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

A	For the 2	004 calendar year, or tax year beginning	JUL 1, 2004	and en	ding JUN 30	<u>, 2005</u>	<u> </u>
В	Check if applicable	Please C Name of organization				D Employer	identification number
_	Address		TNTS		1	94-7	814246
	Name	type Number and street (or P.O. hov if mail is			Room/suite	E Telephone	
F	Initial	See Specific 3041 OLCOTT STREET	not delivered to silect address,	l	Troom/suite	-	3)288-5010
F	Final	Instruc-	1			F Accounting in	
┌	⊸return Amende					Other (specify	
F	Ireturn ☐Applicat	ion Section 501(c)(3) organizations and 4947(a		its	H and I are not apply		ction 527 organizations
_	pending	must attach a completed Schedule A (Form	990 or 990-EZ).	ĺ	H(a) Is this a group re		——————————————————————————————————————
G V	Website:	►WWW.PHP.COM			H(b) If "Yes," enter nur		
		tion type (check only one) X 501(c) (3) <	ert no) 4947(a)(1) or	527	H(c) Are all affiliates in	cluded?	N/A Yes No
K	Check he	re 🕨 🔲 if the organization's gross receipts are noi	mally not more than \$25,000.	The	(If "No," attach a l H(d) is this a separate	ist.) return filed	hy an or-
(organizati	on need not file a return with the IRS; but if the organi	zation received a Form 990 Pac	kage	ganization covere	d by a grou	p ruling? Yes X No
1	n the ma	il, it should file a return without financial data. Some st	ates require a complete retur	ı	I Group Exemption	Number >	·
				- 1	M Check ▶ ☐ 1	the organiz	ation is not required to attach
		eipts: Add lines 6b, 8b, 9b, and 10b to line 12	1,908,71	6.	Sch. B (Form 990), 990-EZ, o	r 990-PF).
Pa	art I	Revenue, Expenses, and Changes in	Net Assets or Fund	Bala	nces		, ,
	1	Contributions, gifts, grants, and similar amounts rece	ved:				
	a	Direct public support		1a	428,30		
	b	Indirect public support		1b	33,06		
2002	C	Government contributions (grants)		1c	868,45	55.	
7	ď	Total (add lines 1a through 1c) (cash \$1,	329,820. noncash \$) <u>1d</u>	1,329,820.
	2	Program service revenue including government fees a	and contracts (from Part VII, lin	e 93)		2	534,984.
\Box	3	Membership dues and assessments				3	
UEC	4	Interest on savings and temporary cash investments				4	
_	5	Dividends and interest from securities				5	9,232.
	6 a	Gross rents	,	6a			
ŭ	Ь	Less: rental expenses		6b			
Charles and evenue	C	Net rental income or (loss) (subtract line 6b from line	6a)			6c	
ş ə	7	Other investment income (describe) 7	
Revenue		Gross amount from sales of assets other	(A) Securities		(B) Other		
ව ම්	ļ	than inventory	 	8a	10 10	1	
	ì	Less: cost or other basis and sales expenses		8b	10,12		
	C	Gain or (loss) (attach schedule)		8c	<10,12 STMT 1		<10,121.>
	ľ	Net gain or (loss) (combine line 8c, columns (A) and a	• • • •	hara 🕨		- <u>8d</u>	<u> </u>
	9	Special events and activities (attach schedule). If any Gross revenue (not including \$	O • of contributions	nere 🗩			
	} a	reported on line 1a)	O . OI COILLIDULIONS	9a	34,68	an l	
	Ь	Less: direct expenses other than fundraising expense	,	9b	24,00	,,,,	
	1	Net income or (loss) from special events (subtract line	•		STATEMENT 2	90	34,680.
		Gross sales of inventory, less returns and allowances	300 110111 11110 302)	10a		' 30	31,000
	h	I ass, cost of goods sold		40h			
	C	Gross profit or (loss) from sales of inventory (attach s	chedule) (subtract line 10	nune	d/ED	10c	
	11	Other revenue (from Part VII, line 103)		-01	TVLU	11	
	1	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c,	(Oc, and 11)	1/ 4		12	1,898,595.
		Program services (from line 44, column (B))	w	V	4 2005 Q	13	1,515,633.
Expenses	1	Management and general (from line 44, column (C))] [4 2005 Ö	14	198,235.
ĕ	15	Fundraising (from line 44, column (D))	l OG	DE	N, UT	15	139,269.
찣	1	Payments to affiliates (attach schedule)			V, U	16	
		Total expenses (add lines 16 and 44, column (A))				17	1,853,137.
10	18	Excess or (deficit) for the year (subtract line 17 from)				18	45,458.
Net Assets	19	Net assets or fund balances at beginning of year (from				19	358,433.
Ass	20	Other changes in net assets or fund balances (attach ϵ	explanation) S	EE S	STATEMENT 3	20	7,952.
-	21	Net assets or fund balances at end of year (combine li	nes 18, 19, and 20)			21	411,843.

