

Form

**990****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)

OMB No 1545-0047

**2005****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

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

**A For the 2005 calendar year, or tax year beginning November 1, 2005, and ending October 31, 2006****B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☒ Final return  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization**Keiro Services**

Number and street (or P O box if mail is not delivered to street address) Room/suite

**325 S. Boyle Avenue**

City or town, state or country, and ZIP + 4

**Los Angeles, CA 90033-3812****D** Employer identification number**95 4022185****E** Telephone number**( 323 ) 263-1007****F** Accounting method ☐ Cash ☒ Accrual☐ Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**H and I are not applicable to section 527 organizations****H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶**H(c)** Are all affiliates included? ☐ Yes ☒ No  
(If "No," attach a list. See instructions.)**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶**G** Website: ▶ **www.keiro.org****J** Organization type (check only one) ▶ ☒ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**K** Check here ▶ ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.**M** Check ▶ ☐ if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF).**L** Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)****1** Contributions, gifts, grants, and similar amounts received:**a** Direct public support**1a** **3,686,667****b** Indirect public support**1b** **0****c** Government contributions (grants)**1c** **0****d** Total (add lines 1a through 1c) (cash \$ noncash \$ )**1d** **3,686,667****2** Program service revenue including government fees and contracts (from Part VII, line 93)**2** **101,583****3** Membership dues and assessments**3** **0****4** Interest on savings and temporary cash investments**4** **106,898****5** Dividends and interest from securities**5** **268,518****6a** Gross rents**6a****b** Less rental expenses**6b****c** Net rental income or (loss) (subtract line 6b from line 6a)**6c** **0****7** Other investment income (describe) ▶**7** **0****8a** Gross amount from sales of assets other than inventory**(A) Securities****(B) Other****8a****b** Less cost or other basis and sales expenses**8b****c** Gain or (loss) (attach schedule)**8c****d** Net gain or (loss) (combine line 8c, columns (A) and (B))**8d** **0****9** Special events and activities (attach schedule). If any amount is from gaming, check here ▶ ☐**a** Gross revenue (not including \$ of contributions reported on line 1a)**9a****b** Less direct expenses other than fundraising expenses**9b****c** Net income or (loss) from special events (subtract line 9b from line 9a)**9c** **0****10a** Gross sales of inventory, less returns and allowances**10a****b** Less cost of goods sold**10b****c** Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)**10c** **0****11** Other revenue (from Part VII, line 103)**11** **2,566,971****12** Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)**12** **6,730,637****Revenue****13** Program services (from line 44, column (B))**13** **142,372****14** Management and general (from line 44, column (C))**14** **2,077,589****15** Fundraising (from line 44, column (D))**15** **1,099,316****16** Payments to affiliates (attach schedule)**16** **0****17** Total expenses (add lines 16 and 44, column (A))**17** **3,319,277****Expenses****18** Excess or (deficit) for the year (subtract line 17 from line 12)**18** **3,411,360****19** Net assets or fund balances at beginning of year (from line 73, column (A))**19** **18,796,700****20** Other changes in net assets or fund balances (attach explanation)**20** **0****21** Net assets or fund balances at end of year (combine lines 18, 19, and 20)**21** **22,208,060****Net Assets**

