiliates included	?		Yes No
	(check	only one) ▶ X 501(c) ( 3 ) < (insert no.) 4947(a)(1) or 527 (if "No," attach a list. Ser	e Inst	r.)	
K	Check h	ere Fig. 16 the organization's gross receipts are normally not more than \$25,000. The H(d) Is this a separate return	filed	by an	
	organiza	ion need not file a return with the IRS; but if the organization chooses to file a return, be organization covered by	a gro	up ruling	7 Yes No
	sure to f	e a complete return. Some states require a complete return.	ımbe	r <b>⊳</b>	
_		M Check ▶ ☐ if the	e org	anizatio	n is not required
L	Gross r	eceipts: Add lines 6b, 8b, 9b, and 10b to line 12   9,044,419 to attach Sch. B (For			EZ, or 990-PF).
	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instru	<u>ictio</u>	ns.)	
	1	Contributions, gifts, grants, and similar amounts received:			
	а	Direct public support 1a 8,963,288	3		
	b	Indirect public support 1b	_		
	С	Government contributions (grants) 1c			
	d	Government contributions (grants)  Total (add lines 1a through 1c) (cash \$ 3,171,560 noncash \$ 5,791,728 )	1	d	8,963,288
	2	Program service revenue including government fees and contracts (from Part VII, line 93)		2	
	3	Membership dues and assessments		3	
	4	Interest on savings and temporary cash investments		4	
	5	Dividends and interest from securities		5	
	6a	Gross rents 6a			
	b	Less: rental expenses 6b	7		
	С	Net rental income or (loss) (subtract line 6b from line 6a)		ic	
	7	Other investment income (describe )		7	
Revenue	8a	Gross amount from sales of assets other (A) Securities (B) Other	-		
ž.		than inventory 8a	∜		
ď	ь	Less: cost or other basis and sales expenses 8b	$\dashv $		
	C	Gain or (loss) (attach schedule) 8c			
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))		3d	
	9	Special events and activities (attach schedule). If any amount is from gaming, check her			•
	a	Gross revenue (not including \$ of			
	"	01 13	1 🎆		
	b	Less: direct expenses other than fundraising expenses  9a  01,13	- ∭		
	C	Net income or (loss) from special events (subtract line 9b from line 9a)		)c	81,131
	10a	Gross sales of inventory, less returns and allowances 10a	<u></u>		,
	b	and the second s			
	C	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	_ **** 4:	0c	
	11			11	
	12	Other revenue (from Part VII, line 103)  Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)		2	9,044,419
	13	Program services (from line 44, column /R))	+,	3	6,702,473
8	14	Program services (from line 44, column (B)) Management and general (from line 44, column (C))	Η,	14	123,994
Expenses	15	Fundraising (from line 44, column (D))	-	15	106,999
X	16	Fundraising (from line 44, column (D))  Payments to affiliates (attach schedule)	<b>—</b>	16	200,000
ш	17	Payments to affiliates (attach schedule)  Total expenses (add lines 16 and 44 column (A))	Η.	17	6,933,466
<b>(</b> 0		Total expenses (add lines 16 and 44, column (A))	+	18	2,110,953
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	$\vdash$		5,971,403
ĄS	19	Net assets or fund balances at beginning of year (from line 73, column (A))	H	19	3,311,403
ě	20	Other changes in net assets or fund balances (attach explanation)		20	0 000 350
	<u> </u>	Net assets or fund balances at end of year (combine lines 18, 19, and 20) y Act and Paperwork Reduction Act Notice, see the separate		21	8,082,356
ins DA	structio	S.			Form <b>990</b> (2005)
	4.7	·			

Statement of

	Functional Expenses organizations ar	nd sec	tion 4947(a)(1) nonexe	mpt charitable trusts b	ut optional for others. (	(See the instructions.)
	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
					a, a gotto.	