PARENTS HELPING PARENTS 94-2814246
All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3)

Part II Statement of All or and or an	ganızatı 4) orga	ons must complete columnizations and section 4947	n (A). Columns (B), (C), and (a)(1) nonexempt charitable	(D) are required for section trusts but optional for other	1 501(c)(3) Page 2 ers.
Do not include amounts reported on line	., J. gai	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
6b, 8b, 9b, 10b, or 16 of Part I. 22 Grants and allocations (attach schedule)			Services	and general	
(cash \$ _ noncash \$	22				
23 Specific assistance to individuals (attach schedule				ı	
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc.	25	129,920.	8,035.	121,885.	0.
26 Other salaries and wages	26	849,563.	763,055.		86,508.
27 Pension plan contributions	27				
28 Other employee benefits	28				
29 Payroll taxes	29	142,906.	114,488.	16,434.	11,984.
30 Professional fundraising fees	30	81,744.	67,155.	8,603.	5,986.
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	24,366.	18,309.	3,735.	2,322.
34 Telephone	34	12,836.	9,710.	2,075.	1,051.
35 Postage and shipping	35	12,590.	7,690.	1,314.	3,586. 9,758.
36 Occupancy	36	162,347.	134,154.	18,435.	619.
37 Equipment rental and maintenance	37	9,847.	8,169.	1,059. 135.	8,057.
38 Printing and publications	38	42,155. 12,241.	33,963. 11,345.	896.	0,037.
39 Travel	39	4,436.	2,935.	1,380.	121.
40 Conferences, conventions, and meetings	40	1,616.	4,933.	1,616.	
41 Interest	42	27,986.	22,482.	3,135.	2,369.
42 Depreciation, depletion, etc. (attach schedule)43 Other expenses not covered above (itemize):	42	27,700.	22, 402.	<u></u>	2/3031
a OUTSIDE SERV. (LESS	43a				
b DON SERV)	43b	293,865.	293,865.		
c MISCELLANEOUS	43c	31,533.	9,883.	15,202.	6,448.
d MEMBERSHIP DUES	43d	1,996.	205.	1,331.	460.
e SPECIFIC ASSISTANCE	43e	11,190.	10,190.	1,000.	
Total functional expenses (add lines 22 through 43), Organizations completing columns (8)-(0), carry these lotals to lines 13-1	5 44	1,853,137.	1,515,633.	198,235.	139,269.
Joint Costs Check if you are following SOP s		_ = 1			
Are any joint costs from a combined educational campa		fundraising solicitation re	ported in (B) Program servi	ces? ► [Yes X No
If "Yes," enter (i) the aggregate amount of these joint co					;
(iii) the amount allocated to Management and general	\$; and	(iv) the amount allocated to	Fundraising \$	
Part III Statement of Program Serv					
What is the organization's primary exempt purpose?	SE	EE STATEMENT	4		Danasa Camilas
			the state of the s	electrone regred etc. Discuss	Program Service Expenses
All organizations must describe their exempt purpose achieveme achievements that are not measurable (Section 501(c)(3) and (4) or (5) and (5) or (5)	nts in a ci organizati	ear and concise manner State ons and 4947(a)(1) nonexempt (the number of clients served, put charitable trusts must also enter t	he amount of grants and	(Required for 501(c)(3) and (4) orgs , and 4947(a)(1)
allocations to others)					trusts, but optional for others)
a SEE STATEMENT 5					
			Grants and allocations \$		528,029.
b SEE STATEMENT 6			drams and anocations w		
		(1	Grants and allocations \$)	674,733.
c SEE STATEMENT 7					
			Grants and allocations \$		166,998.
			WEBSITE AT		
PROVIDES TECHNOLOGICAL			FF & FAMILIE	S,& INCLUDES	
THE ITECH CENTER ON AS	SIST				1/5 073
			Grants and allocations \$		145,873.
Other program services (attach schedule) The land Services (attach schedule)	Llung 44		Grants and allocations \$		1,515,633.
f Total of Program Service Expenses (should equa	i iiile 44	, column (D), Frogram Ser	v1003)		Form 990 (2004)
423011 01-13-05					

Part IV Balance Sheets

Note:		re required; attached schedules and amount id be for end-of-year amounts only.	s within the de	scription column	(A) Beginning of year		(B) End of year
	45	Cash - non-interest-bearing			8,504.	$\overline{}$	45,479
	46	Savings and temporary cash investments		-		46	
	47 a	Accounts receivable	47a	114,251.			
		Less: allowance for doubtful accounts	47b		146,389.	47c	114,251
	48 a	Pledges receivable	48a				
	b	Less: allowance for doubtful accounts	48b			48c	
	49	Grants receivable				49	
	50	Receivables from officers, directors, trustees,				[]	
		and key employees				50	
Assets	51 a	Other notes and loans receivable	51a			1	
Ass	b	Less: allowance for doubtful accounts	51b			51c	
-	52	Inventories for sale or use				52	
	53	Prepaid expenses and deferred charges			6,700.	53	7,854.
	54	Investments - securities	▶ [Cost FMV		54	
	55 a	Investments - land, buildings, and					
		equipment: basis	55a				
			1		1	!	
	b	Less; accumulated depreciation	55b			55c	
	56	Investments - other				56	
	57 a	Land, buildings, and equipment: basis	57a	416,737.		}	
	b	Less: accumulated depreciation	57b	221,996.	225,937.	57c	194,741.
	58	Other assets (describe	SEE STA	TEMENT 8	204,004.	58	220,254.
					F01 F34		F00 F70
	59	Total assets (add lines 45 through 58) (must equ	iał line 74)		591,534.	59	<u>582,579.</u>
	60	Accounts payable and accrued expenses		<u> </u>	120,669.	60	149,397.
	61	Grants payable		<u> </u> -	00.000	61	10 546
ŵ	62	Deferred revenue		-	89,808.	62	18,546.
Liabilities	63	Loans from officers, directors, trustees, and key	employees	-		63	
api		Tax-exempt bond liabilities		-	0.457	64a	
=		Mortgages and other notes payable	D 213700	, -	9,457.	64b	2 702
I	65	Other liabilities (describe DEFERRED	RENT	······································	13,167.	65	2,793.
	66	Total liabilities (add lines 60 through 65)			233,101.	66	170,736.
	Organ	izations that follow SFAS 117, check here 🕨	X and compl	ete lines 67 through			
10		69 and lines 73 and 74.				1	
ë	67	Unrestricted		_	237,888.		<u>306,298.</u>
lar	68	Temporarily restricted		L	15,000.	68	<u>0.</u>
i B	69	Permanently restricted		<u>_</u>	105,545.	69	105,545.
Net Assets or Fund Balances	Organ	izations that do not follow SFAS 117, check here 70 through 74.	complete lines				
S Of	70	Capital stock, trust principal, or current funds				70	
set	71	Paid-in or capital surplus, or land, building, and e	Γ		71		
As	72	Retained earnings, endowment, accumulated incomment		ids		72	
Zet	73	Total net assets or fund balances (add lines 67					
_		column (A) must equal line 19; column (B) must			358,433.	73	411,843.
	74	Total liabilities and net assets / fund balances (add lines 66 and	73)	591,534.	74	582,579.

