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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)

2008

Form 990 (2008)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. and ending For the 2008 calendar year, or tax year beginning D Employer identification number C Name of organization ASSOCIATION FOR BETTER LIVING & EDUCATION INTERNATIONAL perint or type. 95-4188814 Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Bes Specific natrus (323)960-3530 7065 HOLLYWOOD BLVD. 3,464,350. City or town, state or country, and ZIP + 4 G Gross receipts \$ 90028 LOS ANGELES, CA H(a) is this a group return F Name and address of principal officer: JOAN TOFIL Yes X No for affiliates? H(b) Are all affiliates included? Yes No SAME AS C ABOVE I Tax-exempt status: X 501(c) (3) **(**insert no.) 」4947(a)(1) or 〔 ff "No," attach a list. (see instructions) J Website: ➤ WWW.ABLE.ORG H(c) Group exemption number K Type of organization: X Corporation Association Other L Year of formation: 1989 M State of legal domicile; CA Trust Part | Summary Briefly describe the organization's mission or most significant activities: TO RID THE WORLD OF DRUG ABUSE Governance CRIME, ILLITERACY & IMMORALITY Check this box I if the organization discontinued its operations or disposed of more than 25% of its assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 Activities & 34 5 Total number of employees (Part V, line 2a) 00 ß Total number of volunteers (estimate if necessary) 0. 7a Total gross unrelated business revenue from Part VIII, line 12, column (C) 78 O. b Net unrelated business taxable income from Form 990-T, line 34 7h **Current Year** 357,807. 157,949. 554,220. Contributions and grants (Part VIII, line 1h) Revenue ,713,748. 295,926. Program service revenue (Part VIII, line 2g) 267,551. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 260,307. 413,292 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 3,240,027. 3,780,773. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 194,000 268,386. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 124.248 267,308. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 2,102,953 .807,164 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) ,421,201 342,858. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ,359,572 897,169. Revenue less expenses. Subtract line 18 from line 12 8 Beginning of Year **End of Year** 11,298,285 12,015,109. 20 Total assets (Part X, line 16) 1,809,165. ,989,510 21 Total flabilities (Part X, line 26) 308,775. 10,205,944. 22 Not assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block a of porjuny, I d Sign Here JOAN TOFIL TREASURER Type or print name and title Date Preparer's Pald employed signature Prepare EIN > Use Only yours if eath-employed eddress, and ZIP + 4 Phone no. 🕨 May the IRS discuss this return with the preparer shown above? (see instructions) Yes L No