22	Grants and allocations (attach schedule) (cash \$ cash \$ )	1		•		
		22		•		
••	If this amount includes foreign grants, check here					
23	Specific assistance to Individuals (attach					
	schedule)	23				
24	Benefits paid to or for members (attach	۱				
	schedule)	24	70 420	10:00	10 600	20.015
25	Compensation of officers, directors, etc.	25	78,430	19,607		39,215
26	Other salaries and wages	26	389,622	323,987	39,381	26,254
27	Pension plan contributions	27				
28	Other employee benefits	28	27,410	19,398		4,166
29	Payroll taxes	29	41,660	29,400	5,885	6,375
30	Professional fundraising fees	30				
31	Accounting fees	31				
32	Legal fees	32				
33	Supplies	33				
34	Telephone	34				
35	Postage and shipping	35	11,681	7,937	244	3,500
36	Occupancy	36				
37	Equipment rental and maintenance	37				
38	Printing and publications	38	5,333	1,083	1,282	2,968
39	Travel	39				
40	Conferences, conventions, and meetings	40				
	Interest	41				
42	Depreciation, depletion, etc. (attach schedule)	42				
	Other expenses not covered above (itemize):					
	See Statement 1	43a	6,379,330	6,301,061	53,748	24,521
	·	43b				
	<b>:</b>	43c				
	1	43d				
		43e				
f	) 	43f				
•		43g				
	Total functional expenses. Add lines 22	. 439				
-1-1	•	ľ				
	through 43. (Organizations completing columns (B)-(D), carry these totals to lines					
			6 022 466	6 702 473	122 004	106 000
	13-15)	44	1 0,533,400	6,702,473	123,994	106,999
	int Costs. Check ▶ ☐ if you are following SOP 98-2.					<b>.</b> □ v. 551
	e any joint costs from a combined educational campaign an	a tund				Yes X No
	Yes," enter (i) the aggregate amount of these joint costs\$			unt allocated to Program s		
<u>(iii)</u>	) the amount allocated to Management and generaf		; and (iv) the amo	unt allocated to Fundraisi	ng\$	

## 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 informations.

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.

What is the organization's primary exempt purpose?  CHARITABLE			Program Service Expenses
All organizations must describe their exempt purpose of clients served, publications issued, etc. Discuss act	hievements that are	e not measurable. (Section 501(c)(3) and (4)	(Required for 501(c)(3) & (4) orgs., & 4947(a)(1) trusts; but optional for
organizations and 4947(a)(1) nonexempt charitable tru	ists must also ente	er the amount of grants and allocations to others.)	others.)
a		• • • • • • • • • • • • • • • • • • • •	
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		• • • • • • • • • • • • • • • • • • • •	
(Grants and allocations \$	)	If this amount includes foreign grants, check here	
b			
***************************************			·
***************************************			
***************************************		·	
		***************************************	
(Grants and allocations \$	)	If this amount includes foreign grants, check here	
c			
	************	***************************************	
***************************************			
(**************************************			
	.,	***************************************	
(Grants and allocations \$	)	if this amount includes foreign grants, check here	
d			
		***************************************	1
***************************************		***************************************	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,	***************************************	
		***************************************	
(Grants and allocations \$	)	If this amount includes foreign grants, check here	
. •	e Stmt 2		
(Grants and allocations \$	)	If this amount includes foreign grants, check here	6,702,473
f Total of Program Service Expenses (should equ	ıal line 44, column	(B), Program services)	6,702,473
			Form <b>990</b> (2005

	art 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	9,065	45	122,950
