990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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 Department of the Treasury ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. Inspection 20 08 For the 2007 calendar year, or tax year beginning November 1 2007, and ending October 31 D Employer identification number Please use IRS C Name of organization B Check if applicable 4022185 **Keiro Services** Address change label or E Telephone number Number and street (or P O box if mail is not delivered to street address) print or Name change 325 S. Boyle Avenue (323)263-1007 nitial return See City or town, state or country, and ZIP + 4 F Accounting method: Cash Accrual Termination Instruc-Los Angeles, CA 90033-3812 ☐ Other (specify) ▶ Amended return H and I are not applicable to section 527 organizations • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable Application pending trusts must attach a completed Schedule A (Form 990 or 990-EZ). H(b) If "Yes," enter number of affiliates ▶ G Website: ▶ H(c) Are all affiliates included? Yes V No J Organization type (check only one) ► \boxed{V} 501(c) (3) \blacktriangleleft (insert no.) $\boxed{ }$ 4947(a)(1) or $\boxed{ }$ 527 (If "No." attach a list. See instructions.) H(d) Is this a separate return filed by an Check here ▶ ☐ if the organization is not a 509(a)(3) supporting organization and its gross organization covered by a group ruling?

Yes
No receipts are normally not more than \$25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return Group Exemption Number ▶ Check ▶ ☐ If the organization is not required Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ to attach Sch. B (Form 990, 990-EZ, or 990-PF). Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.) Contributions, gifts, grants, and similar amounts received: a Contributions to donor advised funds 1a 1,712,922 1b **b** Direct public support (not included on line 1a) 1c c Indirect public support (not included on line 1a) 1d d Government contributions (grants) (not included on line 1a) 1e 1,712,922 e Total (add lines 1a through 1d) (cash \$... 2 0 Program service revenue including government fees and contracts (from Part VII, line 93) 3 0 Membership dues and assessments Interest on savings and temporary cash in estments 4 44,309 4 5 725,188 5 Dividends and herest rom securities (19 6a 6a Gross rents . 6b Less: rental expenses Net rental income or (055) Subtract the 6b from line 6a 0 6c Other investment income (describe 0 7 (A) Securities (B) Other 8a Gross amount from sales of assets other 8a than inventory 8b b Less. cost or other basis and sales expenses. 8c c Gain or (loss) (attach schedule) 8d 0 d Net gain or (loss). Combine line 8c, columns (A) and (B) Special events and activities (attach schedule). If any amount is from gaming, check here ightharpoonupGross revenue (not including \$ 9a contributions reported on line 1b). ġ. **b** Less. direct expenses other than fundraising expenses 9b 0 9с Net income or (loss) from special events. Subtract line 9b from line 9a 10a Gross sales of inventory, less returns and allowances 10a Less. cost of goods sold. 10c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a 438.811 Other revenue (from Part VII, line 103) . 11 12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 2,921,230 12 1,934,263 13 13 Program services (from line 44, column (B)) . . . Expenses 14 476,583 14 Management and general (from line 44, column (C)) 15 1,053,316 15 Fundraising (from line 44, column (D)) Payments to affiliates (attach schedule) . 16 0 16 17 Total expenses. Add lines 16 and 44, column (A) 3,464,162 17 (542,932)Assets 18 18 Excess or (deficit) for the year. Subtract line 17 from line 12 19 Net assets or fund balances at beginning of year (from line 73, column (A)). 19 25.573.230 Other changes in net assets or fund balances (attach explanation). 20 20 (2,828,168)š

Net assets or fund balances at end of year. Combine lines 18, 19, and 20 For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y

Form 990 (2007)