THURSDAY

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

	III: Statement of Program Service Accomplishments (see instructions)
, 1	Briefly describe the organization's mission:
7	TO RID THE WORLD OF DRUG ABUSE, CRIME, ILLITERACY & IMMORALITY
_	
2	Did the organization undertake any significant program services during the year which were not listed on he prior Form 990 or 990-EZ?
	he prior Form 990 or 990-E2? LXINo 1 "Yes", describe these new services on Schedule O.
	r Yes", describe these new services on Schedule U. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
3	I "Yes", describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
	SEE SCHEDULE O FOR CONTINUATION(S)
4a	Code:) (Expenses \$ 1,078,431. including grants of \$ 261,253.) (Revenue \$ 2,554,220.
	ASSISTANCE TO SOCIAL BETTERMENT CORPORATIONS:
	ABLE INTERNATIONAL CARRIES OUT ITS MISSION TO REVERSE THE SOCIAL DECAY
	THAT THREATENS OUR SOCIETY BY PROMOTING AND ASSISTING THE FOLLOWING
	SOCIAL BETTERMENT PROGRAMS OF FOUR AFFILIATED TAX-EXEMPT CHARITABLE AND
	EDUCATIONAL ORGANIZATIONS:
	-LITERACY & EDUCATION, CONDUCTED BY APPLIED SCHOLASTICS INTERNATIONAL
	-MORALITY & VALUES, CONDUCTED BY THE WAY TO HAPPINESS FOUNDATION
	International
	-DRUG REHABILITATION & DRUG ABUSE PREVENTION, CONDUCTED BY NARCONON
	International
	-CRIMINAL REHABILITATION, CONDUCTED BY CRIMINON INTERNATIONAL
	ABLE ASSISTS THESE ORGANIZATIONS BY HELPING THEM DEVELOP NEW PROGRAMS
45	(Code:) (Expenses \$ 441,763. Including grants of \$ 7,133.) (Revenue \$ 243,694.) MATERIALS COMPILATIONS AND PUBLICATIONS
	ABLE PUBLISHED MATERIALS FOR BROAD DISTRIBUTION AND BOOKS AND OTHER
	MATERIALS FOR USE BY ITS AFFILIATED SOCIAL BETTERMENT ORGANIZATIONS.
	THESE INCLUDED THE REPRINTING OF THE TEN BOOKS COMPRISING THE NARCONON
	DRUG REHABILITATION PROGRAM FOR THE PEOPLE STARTING THE PROGRAM IN THE
	57 NARCONON DRUG REHAB CENTERS; APPLIED SCHOLASTICS ADVANCED
	COMMUNICATION SKILLS COURSE AND THE BASIC COURSE INSTRUCTOR COURSE FOR
	USE IN TRAINING TEACHERS AND OTHER EDUCATORS; MATERIALS FOR THE HOW TO
	LIVE AND WORK WITH CHILDREN COURSE; THE TRANSLATION OF THE WAY TO
	HAPPINESS COMMON SENSE GUIDE TO BETTER LIVING IN 19 LANGUAGES: HAUSA,
	BURMESE, YORUBA, KHMER, BELARUSIAN, THAI, KORBAN, URDU, SINHALESE,
	NEPALESE, GUJARATI, KYRGYZ, SERBIAN, (SEE SCHEDULE O FOR CONTINUATION),
40	(Code:) (Expenses \$ 569,512 · including grants of \$ 0 ·) (Revenue \$ 0 ·
	PUBLIC INFORMATION ON THE SOLUTION TO SOCIETAL ILLS
	ABLE INTERNATIONAL ASSISTED THE WAY TO HAPPINESS FOUNDATION
	INTERNATIONAL TO DISTRIBUTE 40,000 COPIES OF THE WAY TO HAPPINESS
	INFORMATION KIT IN RESPONSE REQUESTS OFF ITS WEBSITE AND THROUGH OTHER
	VENUES AND IN DISTRIBUTING THE WAY TO HAPPINESS PUBLIC SERVICE ANNOUNCEMENTS TO 246 TELEVISION STATIONS ACROSS THE UNITED STATES AND
	INTERNATIONALLY WITH A TOTAL VIEWERSHIP OF 531 MILLION.
	ABLE ASSISTED CRIMINON INTERNATIONAL ESTABLISHING A WEBSITE FOR
	CRIMINON INTERNATIONAL; AND IN PROMOTING THE CRIMINON INTERNATIONAL
	OUTCOME STUDIES OF ITS ON-SITE CRIMINAL REHABILITATION PROGRAMS TO NEW
	PRISONS RESULTING IN CRIMINON PROGRAMS BEING PROVIDED TO MORE THAN
	14,000 INMATES IN OVER 2000 PRISONS IN 34 COUNTRIES.
4d	Other program services. (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
40	Total program service expenses ►\$ 2,089,706. (Must equal Part IX, Line 25, column (8).)
	Form 990 (2008

ı	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	\neg		
	if "Yes," complete Schedule A	1	X	
2	is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		7
3	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice	Ī		
	on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		7
,	Did the organization receive or hold a conservation easement, including easements to preserve open space,	- 1		Г
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		:
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		
	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide	$\neg \neg$		Г
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D. Part IV	9		
	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		H
	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?			┢
	If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	X	l
	Did the organization receive an audited financial statement for the year for which it is completing this return that was			t
	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	X	
	Is the organization a school as described in section 170(b)(1)(A)(ii)? // "Yes," complete Schedule E	13		r
	Oid the organization maintain an office, employees, or agents outside of the U.S.?	148	X	H
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			t
_	and program service activities outside the U.S.? If "Yes," complete Schedule F, Part !	14b	x	l
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity	_		┝
ı	located outside the United States? If "Yes," complete Schedule F, Part II	15	X	l
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	10		┝
		40		
	located outside the United States? If "Yes," complete Schedule F, Part III	16 17		H
	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	18		t
	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	19		┝
	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III			-
ı	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	v	Ļ
	Did the organization report more than \$5,000 on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21	X	╀
2	Did the organization report more than \$5,000 on Part IX, column (A), line 27 !/ "Yes," complete Schedule I, Parts I and III	22		-
}	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 57 if "Yes," complete Schedule J	23	_	╀
0	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," enswer questions 24b-24d and complete Schedule K.	ا ۔۔ ا		
	If "No", go to question 25	248		Ļ
D	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		H
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			l
_	any tax-exempt bonds?	24c		╀
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		┡
8	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			l
_	disqualified person during the year? If "Yes," complete Schedule L, Part I	26a		Ļ
Þ	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a	l		
	prior year? If "Yes," complete Schedule L, Part I	25b		Ļ
•	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			l
_	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	<u> </u>	Ļ
,	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial		l	1
	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		7 THE	ikis.
8	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other			
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		X
ь	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		X
	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional	200		-
•	corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		x
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		x
1	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		X
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	_33		X
4	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		LX
15	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		K
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	// "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	X
17	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u> </u>	L