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

Form **990** (2005)ENVELOPE  
POSTMARK DATE  
SEP 13 2007

SCANNED SEP 27 2007

G15 21m

**Part II** **Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

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
<b>22</b>	Grants and allocations (attach schedule). (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22</b>			
<b>23</b>	Specific assistance to individuals (attach schedule)	<b>23</b>			
<b>24</b>	Benefits paid to or for members (attach schedule)	<b>24</b>			
<b>25</b>	Compensation of officers, directors, etc.	<b>25</b>			
<b>26</b>	Other salaries and wages	<b>26</b> 1,542,692	<b>90,464</b>	<b>1,094,606</b>	<b>357,622</b>
<b>27</b>	Pension plan contributions	<b>27</b> 41,346	<b>(514)</b>	<b>32,546</b>	<b>9,314</b>
<b>28</b>	Other employee benefits	<b>28</b> 364,645	<b>25,234</b>	<b>264,264</b>	<b>75,147</b>
<b>29</b>	Payroll taxes	<b>29</b> 119,353	<b>7,470</b>	<b>84,130</b>	<b>27,753</b>
<b>30</b>	Professional fundraising fees	<b>30</b> 148,717	<b>0</b>	<b>6,388</b>	<b>142,329</b>
<b>31</b>	Accounting fees	<b>31</b> 15,959	<b>0</b>	<b>15,959</b>	<b>0</b>
<b>32</b>	Legal fees	<b>32</b> 0	<b>0</b>	<b>0</b>	<b>0</b>
<b>33</b>	Supplies	<b>33</b> 57,416	<b>19,063</b>	<b>25,467</b>	<b>12,886</b>
<b>34</b>	Telephone	<b>34</b> 22,824	<b>0</b>	<b>19,120</b>	<b>3,704</b>
<b>35</b>	Postage and shipping	<b>35</b> 35,117	<b>0</b>	<b>6,153</b>	<b>28,964</b>
<b>36</b>	Occupancy	<b>36</b> 0	<b>0</b>	<b>0</b>	<b>0</b>
<b>37</b>	Equipment rental and maintenance	<b>37</b> 11,498	<b>0</b>	<b>10,282</b>	<b>1,216</b>
<b>38</b>	Printing and publications	<b>38</b> 140,826	<b>0</b>	<b>6,002</b>	<b>134,824</b>
<b>39</b>	Travel	<b>39</b> 0	<b>0</b>	<b>0</b>	<b>0</b>
<b>40</b>	Conferences, conventions, and meetings	<b>40</b> 8,246	<b>0</b>	<b>6,611</b>	<b>1,635</b>
<b>41</b>	Interest	<b>41</b> 1,236	<b>0</b>	<b>1,236</b>	<b>0</b>
<b>42</b>	Depreciation, depletion, etc. (attach schedule)	<b>42</b> 88,428	<b>0</b>	<b>88,428</b>	<b>0</b>
<b>43</b>	Other expenses not covered above (itemize):				
<b>a</b>	Management Fees	<b>43a</b> 7,540	<b>0</b>	<b>7,540</b>	<b>0</b>
<b>b</b>	Minor Equipment	<b>43b</b> 22,895	<b>0</b>	<b>17,231</b>	<b>5,664</b>
<b>c</b>	Insurance	<b>43c</b> 88,088	<b>0</b>	<b>88,088</b>	<b>0</b>
<b>d</b>	Utilities	<b>43d</b> 15,263	<b>0</b>	<b>15,263</b>	<b>0</b>
<b>e</b>	Taxes & Licenses	<b>43e</b> 13,018	<b>0</b>	<b>13,018</b>	<b>0</b>
<b>f</b>	Purchased Services	<b>43f</b> 221,686	<b>0</b>	<b>61,913</b>	<b>159,773</b>
<b>g</b>	Other Expenses	<b>43g</b> 352,484	<b>655</b>	<b>213,344</b>	<b>138,485</b>
<b>44</b>	<b>Total functional expenses.</b> Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	<b>44</b> 3,319,277	<b>142,372</b>	<b>2,077,589</b>	<b>1,099,316</b>

**Joint Costs.** Check ☐ if you are following SOP 98-2.Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_,

(iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

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

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

What is the organization's primary exempt purpose? ▶	<b>Program Service Expenses</b>
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.)	(Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts, but optional for others.)
<b>a</b> Provided support services to affiliates; provided skilled nursing & residential services to elderly & provided adult day care services. Served over 600 patients/residents/participants that attained and maintained optimum level of functional independence.	
SEE SCHEDULE "B"	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	<b>142,372</b>
<b>b</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>c</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>d</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>e</b> Other program services (attach schedule)	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>f</b> Total of Program Service Expenses (should equal line 44, column (B), Program services). ▶	<b>142,372</b>