21

22,202,130

1	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.					
1			(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
	Grants paid from donor advised funds (attach schedule)					
	(cash \$)					
	If this amount includes foreign grants, check here 🕨 🗌	22a				
	Other grants and allocations (attach schedule)	1		Í		
	(cash \$)	22b				
	If this amount includes foreign grants, check here	220				
!	Specific assistance to individuals (attach schedule)	23				
	Benefits paid to or for members (attach schedule)	24			Wide.	
	Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a				
	Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b				
i	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c				
26	Salaries and wages of employees not included on lines 25a, b, and c	26	1,607,556	1,021,784	233,432	352,340
27	Pension plan contributions not included on lines 25a, b, and c	27_	42,732	30,785	7,084	4,863
28	Employee benefits not included on lines				i	
	25a – 27	_28_	346,329	225,686	51,998	68,645
	Payroll taxes	29	123,417	78,739	17,853	26,825
	Professional fundraising fees	30	83,037	11,690	43,405	39,632
	Accounting fees	31	14,612	11,690	2,922	0
	Legal fees	33	39,864	24,329	4,796	10,739
	Supplies	34	20,288	15,245	2,725	2,318
	Telephone . Postage and shipping	35	41,629	5,035	1,023	35,571
	Occupancy	36	113,095	90,476	22,619	0
	Equipment rental and maintenance	37	9,591	7,285	1,813	493
	Printing and publications	38	147,403	13,627	1,898	131,878
	Travel	39	0	0	0	0
	Conferences, conventions, and meetings.	40	6,888	3,811	800	2,277
	Interest	41	0	0	0	0
42	Depreciation, depletion, etc. (attach schedule)	42	45,235	45,235	0	0
	Other expenses not covered above (itemize):					
	Consultant Fees/Purchased Services	43a	511,885	213,168	52,290	246,427
b.	Other Expenses	43b	310,601	147,368	31,925	131,308
C -		43c	0	0	0	0
d.		43d	0	0	0	0
		43e	0	0	0	0
f.		43f	<u>0</u>	0	0	0
•		43g			0	0
1	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)–(D), carry these totals to lines 13–15)	44	3,464,162	1,934,263	476,583	1,053,316
	Costs. Check ► ☐ if you are following SOP	44	3,404,102	1,534,203	4/0,003	1,033,310

_		•
Р	age	

For	n 990 (2007)	Page 3
Pa	rt III Statement of Program Service Accomplishments (See the instructions.)	
par on	m 990 is available for public inspection and, for some people, serves as the primary or sole source of infectious organization. How the public perceives an organization in such cases may be determined by the information its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, tograms and accomplishments.	mation presented
Wh	at is the organization's primary exempt purpose? Support services to Facilities serving the elderly	Program Service
of o	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) anizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)	Expenses (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)
а	See attached Schedule B	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	1,934,263
b		
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
С		
_	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
d		

(Grants and allocations \$

(Grants and allocations \$

e Other program services (attach schedule)

f Total of Program Service Expenses (should equal line 44, column (B), Program services).

) If this amount includes foreign grants, check here ▶ □

) If this amount includes foreign grants, check here ightharpoonup

1,934,263 Form **990** (2007)

Pa	art IV	Balance Sheets (See the instructions.)				-
	lote:	Where required, attached schedules and amounts column should be for end-of-year amounts only.	within	the description	(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing			2,832,828	45	(240,597)
	46	Savings and temporary cash investments .			1,110,878	46	1,427,416
			1 a=	4 245			
	1	Accounts receivable	47a 47b	1,345	/27 COE\	47-	4 245
	מ	Less: allowance for doubtful accounts .	4/6	<u> </u>	(27,685)	4/C	1,345
	48a	Pledges receivable	48a	328,802			
		Less: allowance for doubtful accounts .	48b	0	958,708	48c	328,802
	49	Grants receivable			0	49	0
	50a	Receivables from current and former officers key employees (attach schedule)		tors, trustees, and	0	50a	0
	b	Receivables from other disqualified persons (a 4958(f)(1)) and persons described in section 4956	as def	ined under section	0	50b	0
ets	51a	Other notes and loans receivable (attach schedule)	51a				
Assets	ь	Less: allowance for doubtful accounts	51b		0	51c	0
4	52	Inventories for sale or use			0	52	0
	53			· <u>·</u> · · <u>·</u> ·	108,514		109,170
		Investments—publicly-traded securities		Cost FMV	0.743.635	54a	7.050.730
	l	Investments—other securities (attach schedu	le) 🕨	Cost 🗹 FMV	9,743,635	54D	7,958,739
		Investments—land, buildings, and equipment: basis	55a				
	b	Less: accumulated depreciation (attach	55b		0	55c	0
	56	schedule)	<u> </u>		0	56	0
		Land, buildings, and equipment basis .	57a	1,592,824	·	-	· · · · · · · · · · · · · · · · · · ·
		Less: accumulated depreciation (attach schedule)	57b	(649,693)	577,126	57c	943,131
	58	Other assets, including program-related investigation					
		(describe ► Due fr. affiliates/Other receiva			12,434,084		12,995,211
	59	Total assets (must equal line 74) Add lines			27,738,088	_	23,523,217
	60	Accounts payable and accrued expenses .			264,489	60	207,487
	61 62	Grants payable			0	62	0
ç	63	Deferred revenue				02	<u></u>
bilities	ω.	schedule)			0	63	0
abi	64a	Tax-exempt bond liabilities (attach schedule)			0	64a	0
Ë		Mortgages and other notes payable (attach s	chedu		0	64b	0
	65	Other liabilities (describe ► Due to affiliates)	1,900,369	65	1,113,600
	66	Total liabilities. Add lines 60 through 65 .	<u> </u>		2,164,858	66	1,321,087
S	Orga	anizations that follow SFAS 117, check here ► 67 through 69 and lines 73 and 74.	□ a	ind complete lines			
ž	67	Unrestricted			12,203,284	67	8,164,906
aga	68	Temporarily restricted		-	6,181,530	68	6,181,530
В	69	Permanently restricted			7,188,416	69	7,855,694
Š	Orga	inizations that do not follow SFAS 117, check complete lines 70 through 74.	here I	► ☐ and			
Net Assets or Fund Balances	70	Capital stock, trust principal, or current funds			0	70	0
ţs (71	Paid-in or capital surplus, or land, building, a			0	71	0
sse	72	Retained earnings, endowment, accumulated			0	72	0
t A	73	Total net assets or fund balances. Add lines	s 67 tl	nrough 69 or lines			
Se		70 through 72. (Column (A) must equal line 1		` '			
	74	equal line 21) Total liabilities and net assets/fund balance:					22,202,130
	• •	Total habilities and not assets/fully baldiffe	. Auu	ווופט טט מווט וט	27,738,088	14	23,523,217