			- : ·		Yes	No
1.	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	1	I		100	1.10
	U.S. Information Returns, Enter O If not applicable	1a	2	1	. :	1
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			o l '		
	Did the organization comply with backup withholding rules for reportable payments to vendors and		ble gaming	1		
	(gambling) winnings to prize winners?			1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					1.
	filed for the calendar year ending with or within the year covered by this return	2a	3	4		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year cover	ed by t	his retum?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a			1
	financial account in a foreign country (such as a bank account, securities account, or other financial			48	X	L
b	If "Yes," enter the name of the foreign country: ▶ CANADA, DENMARK, UNITED R	ING	DOM			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	Benk :	and		į. į.	
	Financial Accounts.			3.000	16.2 49.5	12.1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		·····	5a		X
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transfer	action'	?	5b		X
C	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity			1		1
	Tax Shelter Transaction?	•••••	· · · · · · · · · · · · · · · · · · ·	5c		
	Did the organization solicit any contributions that were not tax deductible?			6a		X
þ	If "Yes," did the organization include with every solicitation an express statement that such contribu			1	l	1
_	were not tax deductible?	•••••		65	, ;,	—
7	Organizations that may receive deductible contributions under section 170(c).			<u> </u>		
A	Did the organization provide goods or services in exchange for any quid pro quo contribution of mor				₩	X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			75	┢	1
G	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v to file Form 8282?		•	١		X
4		1	1	7c	317	-
_	If "Yes," indicate the number of Forms 8262 filed during the year Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a		L.			-
v	handle name and			7e	,,,,,,	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			· ——	 	X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required					
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-			7h		1
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and ser		•	 	- T	1
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring of	rganiz	ation, have	•		
	excess business holdings at any time during the year?			. 8		1
θ	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			√3 ?	100 16	
8	Did the organization make any taxable distributions under section 49667			9a		
ь	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter: N/A					
8	Initiation fees and capital contributions included on Part VIII, line 12	10a				
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		╛		i
11	Section 601(c)(12) organizations. Enter: N/A		•			
8	Gross Income from members or shareholders	11a		_		
þ	Gross income from other sources (Do not net amounts due or paid to other sources against	1		1.	l	
	amounts due or received from them.)	11b	<u> </u>	4_		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		•	12a	<u> </u>	<u> </u>
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b	<u> </u>	<u> </u>	<u> </u>	
				Form	1 19 80	(2008)

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Form 990 (2008) EDUCATION INTERNATIONAL 95-4188814 Pa

[Part VII] Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,		34	
	processes, or changes in Schedule O. See instructions.	15.3		%
1a				學
Þ	Enter the number of voting members that are independent			1-0
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		υ, Ν <u></u>	
_	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3	<u> </u>	X.
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	ļ	X
6	Does the organization have members or stockholders?	6	└	X
78	Does the organization have members, stockholders, or other persons who may elect one or more members of the	1	l '	1
	governing body?	7a	X	
	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		11 to 1	
	by the following:	_		<u> </u>
8	The governing body?	8a	X	—
þ	Each committee with authority to act on behalf of the governing body?	86	X	<u> </u>
9a		9 a	X	
Ь	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	1		l
	and branches to ensure their operations are consistent with those of the organization?	Sb	X	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must	ł	1	l
	describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	
11	is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		İ	l
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11	<u></u>	X
Sec	tion B. Policies			
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	128	X	
Ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise		۔۔ ا	l
	to conflicts?	12b	X	<u> </u>
¢	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		۱	
	in Schedule O how this is done	12c		\vdash
13	Does the organization have a written whistleblower policy?	13	X	<u> </u>
14	Does the organization have a written document retention and destruction policy?	14	X	<u> </u>
15	Did the process for determining compensation of the following persons include a review and approval by independent	1.4A		is pro-s
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision:	73.00		
	The organization's CEO, Executive Director, or top management official?	15a	X	L.,
b	Other officers or key employees of the organization?	15b	X	L_
	Describe the process in Schedule O. (see instructions)		1.	
16 ₈	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	43.	× 0	550
	taxable entity during the year?	16a	1	X
þ	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	114		[
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's	1	1-	¥S.
	exempt status with respect to such arrangements?	16b	<u> </u>	
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ CA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	e for		
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy,	and fin	ancial	
	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	ation:	>	
	GWENDA BYRNE - 323 960-3530			
	7065 HOLLYWOOD BLVD., LOS ANGELES, CA 90028			