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.

Pa	Reconciliation of Reven	ue per Audited	Part IV-B	Recond	iliation of Exp al Statements	penses per A	udited
	Financial Statements wi	ith Revenue per	}	Return	ai Statements	s with Expens	ses per
a	Total revenue, gains, and other support per audited financial statements	1,906,547	a Total exp	enses and lo		▶ a 1.	853,137.
b	Amounts included on line a but not on	175007547	b Amounts		line a but not on		00012011
	line 12, Form 990:		(1) Donated	services		} .	
(1)	Net unrealized gains		1	of facilities	\$		
	on investments \$	-	(2) Prior yea	-	'S	1 1	
(2)	Donated services	}	1 '	on line 20,		{ }	
(0)	and use of facilities \$.	Form 990	-	\$	 {	
(3)	Recoveries of prior		(3) Losses re			1 1	
445	year grants \$	-	line 20, F		2	}	
	Other (specify): TMT 9 \$ 7 ,952.		(4) Other (sp	ecity);	•	į į	
<u>0</u>	Add amounts on lines (1) through (4)	b 7,952.	Addama	unto on lines	. \$ 5 (1) through (4)	—— b	0.
	Line a minus line b	c 1,898,595		inus line b	5 (1) timough (4)	- 	853,137.
G	Amounts included on line 12, Form	1,090,393	1		line 17, Form		022,127.
đ	990 but not on line a:			not on line a:			
(1)	Investment expenses		(1) Investme	nt expenses		}	
	not included on	{ }	not includ			}	
	line 6b, Form 990 \$.}	line 6b, F		\$		
(2)	Other (specify):	} }	(2) Other (sp	ecify):		} }	
	- <u></u>	.	<u> </u>		.\$		•
	Add amounts on lines (1) and (2)	d 0.	1	unts on lines		▶ a	0.
е	Total revenue per line 12, Form 990	1 000 505	1	-	e 17, Form 990	. ,	050 100
Б	(line c plus line d) rt V List of Officers, Directors,	e 1,898,595.			o aven if not compar	e 1,	<u>853,137.</u>
Fa	List of Officers, Directors,	riustees, and key	(B) Title and ave		(C) Compensation	(D) Contributions to	(F) Expense
	(A) Name and address		per week dev	voted to	(If not paid, enter	ofnployee benefit plans & deferred	(E) Expense account and other allowances
SE	E ATTACHED SCHEDULE	 	positio	,,,,	-01	compensation	other anomanices
ÄΞ			THE		,	}	
			1		49,920.	0.	0.
SE	E ATTACHED SCHEDULE		1				<u></u>
==			}	}		ļ	
			l		80,000.	0.	0.
]	
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			}	ļ		}	
			1			1	
75	Did any officer director tructes or less employees	ronanya aggragata component	ion of more than [©]	2100 000 from	m vour organization	and all related	
	Did any officer, director, trustee, or key employee r organizations, of which more than \$10,000 was pri					X No	

PARENTS HELPING PARENTS

94-2814246

Page 4

Form 990 (2004)