Par	Reconciliation of Revenue per Au instructions.)	dited Financial Statem	ents With Rev	enue pe	er Return	See the
а	Total revenue, gains, and other support per aud	lited financial statements			а	
b	Amounts included on line a but not on Part I, lir					
1	Net unrealized gains on investments		b1]	
2	Donated services and use of facilities		b2		4	
3	Recoveries of prior year grants		_b3		-	
4	Other (specify).		b4			
	Add lines b1 through b4				b	
C	Subtract line b from line a				C	
d	Amounts included on Part I, line 12, but not on					
1	Investment expenses not included on Part I, line		d1		-	
2	Other (specify).		d2			
	Add lines d1 and d2				d	
е	Total revenue (Part I, line 12). Add lines c and				e	
	t IV-B Reconciliation of Expenses per A					n
a	Total expenses and losses per audited financial				а	
b	Amounts included on line a but not on Part I. lir					
1	Donated services and use of facilities		b1			
2	Prior year adjustments reported on Part I, line 2		b2]	
3	Losses reported on Part I, line 20		b3]	
4	Other (specify).		1		1	
			b4			
	Add lines b1 through b4				b	
С					C	
d	Amounts included on Part I, line 17, but not on				-%	
1	Investment expenses not included on Part I, line		d1		-	
2	Other (specify):		40			
	A.J.J. 14 J. 16		d2		d	
е	Add lines d1 and d2 Total expenses (Part I, line 17). Add lines c and	d d		.	e	
	t V-A Current Officers, Directors, Trustee or key employee at any time during the y	es, and Key Employees	List each persor	n who wa		, director, trustee,
	(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	(D) Contribution benefit place compering the contribution the compering	tions to employee ans & deferred nsation plans	(E) Expense account and other allowances
Sha	awn Miyake	CEO&President - 40				
	S Boyle ave., Los Angeles, CA 90033	hrs.	210407.00	 	15441.00	6000.00
	nne Belli	Chief Admin. Officer -				
325	S Boyle ave., Los Angeles, CA 90033	40 hrs	121802.00		10608.00	3600.00
				•		
See	attached schedule A for list of Board of		 			
	ectors			ļ		
-						
_		7]			
						<u> </u>
· -						
		-	 	-		-
	_			l		
		1	1	L.		