ASSOCIATION FOR BETTER LIVING &

EDUCATION INTERNATIONAL

95-4188814

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Rart VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, frustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter 0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received
 reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related
 organizations.
- List ati of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average	(C) Position						(D) Reportable	(E) Reportable	(F) Estimated	
Harife dity Hub	hours	(c	(check all th					compensation	compensation	amount of	
	per week	r director	Institutional frustee	Užer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
CATHERINE SHEA WHITTLE TRUSTEE	40.00	x						3,451.	0.	0	
RICHARD FEAR		┝▀	H			H	┢	3,131			
DIRECTOR		x						l o.	0.	0	
GREG HUGHES						Τ	_				
DIRECTOR		X						0.	0.	0	
LAURIE ZURN						Γ					
DIRECTOR	40.00	X	<u> </u>				L_	2,864.	0.	0	
DON CUNNINGHAM		١									
TRUSTEE		X	┡	_		_	<u> </u>	0.	0.	0	
DEBORAH HUGHES TRUSTEE		$ _{\mathbf{x}}$	i					٥.		,	
RENA WEINBERG		₽	├-	-	_	⊢	┝	0.	0.	0	
PRESIDENT	40.00	ł		x				4,156.	0.	0	
GWENDA BYRNE	1	✝	┪	-	_	┞╌	┝				
SECRETARY	40.00			х			•	4,190.	0.	0	
JOAN TOFIL					Γ						
TREASURER	40.00	╙	L	X	Ļ	<u> </u>	_	4,328.	0.	0	
			_		_		-				
		_					_				
		_	_				-				
		_	<u> </u>	L	_	┞	L				
	1	1		I			1				

Form 990 (2008)

	990 (2008) EDUCATIO							_			88814 Page 8
Har	(A) Name and title	(B) Average hours		-	((Posi) tion			(D) Reportable compensation	(E) Reportable compensation	
		per week	Individual Gruston or Cirector	Institutional trastite	Offices	Key employee	Mybest compessible employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC	other compensation from the crganization and related organizations
-		<u> </u>	<u> </u> _	_	_		_	_		<u> </u>	
		 	_		┞	_		┝			
		 	\vdash	-		-	_	-	<u>.</u> .	 	
					_						
		 	-	-	-		-	-	<u> </u>		_
			-	-	-		\vdash	┝			
1b	Total number of individuals (including the	a la 1al uha m				····	>	100	18,989.		0. 0.
	compensation from the organization									<u>!</u>	. •0
3	Did the organization list any former office line 1a? If "Yes," complete Schedule J for										Yes No
4	For any individual listed on line 1a, is the a and related organizations greater than \$1:	um of reportat	ol o c	omp	ens	atio	ก สก	d of	ther compensation from	the organization	4 X
5	Did any person listed on line 1a receive or the organization? If "Yes," complete Sche										6 X
Sec	tion B. Independent Contractors										
1	Complete this table for your five highest of the organization.	ompensated in	idep	end	ent (cont	tract	Ors '	that received more than	n \$100,000 of com	pensation from
	(A) Name and busines	s address							(B) Description of	services	(C) Compensation
								_			
	<u> </u>										
											<u> </u>
2	Total number of independent contractors from the organization	(including thes	e in	1) w	no i	ece	ived	mo	re than \$100,000 in cor	mpensation	

ASSOCIATION FOR BETTER LIVING & EDUCATION INTERNATIONAL

95-4188814 Form*990 (2008) Page 9 Part VIII Statement of Revenue (D)
Revenue
excluded from
tax under
sections 512,
513, or 514 (A) (B) (C) Total revenue Related or Unrelated exempt function business revenue revenue 1 a Federated campaigns 13,541. b Membership dues 15 c Fundraising events 1c d Related organizations 21,766. 1d e Government grants (contributions) 10 f All other contributions, gifts, grants, and 122,642. similar amounts not included above A Noncesh contributions included in lines 1a-17; \$ 157,949. h Total, Add lines 1a-1f Business Code 554,220.2,554,220 2 B LICENSING FEES 541900 All other program service revenue 2,554,220. Total, Add lines 2a-2f 41. Investment income (including dividends, interest, and other similar amounts) 267,606 267,606. Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6 a Gross Rents b Less: rental expenses c Rental income or (loss) d Net rental income or floss) 7 a Gross amount from sales of (I) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses 55. c Gain or (loss) d Net gain or (loss) 8 a Gross Income from fundraising events (not Revenue Including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses _____ b c Net income or (loss) from fundraising events 9 a Gross income from garning activities. See Part IV, line 19 b Less; direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 467,962 and allowances ь 224, 268. b Less: cost of goods sold _____ 243,694. 243,694 c Net income or (loss) from sales of inventory -Miscellaneous Revenue **Business Code** 11 a REFERRAL FEES 900099 12,585 12,585. b CURRENCY EXCHANGE GAIN 900099 4,028. 4,028. d All other revenue Total. Add lines 11e-11d 16,613. 284,164. Total Revenue. Add thes 1h, 2g, 3, 4, 5, 6d, 7d, 6c, 8c, 10c, and 11e \blacktriangleright 3.240.027.2.797.914.