Form	990 (2004) PARENTS HELPING PARENTS	94-2814	246		Page 5
Pa	rt VI Other Information			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	ity	76		_X_
77	Were any changes made in the organizing or governing documents but not reported to the IRS?		77		X
	If "Yes," attach a conformed copy of the changes.				
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		78a		<u>X</u>
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year?		79		<u>X</u>
	If "Yes," attach a statement	ļ]	
80 a	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?	İ	80a		<u>X</u>
Þ	If "Yes," enter the name of the organization		: {	}	
	and check whether it is exempt or	nonexempt.	1	i	
_	Enter direct or indirect political expenditures. See line 81 instructions	0.		Ì	37
b		14	81b		X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less	tnan	00-	Į	v
	fair rental value?		82a		X
D	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an	N/A	1	}	
92 -		N/A	83a	x	
83 a b			83b	X	
84 a	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		84a		X
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not		074		
·		N/A	84b	1	
85		N/A	85a		
b	transfer to the second	N/A	85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for	r proxy tax			
	owed for the prior year.	,		į	
C		N/A	-		
d	Section 162(e) lobbying and political expenditures 85d	N/A	1]	
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e	N/A	}		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f	N/A	ł	-	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estil		ľ	{	
		N/A	85h		
86	 	N/A]	j	
b		N/A	Į	1	
87		N/A	ł	İ	
D	Gross income from other sources. (Do not net amounts due or paid to other sources	NT / N	1	1	
00	against amounts due or received from them.) At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership,	N/A	1		
88	or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?		j	ĺ	
	If "Yes," complete Part IX		88		X
89 a	501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under:		- 33		<u></u>
,, u	section 4911 O • ; section 4912 O • ; section 4955	_0.	ł	1	
ь	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit		l	1	
_	transaction during the year or did it become aware of an excess benefit transaction from a prior year?		ľ		
	If "Yes," attach a statement explaining each transaction		89b		<u>X</u>
C	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under				
	sections 4912, 4955, and 4958				0.
đ	Enter: Amount of tax on line 89c, above, reimbursed by the organization	▶			0.
90 a	List the states with which a copy of this return is filed CALIFORNIA				
b	Number of employees employed in the pay period that includes March 12, 2004				<u>39</u>
91	The books are in care of ► MARY ELLEN PETERSON Telephone no. ►	(408)	<u>727</u>	<u>-57'</u>	<u> 75</u>
	2044 07 0000 00000 00000		- ^ -		
	Located at ► 3041 OLCOTT STREET, SANTA CLARA, CA	ZIP + 4 ▶ <u>9</u>	<u> 505</u>	4-3	<u> 444</u>
00	0. to 40.47(-)(4)			▶ [7
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 92	1	N/Z		
42304	1			1 990 (2	20041
01-13-	-05			(/

	I Analysis of theorie			ted business income		ded by section 512, 513, or 514	
	er gross amounts unless other	rwise	(A)	(B)	(C)	(D)	(E)
ındıcated			Business	Amount	Exclu-	Amount	Related or exempt
-	am service revenue:	-	code		code		function income
a SE	MINARS			 			534,984.
b				 	ļ		ļ
c					ļ	 -	
d		}			ļ		ļ
e	·				ļ		ļ <u> </u>
f Medic	care/Medicaid payments	ļ			<u> </u>		
g Fees a	and contracts from government aç	gencies			L		
94 Memb	ership dues and assessments	<u> </u>					
95 Interes	st on savings and temporary cash	n investments					
96 Divide	ends and interest from securities						9,232
97 Net re	ntal income or (loss) from real es	tate:					
a debt-f	inanced property	Ţ					
	ebt-financed property	Ţ		- 			
	ntal income or (loss) from person	al property			,		
	investment income						
	or (loss) from sales of assets	ļ					
	than inventory	j	j				-10 121
	come or (loss) from special event						<10,121. 34,680.
	profit or (loss) from sales of inve	Г					34,000.
102 Gloss	· ·	illury			 	 	
		}]		
	SCELLANEOUS				 		
		J			 - 		
C		,					
d		}					
e							560 555
	tal (add columns (B), (D), and (E)	_		<u>0.</u>		0.	568,775.
	(add line 104, columns (B), (D), a					•	568,775.
Note: Line	105 plus line 1d, Part I, should	d equal the amou	nt on line 12	2, Part I.			
Part VII	Relationship of Acti						
Line No	Explain how each activity for wh				Import	tantly to the accomplishment	of the organization's
▼	exempt purposes (other than by		r such purpo	ses).			
	SEE STATEMENT	' 10					
							
	 						
Part IX			Subsidiar		ed Er		
Name ad	(A) idress, and EIN of corporation,	(B) Percentage of		(C) Nature of activities	1	(D) Total income	(E) End-of-year
partne	ership, or disregarded entity	ownership interest	t				assets
		9/	6				
	N/A	9	/6				
		9/	6				
		9/	6				
Part X	Information Regard	ing Transfers	Associa	ted with Personal	Bene	efit Contracts (See page	e 34 of the instructions.)
	ne organization, during the year, re						Yes X No
٠.	ne organization, during the year, p	•	-		•		Yes X No
` '	Yes" to (b), file Form 8870 and		•	• •	mudot!		100 <u> 110</u>
	Under penalties of periury. I declare that			accompanying schedules and	stateme	nts, and to the best of my knowled	ige and belief, it is true,
				information of which prepare	r has any	knowledge	
					//\@	7vy E 11Ph 1*e+ rint/lame and title.	erson, CEO
				Dat		Check if	Preparer's SSN or PTIN
				Dat	~ _ ^	self-	

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information-(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

2004

Employer identification number Name of the organization 94 2814246 PARENTS HELPING PARENTS 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.") (b) Title and average hours per week devoted to (e) Expense account and other (d) Contributions to employee benefit plans & deferred compensation (a) Name and address of each employee paid (c) Compensation more than \$50,000 position allowances NONE Total number of other employees paid over \$50,000 Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.") (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation Total number of others receiving over \$50,000 for professional services