**Part IV Balance Sheets** (See the instructions.)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>45</b> Cash—non-interest-bearing . . . . .	2,290,997	<b>45</b>	2,942,193
	<b>46</b> Savings and temporary cash investments . . . . .	1,112,375	<b>46</b>	891,940
	<b>47a</b> Accounts receivable . . . . . <b>47a</b> 31,932			
	<b>b</b> Less: allowance for doubtful accounts . . . . . <b>47b</b> 0	7,741	<b>47c</b>	31,932
	<b>48a</b> Pledges receivable . . . . . <b>48a</b>			
	<b>b</b> Less: allowance for doubtful accounts . . . . . <b>48b</b>	863,200	<b>48c</b>	521,188
	<b>49</b> Grants receivable . . . . .	0	<b>49</b>	0
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .	0	<b>50</b>	0
	<b>51a</b> Other notes and loans receivable (attach schedule) . . . . . <b>51a</b>			
	<b>b</b> Less: allowance for doubtful accounts . . . . . <b>51b</b>	0	<b>51c</b>	0
	<b>52</b> Inventories for sale or use . . . . .	0	<b>52</b>	0
	<b>53</b> Prepaid expenses and deferred charges . . . . .	82,962	<b>53</b>	103,541
	<b>54</b> Investments—securities (attach schedule) . . . . . <input type="checkbox"/> Cost <input type="checkbox"/> FMV	4,136,689	<b>54</b>	7,409,308
	<b>55a</b> Investments—land, buildings, and equipment: basis . . . . . <b>55a</b>			
	<b>b</b> Less: accumulated depreciation (attach schedule) . . . . . <b>55b</b>	0	<b>55c</b>	0
<b>56</b> Investments—other (attach schedule) . . . . .	0	<b>56</b>	0	
<b>57a</b> Land, buildings, and equipment: basis . . . . . <b>57a</b> 2,218,147				
<b>b</b> Less: accumulated depreciation (attach schedule) . . . . . <b>57b</b> (1,113,628)	1,107,821	<b>57c</b>	1,104,519	
<b>58</b> Other assets (describe <b>Due from affiliates/Other assets</b> . . . . .)	10,627,897	<b>58</b>	11,069,933	
<b>59 Total assets</b> (must equal line 74). Add lines 45 through 58.	20,229,682	<b>59</b>	24,074,554	
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses . . . . .	309,788	<b>60</b>	271,223
	<b>61</b> Grants payable . . . . .	0	<b>61</b>	0
	<b>62</b> Deferred revenue . . . . .	0	<b>62</b>	0
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .	0	<b>63</b>	0
	<b>64a</b> Tax-exempt bond liabilities (attach schedule) . . . . .	0	<b>64a</b>	0
	<b>b</b> Mortgages and other notes payable (attach schedule) . . . . .	0	<b>64b</b>	0
	<b>65</b> Other liabilities (describe <b>Due to affiliates/Other Liabilities</b> . . . . .)	1,123,194	<b>65</b>	1,595,271
<b>66 Total liabilities.</b> Add lines 60 through 65	1,432,982	<b>66</b>	1,866,494	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>			
	<b>67</b> Unrestricted . . . . .	11,739,186	<b>67</b>	15,150,546
	<b>68</b> Temporarily restricted . . . . .	3,130,258	<b>68</b>	3,130,258
	<b>69</b> Permanently restricted . . . . .	3,927,256	<b>69</b>	3,927,256
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.</b>			
	<b>70</b> Capital stock, trust principal, or current funds . . . . .	0	<b>70</b>	0
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund . . . . .	0	<b>71</b>	0
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds . . . . .	0	<b>72</b>	0
	<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19; column (B) must equal line 21)	18,796,700	<b>73</b>	22,208,060
	<b>74 Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	20,229,682	<b>74</b>	24,074,554