Form **990** (2008)

832008 02-02-09

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Form 990 (2008) EDUCATION INT Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 6b, 3b, 6b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				1.00 m
	organizations in the U.S. See Part IV, line 21	268,386.	268,386.	10 m	100
2	Grants and other assistance to individuals in				100 mm
	the U.S. See Part IV, line 22			51 P	7 - 2 - 2 - 2
3	Grants and other assistance to governments,			l	
	organizations, and individuals outside the U.S.			,	
	See Part IV, lines 15 and 16				1
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	10 000	14 170	4 010	
	trustees, and key employees	18,989.	14,179.	4,810.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	4 8 4 8 4 9	65 575	10 190	4 704
7	Other salaries and wages	104,013.	92,262.	10,170.	1,581
8	Pension plan contributions (include section 401(k)				1
	and section 403(b) employer contributions)	433 200	448 648	12 324	4 828
9	Other employee benefits	133,697.	115,746.	16,244.	
10	Payroll taxes	10,609.	9,186.	1,299.	124
11	Fees for services (non-employees):]	
•	Management	70 ACE	20 200	1 436	<u> </u>
Ь		69,065.	67,622.	1,439.	
C	Accounting	54,325.	 	54,325	
đ			11 11 40		
0	Professional fundraising services. See Part IV, line 17			7,4	
1	Investment management fees				
9	Other	SPA PP 1	820 865	·· BPA	<u> </u>
12	Advertising and promotion	269,554.	268,723.		
13	Office expenses	255,427.	215,830.	37,143.	2,454
14	Information technology	C4 221	CA 221		
15	Royaties	64,331.	64,331		0.655
16	Оссиралсу	257,830.	214,120.		
17	Travel	112,071.	105,781.	5,759.	531
18	Payments of travel or entertainment expenses			1	
	for any federal, state, or local public officials				ļ
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates		100 848	10-400	<u> </u>
22	Depreciation, depletion, and amortization	121,641.	100,747		
23	Insurance	11,395.	9,857	1,411.	127
24	Other expenses, Itemize expenses not covered above. (Expenses grouped together and labeled				
	miscellaneous may not exceed 5% of total				
	expenses shown on line 25 below.)	1	*		
8	STAFF TRAINING	372,86 <u>6</u> .	324,277		4,138
b		218,569.	218,569.		
¢	REFERRAL FEES	78.	78.		
d	AMORTIZATION OF TRADEMA	12.	12.	<u> </u>	<u> </u>
е					
f	All other expenses	- 3	0 000 =====	<u> </u>	
25	Total functional expanses. Add lines 1 through 24f	2,342,858.	2,089,706	238,584	14,568
26	Joint Costs, Check here if following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation			1	Form 990 (200

101.000	aligne .	Palance Sneet		· · · · · · · · · · · · · · · · · · ·	(A) Beginning of year		(B) End of year
\neg	1	Cash - non-interest-bearing			1,435,124.	1	4,318,283.
	2	Savings and temporary cash investments	•••••••	*************************************	2,902,600.		
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			238,717.	4	374,880.
- 1	5	Receivables from current and former officers, d				Ť	
i	•	employees, or other related parties. Complete i		•		5	1
- 1	8	Receivables from other disqualified persons (as			CONTRACTOR OF THE CONTRACTOR O	777.	STATE OF THE STATE
- 1	Ť	4958(f)(1)) and persons described in section 49				弹	N. P. Carlotte
- 1				,, <u>-,,</u> ,	Prince and the second s	8	
	7	Notes and loans receivable, net			6,925.		6,925.
Assets	8	farantailes les sels serves			178 676		159,876.
₹	9	Prenaid expenses and deferred charges		*****************************	9,963.		192,135.
	10a	Prepaid expanses and deferred charges Land, buildings, and equipment: cost basis	10a	4.559.919.	CC4879447735773675179	al lin	がある。 ・19年初 の とです。
		Less: accumulated depreciation. Complete	1.55		建筑型器等等等等	13	集 二十二月 月
	_	Part VI of Schedule D	105	2,015,915.	2,622,413.	10c	2,544,004.
- 1	11	Investments - publicly traded securities				11	4,522,004.
	12	Investments - other securities. See Part IV, line			3,729,000.		4,419,000.
	13	Investments - program-related. See Part IV, line			3,120,000	13	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	14	Intangible assets				14	6.
1	15	Other assets. See Part IV, line 11	••••••	***************************************	174,605.		0.
	16	Total assets. Add lines 1 through 15 (must equ			11,298,285.	16	12,015,109.
_	17	Accounts payable and accrued expenses			185,740.	17	64,932.
	18	Grants payable				18	02,332.
	19	Deferred revenue	16,166.		6,449.		
1	20	Tax-exempt bond liabilities		20	- 0,4451		
	21	Escrow account liability. Complete Part IV of S	\n	 -	21		
Liabilities	22	Payables to current and former officers, director	See Struckle	2 1	in the second		
3	_	highest compensated employees, and disquali		4.7			
3		of Schedule L	ing the second of the second	22	1. 45 p. 144 1. 20 1. 174 1. 174		
	23	Secured mortgages and notes payable to unre			1,773,890.		1,733,756.
	24	Unsecured notes and loans payable			27175755	24	= 1,133,1301
	25	Other liabilities. Complete Part X of Schedule D	······· }		13,714.		4,028.
	26	Total liabilities. Add lines 17 through 25			1,989,510.		1,809,165.
		Organizations that follow SFAS 117, check h	nere D	X and complete	ปากการเพลาสาสาร์สาร์สาร์สาร์สาร์สาร์สาร์สาร์สาร์ส	· (2)	A. S. Albert Best P.
p		lines 27 through 29, and lines 33 and 34.				(a	
줱	27	Unrestricted net assets			9,131,585.	27	10,125,831.
稫	28	Temporarily restricted net assets	•••••••	***************************************	177,190.		80,113.
und Balances	29	Permanently restricted net assets				29	
		Organizations that do not follow SFAS 117,	check i	nere Dand	52.35.20 F12.06.00 A		
B		complete lines 30 through 34.				^¹···;	
\$	30	Capital stock or trust principal, or current funds	s		and the second of the second o	30	Carried and the second second and a second s
Net Assets	31	Paid-in or capital surplus, or land, building, or e				31	
4	32	Retained earnings, endowment, accumulated				32	
Ž	33	Total net assets or fund balances			9,308,775.		10,205,944.
	34	Total liabilities and net assets/fund balances	•••••••••		11,298,285.		12,015,109.
Pa	ťΧI	Financial Statements and Reporting			<u> </u>	<u> </u>	<u>,,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, , ,</u>
	-					-	Yes No
1	Acco	ounting method used to prepare the Form 990:	□ c	ash 🗓 Accrual	Other		a 1 7 1 1 2 5
2 a	Wen	e the organization's financial statements compile	d or rev	riewed by an independent	accountant?		
ь	Wen	e the organization's financial statements audited	by an l	ndependent accountant?	***************************************		2b X
	lf "Y	es" to lines 2a or 2b, does the organization have	a com	nittee that assumes respo	nsibility for oversight of th	e aud	t.,
		w, or compliation of its financial statements and					
3a	As a	result of a federal award, was the organization r	equired	to undergo an audit or au	dits as set forth in the Sin	gle Au	ıdit İ
		and OMB Circular A-133?					3a X
b	II Y	es," did the organization undergo the required a	udit or a	rudits?	**************	4144144	
	1 12-16						Form 990 (2008)