Sched	lule A (F	form 990 or 990-EZ) 2004 PARENTS HELPING PARENTS 9	4-281424	6 F	age 2
Par	t III	Statements About Activities (See page 2 of the instructions.)		Yes	No
р	ublic op	be year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence inition on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the			
		activities \$ \$ (Must equal amounts on line 38, Par of Part VI-B.)	t VI-A,	-	X
		tions that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking		 	A
		ist complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.]	ļ	
2 D	uring th	e year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors	,	ı	
		directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any suc	h }		
		affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," detailed statement explaining the transactions)		1	
		hange, or leasing of property?	2a	Ì	X
•	alo, ono	inality of loading of proporty			
b L	ending o	of money or other extension of credit?	2b		Х
c F	urnishin	g of goods, services, or facilities?	20	 	Х
م ہ	oumont	of componentian for payment or raimbursoment of synancial of more than \$1,000.2	0.4	}	X
ų r	ayınıcını	of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d_		
e Ti	ransfer (of any part of its income or assets?	2e		X
3 a D	o vou m	nake grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how		}	
ye	ou deter	mine that recipients qualify to receive payments.)	3a		X
	•	ave a section 403(b) annuity plan for your employees?	3b	 	
		naintain any separate account for participating donors where donors have the right to provide advice e or distribution of funds?	4a		X
b _D	o you pr	rovide credit counseling, debt management, credit repair, or debt negotiation services?	4b		X
Par	t IV	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)			
The or	ganızatı	on is not a private foundation because it is: (Please check only ONE applicable box.)			
5	\square	A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).			
6	님	A school. Section 170(b)(1)(A)(II). (Also complete Part V.)			
7 8	片	A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii). A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).			
9	Ħ	A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name	e. citv.		
•		and state \blacktriangleright			
10		An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b) (Also complete the Support Schedule in Part IV-A.))(1)(A)(ıv).		
11a	X	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	H	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 33 1/3% of its support from contributions, membership fees, and growing receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3%			
		its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses ac			
		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 organizati	ons described in:		
		(1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(2))	3(a)(3).)		
		Provide the following information about the supported organizations. (See page 5 of the instructions.)			
		(a) Name(s) of supported organization(s)		e numi om abo	
		An expansion expansion and energial and energial to test for public sofety. Control E00(aVA). (See page 5 of the instructions.)			
14		An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)			

Calar	Note: You may use the	e worksheet in the inst	ructions for converting	from the accrual to th	e cash method of a	accounting
	ining in) 🔪 🔻	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual	4 404 050		1 545 400	400 05	5 005 550
	grants. See line 28.)	1,421,352.	1,524,810.	1,547,432.		
16	Membership fees received	 	 	0.	21,05	8. 21,058.
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	4,350.	37,130.	30,832.	32,23	0. 104,542.
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalities, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	6,079.	5,649.	7,770.	18,35	5. 37,853.
19	Net income from unrelated business				1	
20	activities not included in line 18 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
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					
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	364,874.	6,327.	SEE STATEME 8,284.	NT 11 5,38	3. 384,868.
23	Total of lines 15 through 22	1,796,655.	1,573,916.	1,594,318.	1,509,98	
24	Line 23 minus line 17	1,792,305.	<u>1,536,786.</u>	1,563,486.	1,477,75	
25	Enter 1% of line 23	17,967.	15,739.	15,943.	15,10	
26	Organizations described on lines 10		• • • •			6a 127,407.
þ	Prepare a list for your records to sho		•	•		
	unit or publicly supported organization	· -	-	ded the amount shown in		27 210
	Do not file this list with your return.					$\frac{6b}{6c}$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	Total support for section 509(a)(1) to	•	· '		2	$\frac{6c}{6}$, $\frac{6}{370}$, $\frac{332}{332}$.
Q.	Add: Amounts from column (e) for li		37,853. 19 84,868. 26b	27,31	<u> </u>	6d 450,031.
	Public support (line 26c minus line 2		04,000 ZOU			$\frac{6d}{6e}$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
•	Public support percentage (line 26		line 26a (denominator))		20	
27	Organizations described on line 12:					
٠,	records to show the name of, and to					· ·
		N/A	,, ,		,	
	(2003)	(2002)	(2	001)	(2000)	
b	For any amount included in line 17 th	nat was received from eac	•	•	re a list for your reco	ords to show the name of,
	and amount received for each year, t		·			
	described in lines 5 through 11, as w	vell as individuals.) Do not	file this list with your re	eturn. After computing the	e difference between	the amount received and
	the larger amount described in (1) or	r (2), enter the sum of the	se differences (the exces	s amounts) for each year	: N/A	
	(2003)	(2002)	(2	001)	(2000)	
C	Add: Amounts from column (e) for la	nes: 15		16		1 .
	17			21		
d	Add: Line 27a total		d line 27b total			7d N/A
e	Public support (line 27c total minus		00 ()	ا احدا		7e N/A
f	Total support for section 509(a)(2) to				N/A	7- 37/3 0/
9	Public support percentage (line	-	-	• •		7g <u>N/A %</u> 7h N/A %
	Investment income percentage Inusual Grants: For an organization					
te	show, for each year, the name of the	contributor, the date and	amount of the grant, and	d a brief description of the	nature of the grant.	Do not file this list with
	our return. Do not include these grant i 12-03-04	is in line 15.	ONE		So	chedule A (Form 990 or 990-EZ) 2004

Schedule A (Form 990 or 990-EZ) 2004 PARENTS HELPING PARENTS

Part V Private School Questionnaire (See page 7 of the instructions.)

