

Return of Organization Exempt From Income Tax

2005

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

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 10/01, 2005, and ending 9/30, 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. LOS ANGELES NEIGHBORHOOD INITIATIVE, 900 WILSHIRE BLVD #1128, LOS ANGELES, CA 90017. D Employer Identification Number: 95-4481955. E Telephone number: (213) 627-1822. F Accounting method: X 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 X

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 X

I Group Exemption Number

M Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

G Web site: N/A

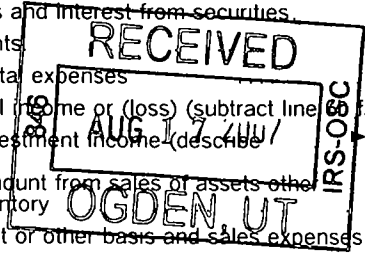
J Organization type (check only one): X 501(c) 3 (insert no.) 4947(a)(1) or 527

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.

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12: 1,590,726.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

Table with 21 rows and 3 columns: Description, (A) Securities, (B) Other. Includes Revenue (lines 1-12), Expenses (lines 13-17), and Assets (lines 18-21). Total revenue: 1,590,726. Total expenses: 1,699,760. Net assets at end of year: 73,479.



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**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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (att sch) <b>See Stmt 1</b> (cash \$ <u>14,400.</u> non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22 14,400.	14,400.		
23	Specific assistance to individuals (att sch)	23			
24	Benefits paid to or for members (att sch)	24			
25	Compensation of officers, directors, etc	25 89,738.	0.	89,738.	0.
26	Other salaries and wages	26 211,434.	145,234.	66,200.	
27	Pension plan contributions	27 5,777.	2,658.	3,119.	
28	Other employee benefits	28			
29	Payroll taxes	29 25,453.	12,826.	12,627.	
30	Professional fundraising fees	30			
31	Accounting fees	31 68,000.		68,000.	
32	Legal fees	32 44.	24.	20.	
33	Supplies	33 11,037.	810.	10,227.	
34	Telephone	34 4,232.	32.	4,200.	
35	Postage and shipping	35 7,259.	2,103.	5,156.	
36	Occupancy	36 44,905.		44,905.	
37	Equipment rental and maintenance	37 17,019.	2,825.	14,194.	
38	Printing and publications	38 15,993.	10,676.	5,317.	
39	Travel	39 8,881.	1,281.	7,600.	
40	Conferences, conventions, and meetings	40			
41	Interest	41 2,828.		2,828.	
42	Depreciation, depletion, etc (attach schedule)	42 2,225.		2,225.	
43	Other expenses not covered above (itemize)				
a	<u>See Statement 2</u>	43a 1,170,535.	1,135,891.	34,644.	
b	-----	43b			
c	-----	43c			
d	-----	43d			
e	-----	43e			
f	-----	43f			
g	-----	43g			
44	<b>Total functional expenses.</b> Add lines 22 through 43 (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44 1,699,760.	1,328,760.	371,000.	0.

**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 \$ \_\_\_\_\_

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**Part III Statement of Program Service Accomplishments**

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? ▶ <u>See Statement 3</u> 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.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
a <u>Los Angeles Neighborhood Initiative's (LANI)'s initial eight project areas have been expanded to twenty six. LANI continues to be a catalytic program that initiates and encourages neighborhood revitalization in transit-dependant urban neighborhoods.</u>  (Grants and allocations \$ <u>14,400.</u> ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	1,328,760.
b _____ _____ _____ _____ (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
c _____ _____ _____ _____ (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
d _____ _____ _____ _____ (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
e Other program services (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ▶	<b>1,328,760.</b>

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**Part IV Balance Sheets** (See Instructions)