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Pai	t V-A Current Officers, Directors, Trustees	s, and Key Employe	es (continued)			Yes	No
75a	Enter the total number of officers, directors, and transcendings	ustees permitted to vo	te on organizatıo	n business at board			
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 relationships? If "Yes," attach a statement that ide	II-B, related to each	other through	family or business	75b		~
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 the organization? See the instructions for							
	the definition of "related organization." If "Yes," attach a statement that includes the info		the instructions.		75c		
	Does the organization have a written conflict of in	nterest policy?	<u></u>		75d	~	
Par	Former Officers, Directors, Trustees, and officer, director, trustee, or key employee re person below and enter the amount of comp	ceived compensation o	r other benefits (d	escribed below) during	the y	ear, h	
	(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	accol	Expenint and lowance	other
N C	NE						
				_			
						,	
	t VI Other Information (See the instruction				T	Yes	No
76	Did the organization make a change in its activiti detailed statement of each change	es or methods of con	ducting activities	3? If "Yes," attach a	76		~
77	Were any changes made in the organizing or gov If "Yes," attach a conformed copy of the changes	-	t not reported to	the IRS?	77		V
78a	Did the organization have unrelated business grothis return?	oss income of \$1,000	or more during t		78a		V
b	If "Yes," has it filed a tax return on Form 990-T f				78b		1
79	Was there a liquidation, dissolution, termination, of a statement	or substantial contract	tion during the ye	ear? If "Yes," attach	79		V
80a	Is the organization related (other than by associated common membership, governing bodies, truste						
b	organization?	Ceiro Nursing Home,			80a	~	
04	Enter direct and indirect political expenditures (S			or □ nonexempt			
b	Did the organization file Form 1120-POL for this	year?	s.) <u>. [81a]</u> · · <u>· · · · · · · · · · · · · · · · · </u>		81b		~

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Par	t VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	V	
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)			
	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	~	ļ
	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b		
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	7	
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization			
	received a waiver for proxy tax owed for the prior year.			٠- ا
	Dues, assessments, and similar amounts from members			
	dedicti res(e) reporting and political experientations	1		
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices			
	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		ļ'
-	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?	85h		
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12 86a			
b	Gross receipts, included on line 12, for public use of club facilities			· .
87	501(c)(12) orgs Enter: a Gross income from members or shareholders 87a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
88a	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			3%
	301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a		~
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	886		~
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			_
b	501(c)(3) and 501(c)(4) orgs. 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	89b		
C	Enter: Amount of tax imposed on the organization managers or disqualified			3,
_a	persons during the year under sections 4912, 4955, and 4958			
	Enter: Amount of tax on line 89c, above, reimbursed by the organization			
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		1
f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		~
	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the			*
9	supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		~
90a	List the states with which a copy of this return is filed ▶			
	Number of employees employed in the pay period that includes March 12, 2007 (See			
	instructions)	Q.R	0-750	28
	Located at ► 325 S. Boyle Avenue, Los Angeles ZIP + 4 ► 90033			. .
þ	At any time during the calendar year, did the organization have an interest in or a signature or other authority	[Yes	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b	. 55	1
	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			

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Part	VI Other Information (continued)					Ye	s No
92	At any time during the calendar year, did the or If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt chantable trusts to	➤ filing Form 990	in lieu of Form	1041—Check	here		.▶□
	and enter the amount of tax-exempt interest red				▶ 92		
	VII Analysis of Income-Producing Activ	T	<i>e instructions.)</i> Jusiness income		E10 E10 E14		
	Enter gross amounts unless otherwise		 	 	ion 512, 513, or 514	(E Relate	
indicat		(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	exempt f	
93	Program service revenue.		1			111001	110
a			 	 			
b		-		+			
c d				 			
e							
f	Medicare/Medicaid payments			†"·			
g	Fees and contracts from government agencies						
94	Membership dues and assessments						
95	Interest on savings and temporary cash investments			14	44,309		
96	Dividends and interest from securities			14	725,188		
97	Net rental income or (loss) from real estate:						
а	debt-financed property			<u>.</u> .			
b	not debt-financed property						
98	Net rental income or (loss) from personal property						
99	Other investment income						
100	Gain or (loss) from sales of assets other than inventory		1				
101	Net income or (loss) from special events .						
102	Gross profit or (loss) from sales of inventory	ļ					20.004
103	Other revenue: a Management Fees Others		-	 	.		28,291
b	Unrealized loss in value of CRT		-	 			27,832
C	Loss on disposal of assets	-	 	1			4,008)
ď	Loss of disposal of desets			+			(3,304)
e 104	Subtotal (add calumna (B) (D) and (D)	Ł.	-	1	769,497	<u> </u>	38,811
105	Subtotal (add columns (B), (D), and (E)) . Total (add line 104, columns (B), (D), and (E)) .	L	·		>		08,308
	Line 105 plus line 1e, Part I, should equal the a	mount on line	12, Part I.			-,-	,
Part				ooses (See th	e instructions.)		
Line						accompli	shment
						·	
103	Management Fee 7% charged to related of	organizations					
Part	IX Information Regarding Taxable Subsider (A)	(B)		1	nstructions.)	/E	
	Name, address, and EIN of corporation, Pe	ercentage of	(C) Nature of a	ctruties	(D) Total income	(E) End-of	-year
	partnership, or disregarded entity own	ership interest	- Nature of a	Cuvides	Total income	asse	ts
		<u>%</u>		-			
		% %					
		% %				<u> </u>	
Part	X Information Regarding Transfers Assoc		sonal Benefit Co	ntracts (See #	ne instructions)	L <u></u>	
				· · · · · · · · · · · · · · · · · · ·		□ v □	
(a) (b)	Did the organization, during the year, receive any funds, directly bid the organization, during the year, pay prem					☐ Yes	
	e: If "Yes" to (b), file Form 8870 and Form 4720					; es	- 14U