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

N/A

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		Yes	No
	instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues,			
	and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of			
	solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known		i :	ļ
	to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
		_		Į
		_	1	}
		_		ļ
00	Dang the account on the fellowing	-		
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	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student	-3-3-		
•	admissions, programs, and scholarships?	32c	١ ١	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
_	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	1		
	,	}		
		_	}	
33	Does the organization discriminate by race in any way with respect to:	_		
a	Students' rights or privileges?	33a	'	
b	Admissions policies?	33b		
C	Employment of faculty or administrative staff?	33c		
ď	Scholarships or other financial assistance?	33d		
е	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	}	} }	
		_		
		_	{ }	l
		_ _		
34 a	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		
0.5	If you answered "Yes" to either 34a or b, please explain using an attached statement.	 		
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	لــــا	

Schedule A (Form 990 or 990-EZ) 2004

	art VI-A Lobbying	Expenditures by E	IELPING PARENTS Lecting Public Charitic Linization that filed Form 5768)		ige 9 of	the instructions.)	94	N/A
Ch	eck b a if the organiz	ation belongs to an affiliated	d group. Check	b ıf	you che	cked "a" and "limited	control"	provisions apply.
		imits on Lobbying	-			(a) Affiliated group totals		(b) To be completed for ALL electing organizations
	(The ter	m "expenditures" means an	iounts paid or incurred.)					electing organizations
20	Total Johnwag avporditures t	in influence nubbe enimes (aranara ata (ah huma)		00	N/A		
36	Total lobbying expenditures t Total lobbying expenditures t				36			
37 38	Total lobbying expenditures (iy (uirect loobying)		38			
39	Other exempt purpose expen	•			39			
40))		40			
41			•		1			
71	If the amount on line 40 is -		ng nontaxable amount is -		} {			
	Not over \$500,000	•	mount on line 40	`				
	Over \$500,000 but not over \$1,000		s 15% of the excess over \$500,000	ĺ	1 1			
	Over \$1,000,000 but not over \$1,5	•	s 10% of the excess over \$1,000,000		41		[
	Over \$1,500,000 but not over \$17,		s 5% of the excess over \$1,500,000	[
	Over \$17,000,000	\$1,000,000)	} {		1	
42	Grassroots nontaxable amou	nt (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 amo	ount on either line 43 or l	ine 44, you must file Form 47	720				
_		Delow. See the in	structions for lines 45 through 5 Lobbying Expend			ar Averaging Period		N/A
	endar year (or al year beginning in)	(a) 2004	(b) 2003	(c) 2002	2	(d) 2001		(e) Total
45	Lobbying nontaxable amount							0.
46	Lobbying ceiling amount (150% of line 45(e))							0.
47	Total lobbying							
	expenditures	<u></u>						0.
48	Grassroots nontaxable amount							0.
49	Grassroots ceiling amount					j		
50	(150% of line 48(e)) Grassroots lobbying	 	 					0.
_	expenditures							0.
P			ting Public Charities			-1 1		
			d not complete Part VI-A) (See p				,	N/A
	· · · · · ·	•	onal, state or local legislation, in	cluding any	attemp	Yes	No	Amount
	uence public opinion on a legis Volunteers	lative matter or referendum	, through the use of:			 		
		clude companeation in avec	enses reported on lines c through	h h \		 	$\vdash \lnot \vdash$	
D C	Media advertisements	оваа ортреправон т схрс	mogo reporteu un mico e un ung	·· u. j		 		
ď	Mailings to members, legislat	ors, or the public				 		
e	Publications, or published or							
f	Grants to other organizations							
9	Direct contact with legislators	•	fficials, or a legislative body					
h			s, lectures, or any other means					
i	Total lobbying expenditures (0.
		lso attach a statement givin	g a detailed description of the lo	bbying activ	rities.			
423 11-2	14.1 24-04					Sch	edule A	(Form 990 or 990-EZ) 2004

	A (Form 990 or 990-EZ) 200	4 PARENTS HELPING	PARENTS		814246 Page 6
Part '				d Relationships With Nonchar	ritable
	id the reporting organization o	zations (See page 11 of the instr directly or indirectly engage in any of	the following with any othe		
		section 501(c)(3) organizations) or ii		olitical organizations?	West No.
	· · ·	ganization to a noncharitable exempt	t organization of:		Yes No
•	i) Cash				51a(i) X
•	i) Other assets				a(ii) X
b 01	ther transactions:				
-	•	ets with a noncharitable exempt orgai	nization		b(i) X
(i	 i) Purchases of assets from a 	a noncharitable exempt organization			b(ii) X
(ii	i) Rental of facilities, equipment	ent, or other assets			b(iii) X
•	 Reimbursement arrangeme 	ents			b(iv) X
	Loans or loan guarantees				b(v) X
(v	 i) Performance of services or 	membership or fundraising solicitat	ions		b(vi) X
c Si	naring of facilities, equipment,	mailing lists, other assets, or paid ei	mployees		c X
d if	the answer to any of the abov	e is "Yes," complete the following sch	nedule. Column (b) should a	always show the fair market value of the	
go	oods, other assets, or services	s given by the reporting organization.	If the organization received	l less than fair market value in any	
tra	ansaction or sharing arrangen	nent, show in column (d) the value of	f the goods, other assets, o	services received:	N/A
(a) Line no.	(b) Amount involved	(c) Name of noncharitable exe	empt organization	Description of transfers, transactions, and	d sharing arrangements
	<u> </u>				
	<u> </u>				
	<u> </u>				
	<u></u>				
					