	46	Savings and temporary cash investments	582,719	46	
	47a	Accounts receivable 47a  Less: allowance for doubtful accounts 47b			
	"	Less, allowance for condition accounts		47c	
	48a	Pledges receivable 48a 1,360	000		•
	b	Less: allowance for doubtful accounts 48b	2,291,750	490	1,360,000
	49			49	1,300,000
	50	Grants receivable  Receivables from officers, directors, trustees, and key employees	,	45	
				50	
	51a	(attach schedule) Other notes and loans receivable (attach		30	
	J	· · · · · · · · · · · · · · · · · · ·			
Assets	b	schedule) 51a  Less: allowance for doubtful accounts 51b	<del></del>	51c	
	52	Inventories for sale or use	639,376		443,567
	53	Prepaid expenses and deferred charges	10,187		443,307
	54	Investments-securities		54	
	55a	Investments-land, buildings, and	1 1 1 1 1	34	
		equipment: basis 55a 3,172	.362		
	b	Less: accumulated depreciation (attach	, = = =		
			,769 2,981,450	55c	2,453,593
	56	Investments-other (attach schedule)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	56	
	57a	Land, buildings, and equipment: basis 57a			
	ь	Less: accumulated depreciation (attach			
		schedule) 57b	į	57c	
	58	Other assets (describe ► See Statement 4	) 8,983		4,204,936
	59	Total consts /squat squal line 74\ Add lines 45 theory 50	6 522 520	_	0 505 046
	60	Total assets (must equal line 74). Add lines 45 through 58		59	8,585,046 257,899
	61	Grants payable		61	231,099
	62	Deferred revenue	,	62	
m	63	Loans from officers, directors, trustees, and key employees (attach		W2	
fies		schedule)		63	
Liabilities	64a	Tax-exempt bond liabilities (attach schedule)		64a	
Ϊ:	b	Manhanana and allege sales manuals (attack ask ask ask as		64b	
	65	Other liabilities (describe  See Statement 5	500,000		244,791
	66	Total liabilities. Add lines 60 through 65	552,127	66	502,690
	Orga	anizations that follow SFAS 117, check here X and complete lines			
		67 through 69 and lines 73 and 74.			
e S	67	Unrestricted	5,971,403	67	8,082,356
anc	68	Temporarily restricted		68	
Bal	69	Permanently restricted anizations that do not follow SFAS 117, check here ▶ ☐ and		69	
믿	Orga	anizations that do not follow SFAS 117, check here 🕨 🔲 and			
Ī		complete lines 70 through 74.			
Net Assets or Fund Balances	70	Capital stock, trust principal, or current funds		70	
šets	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
Ass	72	Retained earnings, endowment, accumulated income, or other funds		72	********
Ę	73	Total net assets or fund balances (add lines 67 through 69 or lines			
		70 through 72;			
		column (A) must equal line 19; column (B) must equal line 21)	5,971,403		8,082,356
_	74	Total liabilities and net assets/fund balances. Add lines 66 and 73	6,523,530	74	8,585,046

00000000	Reconciliation of Revenue per Audited Fininstructions.)		With Revenue po	er Return (Se	Page 5 ee the
а	Total revenue, gains, and other support per audited financial statemen	its		a	9,044,419
b	Amounts included on line a but not on Part I, line 12:				
1	Net unrealized gains on investments	b1			
2	Donated services and use of facilities	b2			
3		b3			
4	Other (specify):				
	Add lines b1 through b4			. <u>b</u>	0.044.440
C	Subtract line b from line a		.,	. <u>c</u>	9,044,419
d	Amounts included on Part I, line 12, but not on line a:	11			
1	Investment expenses not included on Part I, line 6b			_	
2	Other (specify):				
e	Add lines d1 and d2  Total revenue (Part I, line 12). Add lines c and d		,	. d ▶ e	9,044,419
	art IV-B Reconciliation of Expenses per Audited F	inancial Statement	s With Expenses		<del></del>
a a	Total expenses and losses per audited financial statements				6,933,466
b	Amounts included on line a but not Part I, line 17:		*****************		
1	Donated services and use of facilities	b1			
2	Prior year adjustments reported on Part I, line 20	b2	•		
3	Losses reported on Part I, line 20	b3			