		(A) Beginning of year		(B) End of year	
<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only					
ASSETS	45	Cash – non-interest-bearing	173,231.	45	366,422.
	46	Savings and temporary cash investments		46	
	47a	Accounts receivable		47a	
		b Less allowance for doubtful accounts		47b	47c
	48a	Pledges receivable		48a	
		b Less allowance for doubtful accounts		48b	48c
	49	Grants receivable		49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a	Other notes & loans receivable (attach sch)		51a	
		b Less allowance for doubtful accounts		51b	51c
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges		53	
	54	Investments – securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
	55a	Investments – land, buildings, & equipment basis		55a	
		b Less accumulated depreciation (attach schedule)		55b	55c
	56	Investments – other (attach schedule)		56	
	57a	Land, buildings, and equipment basis	52,844.	57a	
		b Less accumulated depreciation (attach schedule) <b>Statement 4</b>	45,787.	57b	57c
	58	Other assets (describe ▶ <b>See Statement 5</b> )	9,282.	58	7,057.
59	<b>Total assets</b> (must equal line 74) Add lines 45 through 58	231,609.	59	611,932.	
LIABILITIES	60	Accounts payable and accrued expenses		60	
	61	Grants payable		61	
	62	Deferred revenue		62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a	Tax-exempt bond liabilities (attach schedule)		64a	
		b Mortgages and other notes payable (attach schedule)		64b	300,000.
	65	Other liabilities (describe ▶ <b>See Statement 6</b> )	49,096.	65	238,453.
66	<b>Total liabilities.</b> Add lines 60 through 65	49,096.	66	538,453.	
NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67	Unrestricted		67	92,209.
	68	Temporarily restricted	182,513.	68	-18,730.
	69	Permanently restricted		69	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74				
	70	Capital stock, trust principal, or current funds		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
	72	Retained earnings, endowment, accumulated income, or other funds		72	
	73	<b>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)	182,513.	73	73,479.
74	<b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	231,609.	74	611,932.	

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

<b>a</b>	Total revenue, gains, and other support per audited financial statements		<b>a</b>	1,590,726.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12			
	1 Net unrealized gains on investments	<b>b1</b>		
	2 Donated services and use of facilities	<b>b2</b>		
	3 Recoveries of prior year grants	<b>b3</b>		
	4 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>	1,590,726.
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :			
	1 Investment expenses not included on Part I, line 6b	<b>d1</b>		
	2 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>	1,590,726.

**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>	1,697,799.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17			
	1 Donated services and use of facilities	<b>b1</b>		
	2 Prior year adjustments reported on Part I, line 20	<b>b2</b>		
	3 Losses reported on Part I, line 20	<b>b3</b>		
	4 Other (specify) _____	<b>b4</b>		
	See Stmt 7			-1,961.
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	-1,961.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	1,699,760.
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :			
	1 Investment expenses not included on Part I, line 6b	<b>d1</b>		
	2 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>	1,699,760.

**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)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
See Statement 8		89,738.	1,795.	0.

<b>Part V-A Current Officers, Directors, Trustees, and Key Employees</b> <i>(continued)</i>	Yes	No
<b>75a</b> Enter the total number of officers, directors, and trustees permitted to vote on organization business as board meetings <span style="float: right;">▶ <u>11</u></span>		
<b>b</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)	75b	X
<b>c</b> 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? <b>Note.</b> 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	75c	X
<b>d</b> Does the organization have a written conflict of interest policy?	75d	X

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

<b>Part VI Other Information</b> <i>(See the instructions)</i>	Yes	No
<b>76</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	76	X
<b>77</b> 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	77	X
<b>78a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
<b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?	78b	N/A
<b>79</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	79	X
<b>80a</b> Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization?	80a	X
<b>b</b> If 'Yes,' enter the name of the organization <span style="float: right;">▶ <u>N/A</u></span> _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
<b>81a</b> Enter direct and indirect political expenditures (See line 81 instructions)	81a	0.
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?	81b	X

<b>Part VI Other Information</b> (continued)		Yes	No
<b>82 a</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?			X
<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>82 b</b> N/A		
<b>83 a</b> Did the organization comply with the public inspection requirements for returns and exemption applications?		X	
<b>b</b> Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		X	
<b>84 a</b> Did the organization solicit any contributions or gifts that were not tax deductible?			X
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			N/A
<b>85 501(c)(4), (5), or (6) organizations a</b> Were substantially all dues nondeductible by members?			N/A
<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?			N/A
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>85 c</b> N/A		
<b>d</b> Section 162(e) lobbying and political expenditures	<b>85 d</b> N/A		
<b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	<b>85 e</b> N/A		
<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e)	<b>85 f</b> N/A		
<b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?			N/A
<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?			N/A
<b>86 501(c)(7) organizations</b> Enter <b>a</b> Initiation fees and capital contributions included on line 12	<b>86 a</b> N/A		
<b>b</b> Gross receipts, included on line 12, for public use of club facilities	<b>86 b</b> N/A		
<b>87 501(c)(12) organizations</b> Enter <b>a</b> Gross income from members or shareholders	<b>87 a</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>87 b</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.			X
<b>89 a 501(c)(3) organizations</b> Enter: Amount of tax imposed on the organization during the year under section 4911 ▶ 0, section 4912 ▶ 0, section 4955 ▶ 0.			
<b>b 501(c)(3) and 501(c)(4) organizations</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.			X
<b>c</b> Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			0.
<b>d</b> Enter: Amount of tax on line 89c, above, reimbursed by the organization			0.
<b>90 a</b> List the states with which a copy of this return is filed ▶ <u>None</u>			
<b>b</b> Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	<b>90 b</b> 0		
<b>91 a</b> The books are in care of ▶ <u>TRUITT &amp; STROWBRIDGE, LLP</u> Telephone number ▶ <u>(626) 449-6264</u> Located at ▶ <u>301 E COLORADO BLVD #711, PASADENA, CA,</u> ZIP + 4 ▶ <u>91101</u>			
<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 ▶ _____		Yes	No
	<b>91 b</b>		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Statements.			
<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 ▶ _____			X
<b>92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041</b> - Check here	N/A		<input type="checkbox"/>
and enter the amount of tax-exempt interest received or accrued during the tax year	▶ <b>92</b> N/A		N/A