p2 .j

Part	Information Regarding 1 is a controlling organization	Transfers To and From on as defined in section	Controlled E 512(b)(13).	intities. Comp	olete only if the oi	rganız	ation
106	Did the reporting organization ma the Code? If "Yes," complete the				tion 512(b)(13) of	Yes	No ./
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	Desci	(C) ription of ansfer	(D Amount of		er
а							
b							
С							
	Totals						
107	Did the reporting organization rec 512(b)(13) of the Code? If "Yes,"				section	Yes	No /
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	Descr	(C) iption of nsfer	(D) Amount of		er
а							
b							
С							
	Totals						
108	Did the organization have a bindir rents, royalties, and annuities des			, 2006, coverin	g the interest,	Yes	No
Pleas Sign Here	Under penalties of perjury, I declare that I and belief it is true, correct, and complete	have examined this return, including	a accompanying so	chedules and stater d on all information Da	of which preparer has a	my know	viedge viedge
———Paid	Preparer's	$\overline{}$	Date	Check if self-employed ▶ □	Preparer's SSN or PTIN (S	See Gen	Inst X)
Prepare Use On	Firm's name (or yours)			EIN Phone r	▶ ;		

SCHEDULE.A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

2007

Employer identification number

KEIRO SERVICES			95 ; 4	1022185
Part I Compensation of the Five High (See page 1 of the instructions.				and Trustees
(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
Audrey Lee-Sung	Dir. Resource Dev 40			
325 S Boyle ave., Los Angeles, CA 90033	hrs	94693.00	3056.00	3600.00
Dale Posadas	Controller - 40 hrs			
325 S Boyle ave., Los Angeles, CA 90033		93794.00	2923.00	2400.00
Gene Kanamori 325 S Boyle ave., Los Angeles, CA 90033	Dir. of HR - 40 hrs	76203.00	8824.00	3600.00
Lance Maemori 325 S Boyle ave., Los Angeles, CA 90033	Dir. of Purchasing - 40	71832.00	5233.00	0.00
Janice Shimozawa 325 S Boyle ave., Los Angeles, CA 90033	Paymaster	69858.00	5174.00	0.00
Total number of other employees paid over \$50,000 .	7	00000.00		9.00
Part II-A Compensation of the Five High (See page 2 of the instructions. Lis	st each one (whether indiv	iduals or firms). If	there are none, e	enter "None.")
(a) Name and address of each independent contractor	or paid more than \$50,000	(b) Type	of service	(c) Compensation
NONE	••••••			
				
				
Total number of others receiving over \$50,000 for professional services ▶			*	3
Part II-B Compensation of the Five High (List each contractor who perform firms. If there are none, enter "No	ned services other than pone." See page 2 of the i	professional serv		dividuals or
(a) Name and address of each independent contracto	r paid more than \$50,000	(b) Туре	of service	(c) Compensation
NONE			:	
Total number of other contractors receiving over \$50,000 for other services				