4	Other (specify):		***************************************		
		b4			
	Add lines b1 through b4		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.   b	6 033 466
C	Subtract line b from line a			. с	<u>6,933,466</u>
d	Amounts included on Part I, line 17, but not on line a:	11			
1	Investment expenses not included on Part I, line 6b				
2		1.0			
	Add lines d1 and d2	· · · · · · · · · · · · · · · · · · ·		d	
e	Total expenses (Part I, line 17). Add lines c and d			▶   e	6,933,466
P:	Current Officers, Directors, Trustees, and or key employee at any time during the year even if they			i.)	ctor, trustee,
	(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter	(D) Contrib, to employee benefit plans & deferred compensation plan	(E) Expense account and other allowances
	ee Statement 6				
	CO DUCCOMOTTO O				
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THE PROPERTY OF	990 (2005)					DIGNI		7306337		Page 6
75a b	meetings Are any officemployees contractors relationship	icers, direct listed in Sc listed in Sc listed in Sc s? If "Yes,"	of officers, ors, trustee hedule A, F hedule A, F attach a st	directors, s, or key e Part I, or hi Part II-A or atement th	and trustee employees ! ghest comp II-B, relate nat identifies mployees li	is permitted isted in Forr pensated pro d to each ot s the individuate	Key Employees ( to vote on organization m 990, Part V-A, or high ofessional and other ind her through family or bu uals and explains the re	business at board  23 lest compensated ependent isiness elationship(s)		75b X
	contractors tax exempt Note, Rela	listed in So or taxable, ted organiza	thedule A, F that are rel ations includ	Part II-A or ated to this de section	· II-B, receiv s organizati 509(a)(3) s	e compension through oupporting or	ofessional and other ind ation from any other org common supervision or ganizations. The relationship between	anizations, whether common control?		75c X
	organizatio including a Does the o	n and the o mounts paid rganization	ther organiz I to each in have a writ	zation(s), a dividual by ten conflic	and describe each relate t of interest	es the comp ed organizat policy?	ensation arrangements ion.		4.00.00.00.00.00.00.00.00.00.00.00.00.00	75d X
Pa	rt V-8	(If any for	ner officer, st that pers	director, tr	ustee, or ke	y employee	Key Employees 1 received compensatio f compensation or othe	n or other benefits (d	escribed below) during	
		(A	) Name and	address			(B) Loans and Advances	(C) Compensation	(D) Contrib. to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
N/2	<b>.</b>									
						**********				
			****							
		*******								
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					,					
P.	nt VI	Other In	formatio	n (See	the instr	ictions )		<del></del>	<u> </u>	Yes No
76 77	Did the org description Were any	panization e n of each ac changes ma	ngage in ar tivity ade in the o	ny activity rganizing	not previous or governin	sly reported	to the IRS? If "Yes," atf			76 X
78a	Did the org		ave unrelat	ed busine:	ss gross ind		000 or more during the y	ear covered by this	return?	78a X
b 79	If "Yes," ha Was there						traction during the year	? If "Yes," attach		78b
80a	a statements						ide or nationwide organ		• • • • • • • • • • • • • • • • • • • •	79 X
	common r If "Yes," e	nembership nter the nan	, governing ne of the or	bodies, tr ganization	ustees, office	cers, etc., to	any other exempt or no	onexempt organization		80a X
81a b	Enter direct	ct and indire	ect political	expenditu	es. (See lin		tions.)	81a		81b X
DAA	Pia me or	ganiiZatiON N	e ronn 11	ZUTUL 10	a uns year?			**************	<del> </del>	Form <b>990</b> (2005)

Form	990 (2005) MEET EACH NEED WITH DIGNITY 23-	7306337			F	Page 7
Pa	rt VI Other Information (continued)				Yes	
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		X