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)

Department of the Treasury
Internal Revenue Service

The organizati

A For the 2007 calendar year, or tax year beginning

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

Open to Public Inspection

OMB No. 1545-0047

^ '	01 1110 20	or calcinal year, or tax year beginning		110 611	umy			
В	Check if applicable:	Please C Name of organization				D Empl	oyer id	entification number
_	Address	use IRS ASSOCIATION FOR BETTE				١ ,.		00014
<u> </u>	change	print or EDUCATION INTERNATION		.88814				
<u> </u>	change	See Number and Street (of P.O. box it mail is no		number				
<u> </u>	return Termin-	specific 7065 HOLLYWOOD BLVD.		960-3530				
누	ation	tions. City or town, state or country, and ZIP + 4 LOS ANGELES, CA 9002	0				iting meth ther pecify)	od: Cash X Accrual
누	lreturn □Applicati	HOS ANGELLES, CA 9002			11			
	pending	must attach a completed Schedule A (Form 99)		•				tion 527 organizations. les? Yes X No
^	Marahaida.	►WWW.ABLE.ORG		- 1	H(a) Is this a group i			
		ion type (check only one) \(\begin{array}{c} \begin{array}{c} array	no.) 4947(a)(1) or	527	H(b) If "Yes," enter no H(c) Are all affiliates			
_		e if the organization is not a 509(a)(3) support		_	(If "No," attach a	ı list.)		
		re normally not more than \$25,000. A return is not requi			H(d) Is this a separa ganization cove	te return	filed by	/ an or- ruling? Yes X No
		o file a return, be sure to file a complete return.	eu, bat ii tiie organization		I Group Exemption		<u> </u>	N/A
	01700000					_		ion is not required to attach
	Gross reci	eipts: Add lines 6b, 8b, 9b, and 10b to line 12	4,012,923	3.	Sch. B (Form 9			
		Revenue, Expenses, and Changes in I					•	
		Contributions, gifts, grants, and similar amounts receive						
		Contributions to donor advised funds	I	1a		Į	l	
		Direct public support (not included on line 1a)		1b	357,8	07.		
	C	Indirect public support (not included on line 1a)		1c				
	d	Government contributions (grants) (not included on line						
	e	Total (add lines 1a through 1d) (cash \$3!	57,807 noncash \$)	1e	357,807.
	2	Program service revenue including government fees an		2	2,713,748.			
	3	Membership dues and assessments	***************************************		********************		3	
	4	Interest on savings and temporary cash investments					4	295,926.
	5	Dividends and interest from securities			5			
) 6 a	Gross rents		6a	<u> </u>		Ì	
		Less; rental expenses		6b	<u></u>		ļ	
ē	C	Net rental income or (loss). Subtract line 6b from line 6b	a				6c	
en,	7	Other investment income (describe			r)	7	
Revenue	∣ 8 a	Gross amount from sales of assets other	(A) Securities		(B) Other		Ì	
_		than inventory		8a	·		- 1	
		Less: cost or other basis and sales expenses		86				
		Gain or (loss) (attach schedule)		8c	<u> </u>			
	1	Net gain or (loss). Combine line 8c, columns (A) and (B					-8d	
	9	Special events and activities (attach schedule). If any ar	• • •	nere j 9a	1			
	"	Gross revenue (not including \$ of Less: direct expenses other than fundraising expenses	contributions reported on line 10}	9b	 		- 1	
		Net income or (loss) from special events. Subtract line			<u> </u>		9c	
		Gross sales of inventory, less returns and allowances		10a		149.		_
		Less: cost of goods sold		10b				
		Gross profit or (loss) from sales of inventory (attach sc					10c	367,899.
	11	Other revenue (from Part VII, line 103)	•				11	45,393.
	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10	c. and 11	. .			12	3,780,773.
	13	Program services (from line 44, column (B))					13	2,083,274.
96	14	Management and general (from line 44, column (C))			***************************************		14	306,280.
ë	15					r	15	31,647.
Expenses	16						16	
	17	Total expenses. Add lines 16 and 44, column (A)					17	2,421,201.
	18	Excess or (deficit) for the year. Subtract line 17 from lin	e 12				18	1,359,572.
Net	19	Net assets or fund balances at beginning of year (from	line 73, column (A))				19	7,949,203.
ž	20	Other changes in net assets or fund balances (attach ex	planation)				20	0.
	21	Net assets or fund balances at end of year. Combine lin	es 18, 19, and 20				21	9,308,775.