	-		 		
					
Co	the organization directly or induction the organization directly or induction 501(c). Yes," complete the following s	(3)) or in section 527?	ne or more tax-exempt org	anizations described in section 501(c) of the	Yes X No
	(a) Name of org)	(b) Type of organization	(c) Description of relations	ship
		 			
		 			
	 	 			
		 			
					
					
					
					
				 	
					

FORM 990 GAIN (LOSS) FROM	SALE (OF OTH	ER ASS	SETS	ST	ATEMENT :
DESCRIPTION		i	DATE ACQUIR		DATE SOLD		
SEE SCHEDULE ATTACHED		,	VARIOU	is v	ARIOU	S PURC	HASED
NAME OF BUYER SA	GROSS LES PRICE	COST OTHER		EXPEN OF SA		DEPREC	NET GAIN OR (LOSS)
	0.	29	,504.		0.	19,383.	<10,121
TO FM 990, PART I, LN 8		29	,504.		0.	19,383.	<10,121
FORM 990	SPECIAL EV	ENTS AI	ND ACT	'IVITIE	is	ST	ATEMENT 2
DESCRIPTION OF EVENT	GROSS RECEIPTS		RIBUT.	GRO REVE		DIRECT EXPENSES	NET INCOME
VARIOUS EVENTS - TAXPAYER MAINTAINS DETAIL	34,680).		34	,680.		34,680.
TO FM 990, PART I, LINE 9	34,680). = ====		34	,680.		34,680.
FORM 990 OTHER CHAI	NGES IN NE	T ASSET	rs or	FUND E	BALANCI	ES ST	ATEMENT 3
DESCRIPTION							AMOUNT
UNREALIZED GAIN (LOSS) ON BOOK TAX DIFFERENCE ON SAI							7,106. 846.
TOTAL TO FORM 990, PART I	, LINE 20						7,952.
FORM 990 STATEMENT OF (ON'S PI	RIMARY	EXEMP	T PURI	POSE ST	ATEMENT 4

EXPLANATION

FAMILY RESOURCE CENTER THAT BENEFITS CHILDREN WITH SPECIAL NEEDS

				
FORM 990	STATEMENT OF PROGRAM SERV	ICE ACCOMPLISHMENTS	STATEMENT	5
DESCRIPTION	OF PROGRAM SERVICE ONE			
WHO HAVE CHI AND DIRECTIO	CES - PROVIDES PROFESSIONALS LDREN WITH SPECIAL NEEDS WITH IN TO MEET THEIR IMMEDIATE AND LUDE MENTOR PARENT MATCHES, P	SUPPORT, RESOURCES, LONG-TERM NEEDS.		
		GRANTS	EXPENSES	
TO FORM 990,	PART III, LINE A		528,0	29.
FORM 990	STATEMENT OF PROGRAM SERV	TCE ACCOMPLISHMENTS	STATEMENT	
DESCRIPTION	OF PROGRAM SERVICE TWO			
SUPPORT AND & PROFESSION	PUBLIC AND PROFESSONAL - PROTRAINING ON SPECIAL EDUCATION ALS. TRAINING INCLUDES TOPICS ANS, GOALS & OBJECTIVES, & CO	ISSUES TO PARENTS SUCH AS INDIVIDUAL		
		GRANTS	EXPENSES	
TO FORM 990,	PART III, LINE B		674,7	33.

FORM	990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	STATEMENT	7
DESCR	IPTION OF PROGRAM SERVICE THREE		
FAMIL THE G	H & HOSPITALS - ENCOMPASSES A VARIETY OF WORK WITH HES THAT HAVE CHILDREN WITH SPECIAL HEALTH CARE NEEDS. HOAL OF THESE SERVICES IS TO CARRY THE CONCEPT OF FAMILY RED CARE TO ALL HEALTH PROFESSIONALS WORKING WITH KIDS		
	GRANTS	EXPENSES	
TO FO	RM 990, PART III, LINE C	166,99	98.
FORM	990 OTHER ASSETS	STATEMENT	8
DESCR	IPTION	AMOUNT	
INVES	ITS/PREPAIDS TMENTS DITIONAL PROMISE TO GIVE	5,63 199,61 15,00	18.
TOTAL	TO FORM 990, PART IV, LINE 58, COLUMN B	220,25	54.
FORM	990 OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT	9
DESCR	IPTION	AMOUNT	
	LIZED GAIN (LOSS) ON INVESTMENTS TAX DIFFERENCE	7,10 84)6. 16.
TOTAL	TO FORM 990, PART IV-A	7,95	52.
FORM	990 PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES	STATEMENT	10
LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES		
93A	SEMINARS ARE PROVIDED TO TEACH OTHERS HOW TO REPLICATE TO AGENCY AND SKILLS NECESSARY TO ASSIST CHILDREN WITH SPEC		
94	NEEDS. EACH MEMBER FAMILY IS ASKED TO CONTRIBUTE \$25 ANNUALLY COSTS.	TO DEFRAY	
95 101	INTEREST RECEIVED IS USED BY THE AGENCY TO FUND EXPANSION FUND RAISING EVENTS HELP TO FUND PROGRAMS AND SERVICES. ALSO SERVE TO COMMUNICATE THE SERVICE AVAILABLE TO THE	THE EVENTS	