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.)	82b				
83a	Did the organization comply with the public inspection requirements for returns and exemption	n applications?		83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contribu		NT / TA	83b		
84a	Did the organization solicit any contributions or gifts that were not tax deductible?			84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such co	ontributions or				
	gifts were not tax deductible?		N/A	84b		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	,	A\N	85a		Г
b	Parallel and a second and the second		37 / X	85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the		,,			
	received a waiver for proxy tax owed for the prior year.	-				
С	Dues, assessments, and similar amounts from members	85c				
d	Section 162(e) lobbying and political expenditures	l neal				
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices					
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)					
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A	85g		
ħ	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amou					•
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditure					
	following tax year?		N/A	85h		İ
86	501(c)(7) orgs. Enter; a Initiation fees and capital contributions included on	* 1 7 1 1 * 7 1 * 1 * 1 * 1 * 1 * 1 * 1				
	line 12	86a				
b	Gross receipts, included on line 12, for public use of club facilities	86b				
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders					
b	Gross income from other sources. (Do not net amounts due or paid to other	.,,,,,		1		
	sources against amounts due or received from them.)	87b				
88	At any time during the year, did the organization own a 50% or greater interest in a taxable or	******				
	partnership, or an entity disregarded as separate from the organization under Regulations ser					
	and 301.7701-37 If "Yes," complete Part IX			88	X	
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year un	der:				
	section 4911 ▶ 0 ; section 4912 ▶ 0 ; section		0			
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit		, ,			
	during the year or did it become aware of an excess benefit transaction from a prior year? If "				ŀ	
	a statement explaining each transaction	*		89b		x
Ç	Enter: Amount of tax imposed on the organization managers or disqualified persons during the	ie year	,			
	sections 4912, 4955, and 4958		<b>&gt;</b>			0
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	····· <b>&gt;</b>			0
90a	List the states with which a copy of this return is filed ▶ CA	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
b	Number of employees employed in the pay period that includes March 12, 2005 (See			.,,,,,,		
	instructions.)		90b			17
91a	instructions.) The books are in care of ▶ ORGANIZATION STAFF	Telephone n	o. ▶ 818-	-896	-02	46
	13460 VAN NUYS BLVD.		,,	*****		
	Located at ▶ PACOIMA, CA	ZIP + 4 ▶	91331			
b	At any time during the calendar year, did the organization have an interest in or a signature of	r other authority				
	over a financial account in a foreign country (such as a bank account, securities account, or o				Yes	No
	account)?			91b		X
	If " Yes," enter the name of the foreign country ▶					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of					
	and Financial Accounts.	<del>-</del>				
	At any time during the calendar year, did the organization maintain an office outside of the U	nited States?		91c		X
c	TOURS OF THE STATE	.,				
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check i	here				<b>▶</b> [
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check is and enter the amount of tax-exempt interest received or accrued during the tax year	<u>,,,,,,,,,,,,,,</u>	▶ 92			
		· · · · · · · · · · · · · · · · · · ·				

Note: Enter gro	Analysis of Income-Pro	Juucing Activitie	s (See the	instructions.)			