**Part IV-A**      **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions.)

Instruction		Form	
<b>a</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>a</b>	
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12:		
<b>1</b>	Net unrealized gains on investments . . . . .	<b>b1</b>	
<b>2</b>	Donated services and use of facilities . . . . .	<b>b2</b>	
<b>3</b>	Recoveries of prior year grants . . . . .	<b>b3</b>	
<b>4</b>	Other (specify): . . . . .	<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b> . . . . .	<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> . . . . .	<b>c</b>	
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :		
<b>1</b>	Investment expenses not included on Part I, line 6b . . . . .	<b>d1</b>	
<b>2</b>	Other (specify): . . . . .	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b> . . . . .	<b>d</b>	
<b>e</b>	<b>Total revenue</b> (Part I, line 12). Add lines <b>c</b> and <b>d</b> . . . . . ▶	<b>e</b>	

**Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements		<b>a</b>
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17:		
<b>1</b>	Donated services and use of facilities	<b>b1</b>	
<b>2</b>	Prior year adjustments reported on Part I, line 20	<b>b2</b>	
<b>3</b>	Losses reported on Part I, line 20	<b>b3</b>	
<b>4</b>	Other (specify):	<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :		
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>	
<b>2</b>	Other (specify):	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>
<b>e</b>	<b>Total expenses</b> (Part I, line 17). Add lines <b>c</b> and <b>d</b>		<b>e</b>

**Part V-A** **Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

[illegible]

**Part V-A** **Current Officers, Directors, Trustees, and Key Employees** *(continued)*

Yes	No
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**75a** Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings

**b** Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) .

**c** Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control?

**Note.** Related organizations include section 509(a)(3) supporting organizations.

If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization.

**d Does the organization have a written conflict of interest policy?**

**Part V-B** **Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

[illegible]**Part VI** Other Information (See the instructions.)

<b>Yes</b>	<b>No</b>
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**76** Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity

**77** Were any changes made in the organizing or governing documents but not reported to the IRS?

If "Yes," attach a conformed copy of the changes

**78a** Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?

**b** If "Yes," has it filed a tax return on **Form 990-T** for this year?

**79** Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement

**80a** Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?

**b** If "Yes," enter the name of the organization ► **Keiro Nursing Home, Japanese Home for the Aged**

Enter direct and indirect political expenditures. (See line 81 instructions) ☐ exempt or ☐ nonexempt **81a**

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

**Part VI Other Information** (continued)

		Yes	No
<b>82a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	✓	
<b>b</b>	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
<b>82b</b> Not Accounted For		✓	
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	✓	
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	✓	
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?	✓	
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	✓	
<b>85</b>	<b>501(c)(4), (5), or (6) organizations.</b> a Were substantially all dues nondeductible by members?		
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
<b>c</b>	Dues, assessments, and similar amounts from members	<b>85c</b>	n/a
<b>d</b>	Section 162(e) lobbying and political expenditures	<b>85d</b>	n/a
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	<b>85e</b>	n/a
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)	<b>85f</b>	n/a
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	<b>85g</b>	
<b>h</b>	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	<b>85h</b>	
<b>86</b>	<b>501(c)(7) orgs.</b> Enter: a Initiation fees and capital contributions included on line 12	<b>86a</b>	n/a
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities	<b>86b</b>	n/a
<b>87</b>	<b>501(c)(12) orgs.</b> Enter: a Gross income from members or shareholders	<b>87a</b>	n/a
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>87b</b>	n/a
<b>88</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	<b>88</b>	✓
<b>89a</b>	<b>501(c)(3) organizations</b> Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
<b>b</b>	<b>501(c)(3) and 501(c)(4) orgs.</b> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	<b>89b</b>	✓
<b>c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		n/a
<b>d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization		n/a
<b>90a</b>	List the states with which a copy of this return is filed ▶ <b>California</b>		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2005 (See instructions)	<b>90b</b>	32
<b>91a</b>	The books are in care of ▶ <b>Dale P. Posadas</b> Telephone no. ▶ <b>( 323 ) 980-7503</b> Located at ▶ <b>325 S. Boyle Avenue, Los Angeles, CA</b> ZIP + 4 ▶ <b>90033-3812</b>		
<b>b</b>	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b>	<b>91b</b>	✓
<b>c</b>	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶	<b>91c</b>	✓
<b>92</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ <b>92</b>		