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**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	
93 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	2,699.	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				2,699.	
105 Total (add line 104, columns (B), (D), and (E))					2,699.

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)
N/A	

**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
N/A				

**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)

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.

**Please Sign Here**

Signature of officer: *Joyce M. Perkins* Date: 8/13/07

Type or print name and title: **Joyce M. Perkins, Executive Director**

<b>Paid Preparer's Use Only</b>	Preparer's signature: <i>Michael D. Strowbridge</i> Date: AUG 10 2007	Check if self-employed: <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See General Instruction W): N/A
	Firm's name (or yours if self-employed), address, and ZIP + 4: MICHAEL D. STROWBRIDGE, CPA 540 E. FOOTHILL BLVD., SUITE 101 SAN DIMAS, CA 91773	EIN: N/A	Phone no: (626) 354-3643

**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

**LOS ANGELES NEIGHBORHOOD INITIATIVE**

Employer identification number

**95-4481955**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See 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 and deferred compensation	(e) Expense account and other allowances
See Statement 9		130,152.	2,603.	4,800.
Total number of other employees paid over \$50,000 ▶	0			

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

(See 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
Truitt & Strowbridge LLP 540 E. Foothill Blvd., Suite 101 San Dimas, CA 91773	Accounting Services	60,000.
Total number of others receiving over \$50,000 for professional services ▶	0	

**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 instructions)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Anna Apostolos 756 S. Carondelet Los Angeles, CA 90057	Program Management	58,673.
RRM Design Group 3765 South Higuera Street San Luis Obispo, CA 93401	Design Services	89,871.
Thomsen Landscape 18800 Erwin Street Reseda, CA 91335	Construction	354,646.
C.J. Tech Construction 3850 Wilshire Blvd., Suite 385 Los Angeles, CA 90010	Construction	126,990.
F and M Networking, Inc. 3104 4th Street Suite 400 Santa Monica, CA 90405	Construction	93,200.
Total number of other contractors receiving over \$50,000 for other services ▶	0	

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

Schedule A (Form 990 or 990-EZ) 2005

**Part III** Statements About Activities (See instructions)

	Yes	No
<b>1</b> 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 ▶ \$ <u>N/A</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) 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	1	X
<b>2</b> 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 )		
<b>a</b> Sale, exchange, or leasing of property?	2a	X
<b>b</b> Lending of money or other extension of credit?	2b	X
<b>c</b> Furnishing of goods, services, or facilities?	2c	X
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
<b>e</b> Transfer of any part of its income or assets?	2e	X
<b>3a</b> 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	X
<b>b</b> Do you have a section 403(b) annuity plan for your employees?	3b	X
<b>c</b> During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c	X
<b>4a</b> 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	X
<b>b</b> Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	X

**Part IV** Reason for Non-Private Foundation Status (See 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 )
- 11 a  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 )
- 11 b  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)** section 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 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 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)	1,833,570.	821,203.	904,724.	855,826.	4,415,323.
<b>16</b> Membership fees received					0.
<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					0.
<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					0.
<b>19</b> Net income from unrelated business activities not included in line 18					0.
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0.
<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					0.
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. See Stmt 10	541.	373.	496.	360.	1,770.
<b>23</b> Total of lines 15 through 22	1,834,111.	821,576.	905,220.	856,186.	4,417,093.
<b>24</b> Line 23 minus line 17	1,834,111.	821,576.	905,220.	856,186.	4,417,093.
<b>25</b> Enter 1% of line 23	18,341.	8,216.	9,052.	8,562.	