	oss amounts unless otherwise			l business income	Excluded by	y sec. 512, 513, or 514	(E) Related or
indicated.			(A) Business code	(B) Amount	(C) Exclusion	( <b>D</b> ) Amount	Related or exempt function
93 Program	service revenue:		Dusiness code	Amount	code	Amount	income
b		<del></del>					
			<del></del>				
d e							
	/Medicald payments						
g Fees and	l contracts from government agen	cles			++		
94 Members	ship dues and assessments						,
95 Interest of	on savings and temporary cash inv	vestments					
96 Dividends	s and interest from securities						
97 Net renta	d income or (loss) from real estate	): 					
a debt-finai	nced property					*	
<b>b</b> not debt-	financed property						
98 Net renta	al income or (loss) from personal p	property					
99 Other inv	vestment income				1		
	loss) from sales of assets other th						81,131
101 Net incor 102 Gross pro	me or (loss) from special events ofit or (ioss) from sales of invento						01,101
102 Other rev	venue: a	' <sup>y</sup>		· · · · · · · · · · · · · · · · · · ·			
b							
		-					
е							
104 Subtotal	(add columns (B), (D), and (E))				0	0	
105 Total (ad	id line 104, columns (B), (D), and	(E))				., <b>&gt;</b>	81,131
Line No. ▼ N/A	Explain how each activity for wh of the organization's exempt pur	poses (other than by	providing fund	s for such purposes	ated importal	ny to the accomplis	Siffient
Part IX	Information Regarding				4941 /0		
	(A)	(B)	iaries and		ntities (Se	e the instruction	
partners	dress, and EIN of corporation, ship, or disregarded entity	(B) Percentage of ownership interest	N	Disregarded E (C) ature of activities		e the instructio (D) otal income	ons.) (E) End-of-year assets
partners	dress, and EIN of corporation.	(B) Percentage of	t N	(C)		(D)	(E) End-of-year
partners	dress, and EIN of corporation, ship, or disregarded entity	(B) Percentage of	N	(C)		(D)	(E) End-of-year
partners	dress, and EIN of corporation, ship, or disregarded entity	(B) Percentage of	t N	(C)		(D)	(E) End-of-year
See	dress, and EIN of corporation, ship, or disregarded entity  Statement 7	(B) Percentage of ownership interest	N % % %	(C) ature of activities		(D) otal income	(E) End-of-year assets
Part X (a) Did the (b) Did the	dress, and EIN of corporation, ship, or disregarded entity	Percentage of ownership interest  Transfers Asso ceive any funds, directly premiums, directly	% % % ciated with	(C) ature of activities  Personal Ben y, to pay premiums	efit Contra	otal income	(E) End-of-year assets  nstructions.)
Part X (a) Did the (b) Did the	Information Regarding e organization, during the year, re e organization, during the year, pa fes" to (b), file Form 8870 and For	Percentage of ownership interest  Transfers Asso ceive any funds, directly m 4720 (see instructional language)	N % % % % ciated with tity or indirectly, o ons).	(C) ature of activities  Personal Ben y, to pay premiums n a personal benefi	efit Contra on a persona t contract?	acts (See the interpretation of the best o	(E) End-of-year assets  nstructions.) Yes X No Yes X No
Part X (a) Did the (b) Did the Note: If "Y	Information Regarding e organization, during the year, re e organization, during the year, re e organization, during the year, pa fes" to (b), file Form 8870 and For	Percentage of ownership interest  Transfers Asso ceive any funds, directly m 4720 (see instructional language)	N % % % % ciated with tity or indirectly, o ons).	(C) ature of activities  Personal Ben y, to pay premiums n a personal benefi	efit Contra on a persona t contract?	acts (See the interpretation of the best o	(E) End-of-year assets  nstructions.) Yes X No Yes X No
Part X (a) Did the (b) Did the Note: If "Y	Information Regarding e organization, during the year, re e organization, during the year, pa fes" to (b), file Form 8870 and For Under penalties of perjury, I declare tand belief, it is true, correct, and com	Percentage of ownership interest  Transfers Asso ceive any funds, directly m 4720 (see instructional language)	N % % % % ciated with tity or indirectly, o ons).	(C) ature of activities  Personal Ben y, to pay premiums n a personal benefi	efit Contra on a persona t contract?	acts (See the interpretation of the best o	(E) End-of-year assets  nstructions.) Yes X No Yes X No
Part X (a) Did the (b) Did the Note: If "Y	Information Regarding e organization, during the year, re e organization, during the year, pa fes" to (b), file Form 8870 and For	Percentage of ownership interest  Transfers Asso ceive any funds, directly m 4720 (see instructional language)	N % % % % ciated with tity or indirectly, o ons).	(C) ature of activities  Personal Ben y, to pay premiums n a personal benefi	efit Contra on a persona t contract?	acts (See the interpretation of the best o	(E) End-of-year assets  nstructions.) Yes X No Yes X No