ASSOCIATION FOR BETTER LIVING &

EDUCATION INTERNATIONAL

Form 990 (2007)

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		•	, , , , , ,	d (D) are required for section e trusts but optional for other	1 11 1
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
22a Grants paid from donor advised funds					
(attach schedule)					
(cash \$ 0 noncash \$ 0	4				
If this amount includes foreign grants, check here	22a			0/112 mm/m/m 4	
22b Other grants and allocations (attach schedule	1 1			STATEMENT 4	
(cash \$194,000 noncash \$0 . If this amount includes foreign grants, check here	4 1	194,000.	104 000		
	220	134,000	194,000.		
23 Specific assistance to individuals (attach	23				
schedule)	23				
•	24				
schedule)	1-7				
employees, etc. listed in Part V-A	25a	15,894.	11,801.	4,093.	0 .
b Compensation of former officers, directors, key		23,031.		7,033.	
employees, etc. listed in Part V-B	25b	0.	0.	0.	0 .
c Compensation and other distributions, not included					
above, to disqualified persons (as defined under		1			
section 4958(f)(1)) and persons described in					
section 4958(c)(3)(B)	25c	1			
26 Salaries and wages of employees not		·			
included on lines 25a, b, and c	26	108,354.	90,490.	15,038.	2,826
27 Pension plan contributions not included on					
lines 25a, b, and c	27				
28 Employee benefits not included on lines				-	
25a - 27	28	176,415.	146,119.	26,368.	3,928
29 Payroll taxes	29	9,643.	7,927.		3,928
30 Professional fundraising fees	30				
31 Accounting fees	31	56,799.		56,799.	
32 Legal fees	32	55,041.	49,872.	5,115.	54
33 Supplies	33	72,270.	56,494.	13,620.	2,156
34 Telephone		83,202.	68,801.	12,385.	2,016
35 Postage and shipping		65,935.	57,382.		388
36 Occupancy	36	135,001.	112,407.		2,503
37 Equipment rental and maintenance		20,406.	16,588.		324
38 Printing and publications	38	55,304.	52,627.		112
39 Travel	39	104,131.	97,197.		1,167
40 Conferences, conventions, and meetings	40	14,150.	14,150.		
41 Interest	41	108,955.	88,624.		1,231
42 Depreciation, depletion, etc. (attach schedule)	42	176,102.	143,497.	30,450.	2,155
43 Other expenses not covered above (itemize):					
â	43a				
b	43b				
c	43c				
d	430				
ė	43e	- <u>-</u>			
f	43f	0.50 50	0.75		1.4
g SEE STATEMENT 3	439	969,599.	875,298	81,724.	12,577
44 Total functional expenses. Add lines 22a through					
43g. (Organizations completing columns (B)-(D),	1 1	2 401 221	0 000 05:	1 205 205	
carry these totals to lines 13-15)	44	2,421,201.	2,083,274	306,280.	31,647
Joint Costs. Check ▶ ☐ if you are following					
Are any joint costs from a combined educational campa					Yes X No
If "Yes," enter (i) the aggregate amount of these joint co			ii) the amount allocated t		N/A ;
(iii) the amount allocated to Management and general	<u> </u>	N/A ; and (iv) the amount allocated t	o Fundraising \$	N/A
723011 12-27-07					Form 990 (2007

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

EDUCATION INTERNATIONAL

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Form **990** (2007)