**26 Organizations described on lines 10 or 11:**

**a** Enter 2% of amount in column (e), line 24 ▶ **26a** 88,342.

**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. Do not file this list with your return. Enter the total of all these excess amounts ▶ **26b**

**c** Total support for section 509(a)(1) test. Enter line 24, column (e) ▶ **26c** 4,417,093.

**d** Add Amounts from column (e) for lines **18** \_\_\_\_\_ **19** \_\_\_\_\_ **22** 1,770. **26b** \_\_\_\_\_ ▶ **26d** 1,770.

**e** Public support (line 26c minus line 26d total) ▶ **26e** 4,415,323.

**f** Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶ **26f** 99.96 %

**27 Organizations described on line 12:** N/A

**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** \_\_\_\_\_ **17** \_\_\_\_\_ **20** \_\_\_\_\_ **21** \_\_\_\_\_ ▶ **27c**

**d** Add Line 27a total \_\_\_\_\_ and line 27b total \_\_\_\_\_ ▶ **27d**

**e** Public support (line 27c total minus line 27d total) ▶ **27e**

**f** Total support for section 509(a)(2) test. Enter amount from line 23, column (e) ▶ **27f**

**g** Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶ **27g** %

**h** Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶ **27h** %

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

		N/A	
		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>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>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>32 a</b>	Does the organization maintain the following <b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?		
<b>32 b</b>	<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
<b>32 c</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>32 d</b>	<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement ) ----- -----		
<b>33 a</b>	<b>33</b> Does the organization discriminate by race in any way with respect to <b>a</b> Students' rights or privileges?		
<b>33 b</b>	<b>b</b> Admissions policies?		
<b>33 c</b>	<b>c</b> Employment of faculty or administrative staff?		
<b>33 d</b>	<b>d</b> Scholarships or other financial assistance?		
<b>33 e</b>	<b>e</b> Educational policies?		
<b>33 f</b>	<b>f</b> Use of facilities?		
<b>33 g</b>	<b>g</b> Athletic programs?		
<b>33 h</b>	<b>h</b> Other extracurricular activities?  If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement ) ----- ----- -----		
<b>34 a</b>	<b>34 a</b> Does the organization receive any financial aid or assistance from a governmental agency?		
<b>34 b</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>35</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		

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

N/A

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

<b>Limits on Lobbying Expenditures</b>		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term 'expenditures' means amounts paid or incurred )			
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>		
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>		
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>		
<b>39</b> Other exempt purpose expenditures	<b>39</b>		
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>		
<b>41</b> Lobbying nontaxable amount Enter the amount from the following table –			
<b>If the amount on line 40 is –</b>	<b>The lobbying nontaxable amount is –</b>		
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	<b>41</b>	
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		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>		
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	<b>43</b>		
<b>44</b> Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	<b>44</b>		
<b>Caution:</b> 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 )

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

**Part VI-B Lobbying Activity by Nonelecting Public Charities** (See instructions )

N/A

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

Yes	No	Amount

- 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**.)

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



## LOS ANGELES NEIGHBORHOOD INITIATIVE

95-4481955

**Statement 1**  
**Form 990, Part II, Line 22**  
**Grants and Allocations**

Cash Grants and Allocations

Class of Activity:	Neighborhd Revitalization		
Donee's Name:	North Figueroa Association		
Donee's Address:	115 N. Avenue 53 Los Angeles, CA 90004		
Amount Given:		\$	3,000.
Class of Activity:	Neighborhd Revitalization		
Donee's Name:	Fairfax Business Association		
Donee's Address:	419 N. Fairfax Avenue Los Angeles, CA 90036		
Amount Given:			3,000.
Class of Activity:	Neighborhd Revitalization		
Donee's Name:	2nd Avenue Block Club		
Donee's Address:	3616 2nd Avenue Los Angeles, CA 90018		
Amount Given:			2,400.
Class of Activity:	Neighborhd Revitalization		
Donee's Name:	California Conservation Corps		
Donee's Address:	1719 24th Street Sacramento, CA 95816		
Amount Given:			6,000.
Total Grants and Allocations			\$ <u>14,400.</u>

**Statement 2**  
**Form 990, Part II, Line 43**  
**Other Expenses**

	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
Bank Charges	365.	96.	269.	
Community Forum	20,443.	20,443.		
Community Improvements	1,007,167.	1,007,167.		
Consultants	92,649.	86,504.	6,145.	
Insurance, General	4,655.		4,655.	
Insurance, Group Medical	8,882.	6,482.	2,400.	
Meetings	4,602.	531.	4,071.	
Miscellaneous	72.	23.	49.	
Other Professional Services	318.		318.	
Outside services	921.	921.		
Payroll Service Fees	1,230.		1,230.	
Public Relations	12,993.	8,362.	4,631.	
Publications	1,830.	1,722.	108.	
Subscriptions & Dues	2,237.	210.	2,027.	
Taxes	10.		10.	
Training & Seminars	3,389.		3,389.	
Transportation Stipend	5,191.	3,430.	1,761.	