SCHEDULE A	OTHER INC	OME	STATEMENT 11		
DESCRIPTION	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT	
MISC. INC. SEMINARS	8,680. 356,194.	6,327.	8,284.	5,383.	
TOTAL TO SCHEDULE A, LINE 22	364,874.	6,327.	8,284.	5,383.	

ok Basis

Parents Helping Parents Picose Depreciation Schedule by G/L Account Number For the 12 Months Ended 06/30/05

09/06/05 11:11AM

Asset No.	Asset Description	Date Acquired	Method	Life	Sold?		07/01/04	Current Depreciation	Accum Depr 06/30/05
11 Fixed	Assets:Furniture & Fixtures			٠		•			
00119	Postage Machine - Pitney Bowes	09/27/91	ST LINE	07/00	Υ	2,055.00	2,055.00	0.00	2,055.00
00233	Copier - CopyStar	07/01/95	ST LINE	05/00	Y	1,180.00	1,180.00	0.00	1,180.00
80000	Copier - Leasad	03/14/01	ST LINE	07/00	Υ _	23,597.00	11,236.67	3,090,08	14,326.76
	Total for (Fixed Assets:Furniture	& Fixtures)				26,832.00	14,471.67	3,090.08	17,581.75
32 Fixed	Assets:Capital Asset - Computer	••		. S		• • •			
00001	Printer - HP	02/01/95	ST LINE	05/00	Y	500.00	500.00	0.00	500.00
00207	Monitor - IBM	04/23/98	STLINE	05/00	Y	250.00	250.00	0.00	250.00
00342	Monitor - Future Power	05/10/00	ST LINE	05/00	Y	161.00	134.17	21.46	155.65
00437	PC - IBM NetVista	08/07/02	ST LINE	05/00	Y	1,400.00	531.62	23.33	554.95
	Total for (Fixed Assets:Capital As	sset - Comp	uter)	•		2,311.00	1,415.79	44.79	1,460.58
34 Fixed	Assets:Restricted;Fixed Asset 1,7	# 4 4 V					# 4		a a
00244	Printer - HP	07/01/98	ST LINE	05/00	Y	361.00	361.00	0.00	361.0C
	Total for (Fixed Assets:Restricted	Fixed Asse	et)			361.00	361.00	0.00	361.0C
	Clent Subtotal Before Sales				-	29,504.00	16,248.46	3,134.87	19,383.33
	Less Assets Sold					29,504.00			19,383.33
	Total					0.00	16,248.46	3,134.87	0.00





The Family Resource Center
Empowering families and communities to meet children's special needs

BOARD OF DIRECTORS 2005-2006

Affiliation/

Name & Address	Business Address	Term Expires
Jim Aldridge	Fiber Network Engineering	Parent 6/30/06
1253 Byron Avenue		
Palo Alto, CA 94301	1125 E Hillsdale Blvd #110	
650-324-0551	Foster City, CA. 94063	
Board Chair	Wk: 650-324-1283	J.
	Fax: 650-324-0552	
	jima@fn-eng.com	
George Arzate	Businessman	Parent
515 Broderick Ave	Arzate & Associates	6/30/07
San Jose, CA. 95111	Wk: 408-365-1060	
,	arzateg@aol.com	
	•	
Robert Badagliacco	Vice-President Corporate Advisory Services	6/30/07
1556 Darlene Ave	Trammell Crow Company	
San Jose, CA. 95125	160 W. Santa Clara St. Suite # 1190	
Chair: Development Committee	San Jose, CA. 95113	
•	408, 282-4418	
	Fax: 408 282-4415	
	rbadagliacco@trammellcrow.com	
Tom Downey	CFO / Finance Manager	6/30/07
10192 Peninsula Ave	Finisar Corporation	
Cupertino, CA. 95074	Wk:408 542-4152	
Treasurer	Cell: 408-203-4536	
	tom.downey@finisar.com	
Allen Fleishman	Attorney at Law	6/30/07
Chair: Marketing Committee	Law Offices of Allen Fleishman	
_	79 Devine St. #200	
	San Jose, CA. 95110	
	408-975-1075	
	dclarkson@fleishmanlaw.com	

Fand's salany (EFO) = \$ 49,920 Mary Ellen Salany (Exector) = \$80,000

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Antoinette Penton Mailing address: 1445 Foxworthy Ave., Suite 50, #105 San Jose, CA 95118	Disability Attorney & Community College Adjunct Faculty Business: 408-483-8557 Home: 408-972-2450 am penton@yahoo.com	Parent 6/30/08
Joyce Uggla, Secretary 2061 El Sereno Los Altos, CA 94024 650-965-9169 Secretary	Consultant Home: 650-965-9169 Cell: 650-906-6059 juggla@sigaba.com	Parent 6/30/06

PHP requires that Board Members:

- Be experienced individuals with integrity, status, proven performance capacity and have a willingness to work
- Must represent no one except the long-term interests of the organization.
- Take time to carry out the functions of board membership.
- Have competence in administrative and program areas.
- Have community leadership abilities.
- Be willing to make a personal stretch contribution to the organization.
- Will act as a bridge / ambassador to constituents.
- Be independent of management.