Part X (a) Did the (b) Did the Note: If "Y	Information Regarding e organization, during the year, re e organization, during the year, pe e organization, during the year, pe (es" to (b), file Form 8870 and For Under penalties of perjury, I declare t and belief, it is true, correct, and com-	Percentage of ownership interest  Transfers Asso ceive any funds, directly m 4720 (see instructional language)	N % % % % ciated with tity or indirectly, o ons).	(C) ature of activities  Personal Ben y, to pay premiums n a personal benefi	efit Contra on a persona t contract?	acts (See the interpretation of the best of which preparer has an interpretation of the best of which preparer has an interpretation of the best of which preparer has an interpretation of the best o	(E) End-of-year assets  nstructions.) Yes X No Yes X No
Part X (a) Did the (b) Did the Note: If "Y	Information Regarding e organization, during the year, re e organization, during the year, pe e organization, during the year, pe es" to (b), file Form 8870 and For Under penalties of perjury, I declare t and belief, it is true, correct, and corr  Signature of officer  Type or print name and title.	Percentage of ownership interest  Transfers Asso ceive any funds, directly m 4720 (see instructional language)	N % % % % ciated with tity or indirectly, o ons).	ature of activities  Personal Ben y, to pay premiums n a personal benefi accompanying sched officer) is based on all	efit Contra on a persona t contract?	acts (See the in the best of the preparer has an or Date	(E) End-of-year assets  nstructions.) Yes X No Yes X No
Part X (a) Did the (b) Did the Note: If "Y	Information Regarding e organization, during the year, re e organization, during the year, pa fes" to (b), file Form 8870 and For Under penalties of perjury, I declare t and belief, it is true, correct, and com Signature of officer Type or print name and title. Preparer's	Percentage of ownership interest  Transfers Asso ceive any funds, directly m 4720 (see instructional language)	N % % % % ciated with tity or indirectly, o ons).	ature of activities  Personal Ben y, to pay premiums n a personal benefi  accompanying sched officer) is based on all	efit Contra on a persona t contract?	acts (See the interpretation of the best of the best of the preparer has an arrespondent to the best of the preparer has an arrespondent to the best of the best o	(E) End-of-year assets  1structions.) Yes X No Yes X No Of my knowledge by knowledge.
Part X  (a) Did the Note: If "Y  Please Sign Here  Paid Preparer's	Information Regarding e organization, during the year, re e organization, during the year, pe e organization, during the year, pe e organization, during the year, pe es" to (b), file Form 8870 and For Under penalties of perjury, I declare t and belief, it is true, correct, and com Signature of officer Type or print name and title.  Preparer's signature	Percentage of ownership interest  Transfers Asso ceive any funds, directly my 4720 (see instructional I have examined this oplete. Declaration of prey	% % % % ciated with or indirectly, o ons). return, including parer (other than	ature of activities  Personal Ben y, to pay premiums n a personal benefi accompanying sched officer) is based on all	efit Contra on a persona t contract?	cts (See the interpretation of the best of	(E) End-of-year assets  Instructions.) Yes X No Yes X No Of my knowledge by knowledge.
Part X (a) Did the Note: If "Y  Please Sign Here	Information Regarding e organization, during the year, re e organization, during the year, pe e organization, during the year, pe e organization, during the year, pe fes" to (b), file Form 8870 and For Under penalties of perjury, I declare to and belief, it is true, correct, and correct  Signature of officer  Type or print name and title.  Preparer's signature  Firm's name (or yours	Percentage of ownership interest	% % % % ciated with city or indirectly, o ons). return, including parer (other than	ature of activities  Personal Ben y, to pay premiums n a personal benefi accompanying sched officer) is based on all	efit Contra on a persona t contract?	acts (See the interpretation of the best of the best of the preparer has an arrespondent to the best of the preparer has an arrespondent to the best of the best o	(E) End-of-year assets  1structions.) Yes X No Yes X No Of my knowledge by knowledge.