## LOS ANGELES NEIGHBORHOOD INITIATIVE

95-4481955

Statement 2 (continued)  
Form 990, Part II, Line 43  
Other Expenses

	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
Workers Compensation	3,581.		3,581.	
Total	<u>\$ 1,170,535.</u>	<u>\$ 1,135,891.</u>	<u>\$ 34,644.</u>	<u>\$ 0.</u>

Statement 3  
Form 990, Part III  
Organization's Primary Exempt Purpose

Los Angeles Neighborhood Initiative was formed in 1994 as an agency designed to be a catalyst that initiates and encourages neighborhood revitalization in transit-dependant urban neighborhoods.

Statement 4  
Form 990, Part IV, Line 57  
Land, Buildings, and Equipment

Category	Basis	Accum. Deprec.	Book Value
Machinery and Equipment	\$ 52,844.	\$ 45,787.	\$ 7,057.
Total	<u>\$ 52,844.</u>	<u>\$ 45,787.</u>	<u>\$ 7,057.</u>

Statement 5  
Form 990, Part IV, Line 58  
Other Assets

INTERFUND RECEIVABLES	Total	\$ 238,453.
		<u>\$ 238,453.</u>

Statement 6  
Form 990, Part IV, Line 65  
Other Liabilities

INTERFUND PAYABLES	Total	\$ 238,453.
		<u>\$ 238,453.</u>

## LOS ANGELES NEIGHBORHOOD INITIATIVE

95-4481955

Statement 7  
Form 990, Part IV-B, Line b(4)  
Other Amounts

Accrued Vacation	Total \$	-1,961.
	\$	<u>-1,961.</u>

Statement 8  
Form 990, Part V-A  
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
DEEPAK BAHL VKC, University Park Los Angeles, CA 90089	Director 0	\$ 0.	\$ 0.	\$ 0.
MARIAN BELL 227 South Gramercy Ave Los Angeles, CA 90004	Treasurer 0	0.	0.	0.
KAREN MACK 1031 Sierra Bonita Los Angeles, CA 90019	President 0	0.	0.	0.
NEAL RICHMAN, Ph.D 5369 Public Policy Building Los Angeles, CA 90095	Director 0	0.	0.	0.
ALLAN D. KOTKIN 949 S. Hope Street, STE 200 Los Angeles, CA 90015	Vice President 0	0.	0.	0.
DOANE LIU 333 S. Grand Avenue, 36 Floor Los Angeles, CA 90071	Director 0	0.	0.	0.
DEPUTY MAYOR ROBERT OVROM 200 North Spring ST. 3rd Floor Los Angeles, CA 90012	Ex-OFFICIO 0	0.	0.	0.
JOYCE PERKINS 5116 Veronica Street Los Angeles, CA 90008	Executive Direc 0	89,738.	1,795.	0.
PERRY PARKS 1017 Alvira Street Los Angeles, CA 90035	Director 0	0.	0.	0.
ESTHER VALADEZ 2350 Hyperion Avenue Los Angeles, CA 90027	Director 0	0.	0.	0.

## LOS ANGELES NEIGHBORHOOD INITIATIVE

95-4481955

**Statement 8 (continued)**  
**Form 990, Part V-A**  
**List of Officers, Directors, Trustees, and Key Employees**

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP &amp; DC</u>	<u>Expense Account/ Other</u>
LUPITA SANCHEZ 1150 So. Olive St., STE 280 Los Angeles, CA 90015	Director 0	\$ 0.	\$ 0.	\$ 0.
<b>Total</b>		<u>\$ 89,738.</u>	<u>\$ 1,795.</u>	<u>\$ 0.</u>