**Part VII Analysis of Income-Producing Activities** (See the instructions.)**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>93</b> Program service revenue					
<b>a</b> Private-Adult Day Care					101,583
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>f</b> Medicare/Medicaid payments					
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments					
<b>95</b> Interest on savings and temporary cash investments			14	106,898	
<b>96</b> Dividends and interest from securities			14	268,518	
<b>97</b> Net rental income or (loss) from real estate:					
<b>a</b> debt-financed property					
<b>b</b> not debt-financed property					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events					
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue: <b>a</b> Management Fees					2,153,030
<b>b</b> Others					413,941
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>104</b> Subtotal (add columns (B), (D), and (E))				375,416	2,668,554
<b>105</b> Total (add line 104, columns (B), (D), and (E))					3,043,970

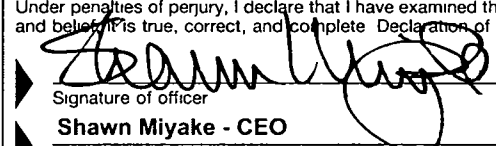
**Note:** Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
<b>93a</b>	Fees from providing day center services to the elderly providing activities, etc. This furthers our exempt purposes of providing services to the elderly.
<b>103a</b>	Management Fee 7% charged to related organizations.
<b>103b</b>	Income(loss) from value of investments-This furthers our exempt purposes of ensuring quality services.

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	 Signature of officer <b>Shawn Miyake - CEO</b> Type or print name and title		Date <b>9/12/07</b>	
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. W)
	Firm's name (or yours if self-employed) address, and ZIP + 4	EIN	Phone no. ( )	



**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 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

**2005**

Name of the organization

**KEIRO SERVICES**

Employer identification number

**95 4022185**

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

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
HOWARD TERADA - 325 SO BOYLE AVE LOS ANGELES, CA 90033	DIRECTOR, RESOURCE DEVELOPMENT - 40	122003	11697	3600
DALE POSADAS - 325 SO. BOYLE AVE LOS ANGELES, CA 90033	CONTROLLER - 40	95810	5599	2400
DORA WONG - 325 SOUTH BOYLE AVE LOS ANGELES, CA 90033	DIRECTOR, HUMAN RESOURCES - 40	87886	8693	1200
DIANNE BELL - 325 SOUTH BOYLE AVE LOS ANGELES, CA 90033	CBC ADMINISTRATOR 40	83225	12851	3000
KENJI MAEDA - 325 SOUTH BOYLE AVE LOS ANGELES, CA 90033	DIRECTOR, IT - 40	83375	10269	
Total number of other employees paid over \$50,000 . . . . .	5			

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions. List each one (whether individuals or firms) If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
LAWRENCE E. SCOTT 2568 PENCE DRIVE, EL CAHON, CA 92019	FUND RAISING CONSULTANT	52500

Total number of others receiving over \$50,000 for professional services . . . . .

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of other contractors receiving over \$50,000 for other services . . . . .

**Part III** Statements About Activities (See page 2 of the instructions.)

Yes No

- 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ \_\_\_\_\_ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B) . . . . .