What is the organization's primary exempt purpose? TO RID THE WORLD OF DRUG ABUSE, CRIME, ILLITERACY & IMMORALITY All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.) a ASSISTANCE TO SOCIAL BETTERMENT CORPORATIONS SEE STATEMENT 17 (Grants and allocations \$ 185,575.) If this amount includes foreign grants, check here b MATERIALS COMPILATION AND PUBLICATIONS SEE STATEMENT 18	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.) a ASSISTANCE TO SOCIAL BETTERMENT CORPORATIONS SEE STATEMENT 17 (Grants and allocations \$ 185,575.) If this amount includes foreign grants, check here	and (4) orgs., and 4947(a)(1) trusts; but
(Grants and allocations \$ 185,575.) If this amount includes foreign grants, check here ▶	
	<u>X</u> 948,011.
	502 310
(Grants and allocations \$ 7,225.) If this amount includes foreign grants, check here ► C PUBLIC INFORMATION ON THE SOLUTIONS TO SOCIETAL ILLS SEE STATEMENT 19	523,319.
(Grants and allocations \$ 1,200.) If this amount includes foreign grants, check here ▶ L	611,944.
(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
e Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here Total of Program Service Expenses (should equal line 44, column (B), Program services)	2,083,274.

		Balance Sheets (See the instructions.)		<u> </u>	· · · <u>· · · · · · · · · · · · · · · · </u>	_	
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
Assets		Out and broad and			1 002 760	ا ۔،	1 425 124
	45	Cash - non-interest-bearing Savings and temporary cash investments			1,083,769. 2,013,501.	$\overline{}$	1,435,124. 2,902,600.
	46				2,013,301.	46	2,902,000.
	47 a	Accounts receivable	47a	238,717.			
		Less: allowance for doubtful accounts		**	192,385.	47c	238,717.
	48 a	Pledges receivable	48a				
	b	Less: allowance for doubtful accounts				48c	
	49	Grants receivable				49	
	50 a	Receivables from current and former officers, directors, trustees, and					
		key employees				50a	
	b	Receivables from other disqualified persons (as defined under section					
		4958(f)(1)) and persons described in section 49		6,925.		50b	
	51 a	Other notes and loans receivable Less: allowance for doubtful accounts	518	0,923.	12,921.		6,925.
	52				108,662.	51c 52	178,938.
	53	Inventories for sale or use Prepaid expenses and deferred charges			2,353.		9,963.
		Investments - publicly-traded securities	•	Cost FMV		54a	3,330
	Ь	Investments - other securities	•	Cost FMV	7	54b	·
		Investments - land, buildings, and			· · · · · · · · · · · · · · · · · · ·		
		equipment: basis	55a				
				- 1/1			
	b	Less: accumulated depreciation Investments - otherS	55b			55c	
	56	Investments - otherS	EE STA	ATEMENT 5	3,570,000.	56	3,729,000.
		Land, buildings, and equipment: basis		4,524,379.	0 ==0 044		
		Less: accumulated depreciation STMT 6		1,901,966.	2,772,311.	57c	2,622,413.
	58	Other assets, including program-related investments (describe ► SEE STATEMENT 7)			160 100		174 605
	59	(describe ► S: Total assets (must equal line 74). Add lines 45			160,190. 9,916,092.		174,605. 11,298,285.
	60	Accounts payable and accrued expenses			131,739.		185,509.
Liabilities	61	Grants payable			131,733.	61	103,303.
	62	Deferred revenue			19,978.	62	16,166.
	63	Loans from officers, directors, trustees, and key employees				63	
	64 4	a Tax-exempt bond liabilities				64a	· · ·
	b	b Mortgages and other notes payable			1,807,511.	64b	1,773,890.
	65	Other liabilities (describe	EE ST	ATEMENT 8	7,661.	65	13,945.
	l				1 066 000		1 000 -10
	66	Total liabilities. Add lines 60 through 65 rganizations that follow SFAS 117, check here ▶ X and complete lines			1,966,889.	66	1,989,510.
Net Assets or Fund Balances	Orga		► L <u>A</u> LJan	d complete lines			
	67	67 through 69 and lines 73 and 74.			7,720,688.	67	0 121 505
	68	Unrestricted Temporarily restricted			228,515.	68	9,131,585. 177,190.
	69	Permanently restricted			220,515.	69	1//,150.
	1	anizations that do not follow SFAS 117, check		 	\ <u>-</u>		
	5	complete lines 70 through 74.					
	70	Capital stock, trust principal, or current funds				70	
	71	Paid-in or capital surplus, or land, building, and equipment fund				71	
	72	Retained earnings, endowment, accumulated income, or other funds				72	
	73	Total net assets or fund balances. Add lines 67 thro	-			<u> </u>	
		(Column (A) must equal line 19 and column (B) mus			7,949,203.	73	9,308,775.
	74	Total liabilities and net assets/fund balance	s. Add lines	66 and 73	9,916,092.	74	11,298,285.
							Form 990 (2007)