**Statement 9**  
**Schedule A, Part I**  
**Compensation of Five Highest Paid Employees**

<u>Name and Address</u>	<u>Title &amp; Average Hours Worked</u>	<u>Compen- sation</u>	<u>Contributio EBP &amp; DC</u>	<u>Expense Account</u>
Veronica Hahni 900 Wilshire Blvd, Suite 1128 Los Angeles, CA 90017	Program Manager 40	66,200.	1,324.	2,400.
Monica Carlos 900 Wilshire Blvd, Suite 1128 Los Angeles, CA 90017	Program Manager 40	63,952.	1,279.	2,400.
<b>Total</b>		<u>\$ 130,152.</u>	<u>\$ 2,603.</u>	<u>\$ 4,800.</u>

**Statement 10**  
**Schedule A, Part IV-A, Line 22**  
**Other Income**

<u>Description</u>	<u>(a) 2004</u>	<u>(b) 2003</u>	<u>(c) 2002</u>	<u>(d) 2001</u>	<u>(e) Total</u>
INTEREST SAVINGS	\$ 541.	\$ 373.	\$ 496.	\$ 360.	\$ 1,770.
<b>Total</b>	<u>\$ 541.</u>	<u>\$ 373.</u>	<u>\$ 496.</u>	<u>\$ 360.</u>	<u>\$ 1,770.</u>

# Application for Extension of Time to File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

## Part I Automatic 3-Month Extension of Time – Only submit original (no copies needed)

**Form 990-T corporations** requesting an automatic 6-month extension – check this box and complete Part II

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 106, 106-B, or 1041.

**Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6-months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile)

<b>Type or print</b> File by the due date for filing your return. See instructions	Name of Exempt Organization	Employer identification number
	LOS ANGELES NEIGHBORHOOD INITIATIVE	95-4481955
	Number, street, and room or suite number. If a P O box, see instructions	
	900 WILSHIRE BLVD #1128	
	City, town or post office. For a foreign address, see instructions	state, ZIP code
	LOS ANGELES, CA 90017	

**Check type of return to be filed** (file a separate application for each return)

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ▶ TRUITT & STROWBRIDGE, LLP

Telephone No ▶ (626) 449-6264 FAX No ▶ \_\_\_\_\_

- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the **whole** group, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until 8/15, 20 07, to file the exempt organization return for the organization named above. The extension is for the organization's return for

▶  calendar year 20\_\_ or

▶  tax year beginning 10/01, 20 05, and ending 9/30, 20 06

2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ 0.

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ 0.

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ 0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

• If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

<b>Part II</b>	<b>Additional (not automatic) 3-Month Extension of Time – Must File Original and One Copy.</b>	
Type or print  File by the extended due date for filing the return See instructions	Name of Exempt Organization <b>LOS ANGELES NEIGHBORHOOD INITIATIVE</b>	Employer identification number <b>95-4481955</b>
	Number, street, and room or suite number If a P O box, see instructions <b>900 WILSHIRE BLVD #1128</b>	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions <b>LOS ANGELES, CA 90017</b>	

COPY

**Check type of return to be filed** (File a separate application for each return)

- |  |  |                                    |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (trust other than above)         | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 1041-A                                 | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 4720                                   |                                    |

**STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in care of  **TRUITT & STROWBRIDGE, LLP**  
Telephone No  **(626) 449-6264** FAX No
- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organizations four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the **whole** group, check this box  . If it is **part** of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

- 4** I request an additional 3-month extension of time until 8/15, 20 07
- 5** For calendar year \_\_\_\_\_, or other tax year beginning 10/01, 20 05, and ending 9/30, 20 06
- 6** If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period
- 7** State in detail why you need the extension Taxpayer respectfully requests additional time to gather information necessary to file a complete and accurate tax return.
- 8a** If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$ \_\_\_\_\_
- b** If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ \_\_\_\_\_
- c Balance Due.** Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ \_\_\_\_\_

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature  Title  Date

**Notice to Applicant – To be Completed by the IRS**

- We **have** approved this application. Please attach this form to the organization's return
- We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions) This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely filed return Please attach this form to the organization's return
- We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file We are not granting a 10-day grace period
- We **cannot consider** this application because it was filed after the extended due date of the return for which an extension was requested.
- Other \_\_\_\_\_

Director \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_

**Alternate Mailing Address** – Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name <b>MICHAEL D. STROWBRIDGE, CPA</b>
	Number and street (include suite, room, or apartment number) or a P.O. box number <b>540 E. FOOTHILL BLVD., SUITE 101</b>
	City or town, province or state, and country (including postal or ZIP code) <b>SAN DIMAS, CA 91773</b>