1

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

- 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)

- a Sale, exchange, or leasing of property? . . . . . **2a** ✓
- b Lending of money or other extension of credit? . . . . . **2b** ✓
- c Furnishing of goods, services, or facilities? . . . . . **2c** ✓
- d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . . **2d** ✓
- e Transfer of any part of its income or assets? . . . . . **2e** ✓
- 3a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments) . . . . . **3a** ✓
- b Do you have a section 403(b) annuity plan for your employees? . . . . . **3b** ✓
- c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)? . . . . . **3c** ✓
- 4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? . . . . . **4a** ✓
- b Do you provide credit counseling, debt management, credit repair, or debt negotiation services? . . . . . **4b** ✓

**Part IV** Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i)
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii)
- 8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v)
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► \_\_\_\_\_
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization ► ☐ Type 1 ☐ Type 2 ☐ Type 3

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

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

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

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12 ) *Use cash method of accounting.***Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28 ).	<b>2187312</b>	<b>2762524</b>	<b>2423809</b>	<b>1761265</b>	<b>9134910</b>
<b>16</b> Membership fees received . . . . .					
<b>17</b> 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 . . . . .	<b>2752446</b>	<b>2206220</b>	<b>2604517</b>	<b>2027084</b>	<b>9590267</b>
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 . . . . .	<b>224542</b>	<b>148060</b>	<b>120232</b>	<b>120382</b>	<b>613216</b>
<b>19</b> Net income from unrelated business activities not included in line 18 . . . . .					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf . . . . .					
<b>21</b> 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 . . . . .					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets . . . . .					
<b>23</b> Total of lines 15 through 22 . . . . .	<b>5164300</b>	<b>5116804</b>	<b>5148558</b>	<b>3908731</b>	<b>19338393</b>
<b>24</b> Line 23 minus line 17 . . . . .	<b>2411854</b>	<b>2910584</b>	<b>2544041</b>	<b>1881647</b>	<b>9748126</b>
<b>25</b> Enter 1% of line 23 . . . . .	<b>51643</b>	<b>51168</b>	<b>51486</b>	<b>39087</b>	

<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24 . . . . . ►	<b>26a</b>	<b>194963</b>
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. <b>Do not file this list with your return.</b> Enter the total of all these excess amounts ►	<b>26b</b>	<b>934712</b>
c Total support for section 509(a)(1) test. Enter line 24, column (e) . . . . . ►	<b>26c</b>	<b>9748126</b>
d Add: Amounts from column (e) for lines: 18 <u>613216</u> 19 <u>0</u> . . . . .		
22 <u>0</u> 26b <u>934712</u> . . . . . ►	<b>26d</b>	<b>1547928</b>
e Public support (line 26c minus line 26d total) . . . . . ►	<b>26e</b>	<b>8200198</b>
f <b>Public support percentage (line 26e (numerator) divided by line 26c (denominator))</b> . . . . . ►	<b>26f</b>	<b>84 %</b>

**27 Organizations described on line 12:** a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." **Do not file this list with your return.** Enter the sum of such amounts for each year

(2004) . . . . . (2003) . . . . . (2002) . . . . . (2001) . . . . .

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger of (1) the amount on line 25 for the year or (2) \$5,000** (include in the list organizations described in lines 5 through 11b, as well as individuals ) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year

(2004) . . . . . (2003) . . . . . (2002) . . . . . (2001) . . . . .

c Add: Amounts from column (e) for lines. 15 _____ 16 _____ . . . . .	<b>27c</b>	
17 _____ 20 _____ 21 _____ . . . . .	<b>27d</b>	
d Add: Line 27a total, _____ and line 27b total, _____ . . . . .	<b>27e</b>	
e Public support (line 27c total minus line 27d total) . . . . .	<b>27f</b>	
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e) . . . . .	<b>27g</b>	<b>%</b>
g <b>Public support percentage (line 27e (numerator) divided by line 27f (denominator))</b> . . . . .	<b>27h</b>	<b>%</b>
h <b>Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))</b> . . . . .		

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

**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)**

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

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)  
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

 Check **a** ☐ if the organization belongs to an affiliated group. Check **b** ☐ if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred )			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .	37	
38	Total lobbying expenditures (add lines 36 and 37) . . . . .	38	
39	Other exempt purpose expenditures . . . . .	39	
40	Total exempt purpose expenditures (add lines 38 and 39) . . . . .	40	
41	Lobbying nontaxable amount Enter the amount from the following table— If the amount on line 40 is—      The lobbying nontaxable amount is— Not over \$500,000 . . . . . 20% of the amount on line 40 . . . . . Over \$500,000 but not over \$1,000,000 . . . . . \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 . . . . . \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 . . . . . \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 . . . . . \$1,000,000 . . . . .	41	
42	Grassroots nontaxable amount (enter 25% of line 41) . . . . .	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36. . . . .	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38. . . . .	44	

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

**4-Year Averaging Period Under Section 501(h)**

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

Calendar year (or fiscal year beginning in) ►	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount . . . . .					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures . . . . .					
48 Grassroots nontaxable amount . . . . .					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures . . . . .					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of.

- a Volunteers . . . . .
- b Paid staff or management (Include compensation in expenses reported on lines c through h.) . . . . .
- c Media advertisements . . . . .
- d Mailings to members, legislators, or the public . . . . .
- e Publications, or published or broadcast statements . . . . .
- f Grants to other organizations for lobbying purposes . . . . .
- g Direct contact with legislators, their staffs, government officials, or a legislative body . . . . .
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . . . .
- i Total lobbying expenditures (Add lines c through h.) . . . . .

Yes	No	Amount

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

**Part VII** Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions.)

- 51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
<b>a</b>	Transfers from the reporting organization to a noncharitable exempt organization of:		
	(i) Cash	51a(i)	
	(ii) Other assets	a(ii)	
<b>b</b>	Other transactions		
	(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)	
	(ii) Purchases of assets from a noncharitable exempt organization	b(ii)	
	(iii) Rental of facilities, equipment, or other assets	b(iii)	
	(iv) Reimbursement arrangements	b(iv)	
	(v) Loans or loan guarantees	b(v)	
	(vi) Performance of services or membership or fundraising solicitations	b(vi)	
<b>c</b>	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c	

- d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

[illegible]

- 52a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? . . . ► ☐ Yes ☐ No

- b If "Yes," complete the following schedule

[illegible]

KEIRO SERVICES  
FORM 990 - FYE 10/31/08  
INVESTMENTS - PAINEWEBBER  
PART IV LINE 54

	TOTAL MKT. VALUE	TOTAL COST
<b><u>CERTIFICATE OF DEPOSITS</u></b>		
CD Midwest B&T Co IL US	94,952	95,000
CD Countrywide Bank VA US	49,940	50,000
CD WesternBank PR	94,775	95,000
CD Indymac Bk CA US	94,805	95,000
CD Washington Mutual Bk US	39,834	40,000
CD Merchantile Bk MI US	94,942	95,000
CD Washington Mutual Bk US	54,986	55,000
CD Franklin Bk TX US	11,997	12,000
CD Countrywide Bank VA US	45,016	45,000
CD Paragon Coml Bk NC US	69,795	70,000
CD Netbank GA US	95,103	95,000
CD Heritage Bk of FL US	95,141	95,000
CD Lehman Bros Bk DE US	95,069	95,000
CD BMW Bk UT US	95,219	95,000
CD Huntington Natl Bk OH	93,085	95,000
CD Capital One Bk VA US	95,561	100,919
CD Discover Bank DE US	95,953	95,000
CD Provident Natl Bk NH	5,114	5,000
CD Key Banks OH US	10,136	10,000
CD Key Banks OH US	19,890	22,279
CD Key Banks OH US	24,552	25,000
CD Waypoint Bank PA US	93,113	95,000
CD First Nation Bk GA US	94,988	95,000
CD AFB&T GA US	94,988	95,000
CD First Comm Bk AL US	94,988	95,000
CD Indymac Bank CA US	94,805	95,000
CD Columbus B&T GA US	94,749	95,000
CD BMW Bank UT US	83,814	85,000
CD Cross Country BK DE	94,644	95,000
CD OBA Fed Svgs Bk MD	95,847	95,000
CD Huntington Natl Bk OH	67,738	70,000
CD Hudson United Bank NJ	92,182	95,000
CD Carolina First Bk SC	92,117	95,000
Total Certificate of Deposits	2,469,836	2,490,198
<b><u>MONEY MARKET/MUTUAL FUNDS/EQUITIES</u></b>		
Dow Chemical	89,738	100,911
HanesBrands Inc	13,405	14,615
Huntington Bancshares	78,112	79,032
New York Cmnty Bancorp	65,400	72,845
Sara Lee Corp	77,805	82,921
RMA Money Market Portfolio	14,970	14,970
RMA Money Market Portfolio	13,845	13,845
Eaton Vance Senior Income	888	872
ING Prime Rate Trust	197,778	200,755
American Century Equity Income Fund	149,966	141,691
American Funds Capital World Growth & Income Fund Class F	151,059	141,764
American Funds Growth Fund of America Class F	149,556	141,624
Cohen & Steers Realty Shares	155,886	142,031
FT Mutual Beacon A	150,721	141,257
FT Templeton Devlp Markets A	151,728	141,257
JP Morgan Intrepid European Fund Class A	154,463	141,257
Royce Total Return Fund	150,547	141,795
American Funds Bond Fund of America Class F	731,570	719,712
John Hancock Strategic Income Class A	145,507	143,971
Pimco Total Return Fund Class A	437,884	430,560
American Funds Income Fund of America Class F	223,176	212,718
American Funds Capital Income Builder Fund Class F	224,413	212,581
BAC Cap Trust IV	108,270	102,839
General Elec Cap Corp	104,295	99,806
ABN Amro Capital Funding	96,560	98,761
BAC Cap Trust IV	96,240	100,245
BNY Capital V	96,640	101,052
JP Morgan Chase Cap XI	95,040	98,860
Wells Fargo Capital VIII	95,480	100,661
Total Money Market/Mutual Funds/Equities	4,221,040	4,135,209
<b><u>CORPORATE BONDS</u></b>		
Genl Elec Cap Corp	71,050	74,826
Genl Elec Co NTS	39,648	40,986
John Hancock Signature NTS	96,707	100,000
Hartford Life Glob Fndg Income	96,017	100,000
Citigroup Inc NTS	105,109	105,098
SBC Communications Inc	103,581	104,192
Genl Elec Cap Corp NTS	206,320	202,361
Total Corporate Bonds	718,432	727,462
<b>TOTAL INVESTMENT</b>	<b>\$ 7,409,308</b>	<b>\$ 7,352,869</b>

**KEIRO SERVICES 95-4022185**  
**FORM 990 - FYE 10/31/06**  
**SCHEDULE OF PLANT, PROPERTY & EQUIPMENT**  
**PART 1V LINE 57**

LAND, BUILDINGS AND LEASEHOLD IMPROVEMENTS	\$ 1,002,912
CONSTRUCTION-IN-PROGRESS	65,049
FURNITURE, FIXTURES AND EQUIPMENTS	<u>1,150,186</u>
TOTAL PLANT, PROPERTY & EQUIPMENT	<u>2,218,147</u>
 LESS: ACCUMULATED DEPRECIATION	 <u>(1,113,628)</u>
 NET PLANT, PROPERTY & EQUIPMENTS	 \$ <u><u>1,104,519</u></u>



**Keiro Services 95 – 4022185**

**Schedule A**

**Part V - List of Directors ( Uncompensated)**

George Aratani

Ernest Doizaki

Theodore Y. Hanasono, JD

Thomas Iino

Donald Kaneoka, DDS

Gary Kawaguchi

Frank Kawana

Takashi Makinodan, PhD

Kiyoshi Maruyama

James Mitsumori, JD

Makato Nakayama

Tritia Toyota ,PhD

Stuart Tsujimoto

Ruth Watanabe