_		•
Pa	œ	7

Pai	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 \$		v
	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.)		
а	Sale, exchange, or leasing of property?	<u> </u>	~
b	Lending of money or other extension of credit?	<u> </u>	~
С	Furnishing of goods, services, or facilities?		V
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	<u> </u>	~
е	Transfer of any part of its income or assets?		~
За	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	~	
b	Did the organization have a section 403(b) annuity plan for its employees?	~	
С	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		,
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? . 3d		~
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		v
b	Did the organization make any taxable distributions under section 4966?		
С	Did the organization make a distribution to a donor, donor advisor, or related person?	<u> </u>	V
d	Enter the total number of donor advised funds owned at the end of the tax year		0
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		0
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts		C
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year		0

Pa	rt I\	Reason for Non-Private	Foundation S	Status (See pages 4	through 8 of	the instruction	ons.)		
l cer	tify t	hat the organization is not a prival A church, convention of churches				olicable box.)			
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 be (Also complete the Support Scheo	_	or university owned or op	perated by a go	vernmental unit	. Section 170(b)(1)(A)(iv		
11a		An organization that normally rece 170(b)(1)(A)(vi) (Also complete the			ı governmental	unit or from the	general public. Section		
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%% 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%% 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 control requirements of section 509(a)(3).					d otherwise meets the		
		☐ Type II	∏Туре	III-Functionally Integrate	ed \square	Type III-Other			
		Provide the following info	mation about th	e supported organizat	i ons. (See pag	e 8 of the instru	ictions.)		
Na	me((a) s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	Is the su organizatio the sup organiz governing d	pported on listed in porting ation's	(e) Amount of support		
_					Yes	No			
_									
Γota	<u> </u>	· · · · · · · · · · · · · · · · · · ·				▶			
		An organization organized and op							

	t IV-A Support Schedule (Complete only						eccounting.
	You may use the worksheet in the instructions						
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	\rightarrow	(e) Total
15	Gifts, grants, and contributions received. (Do						
	not include unusual grants See line 28.)	3,568,389	3,686,667	2,187,312	2,762,5	524	12,204,892
16	Membership fees received						
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of			'		Ì	
	facilities in any activity that is related to the						
	organization's charitable, etc., purpose	2,462,611	2,668,554	2,752,446	2,206,2	220	10,089,831
18	Gross income from interest, dividends,						
	amounts received from payments on securities						
	loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated	į				l	
	business taxable income (less section 511						
	taxes) from businesses acquired by the						
	organization after June 30, 1975	608,831	375,416	224,542	148,0	060	1,356,849
19	Net income from unrelated business						
	activities not included in line 18						
20	Tax revenues levied for the organization's	į				- [
	benefit and either paid to it or expended on						
	its behalf					_	
21	The value of services or facilities furnished to the organization by a governmental unit			. [
	without charge. Do not include the value of						
	services or facilities generally furnished to the						
	public without charge						
22	Other income. Attach a schedule. Do not					l	
	include gain or (loss) from sale of capital assets	C 630 934	6 720 627	E 404 200	E 440 (204	02 054 570
23_	Total of lines 15 through 22	6,639,831	6,730,637	5,164,300	5,116,8	$\overline{}$	23,651,572
24	Line 23 minus line 17	4,177,220	4,062,083	2,411,854	2,910,		13,561,741
25		66,398	67,306	51,643	51,		
26	Organizations described on lines 10 or 11:				· · · - -	26a	
ь	Prepare a list for your records to show the nan		-	•			i
	governmental unit or publicly supported organiz	•	•	•	I .	26b	<u> </u>
	amount shown in line 26a Do not file this list w	-			ounts P	26c	
C	Total support for section 509(a)(1) test: Enter III	• •			· · • • •	200	
d	Add. Amounts from column (e) for lines: 18				_	26d	<u>**</u>
_	Public support (line 26c minus line 26d total)					26e	
e	Public support percentage (line 26e (numera				· · · -	26f	%
27	Organizations described on line 12: a Fo person," prepare a list for your records to show	r amounts includi	ed in lines 15, 1 lotal amounts rec	o, and 17 that we	rere received or from each	i iron "disa	n a "disquaimed Dabbed person."
	Do not file this list with your return. Enter the				a morn, odom	۵.04	adiiiiod poiodiii
	(2006) (2005)		(2004)		(0000)		
	(2006) (2005)						
b	For any amount included in line 17 that was received show the name of, and amount received for each	ved from each pers vear, that was mor	son (other than "o e than the larger	of (1) the amount	s"), prepare a on line 25 for	iist to the v	or your records to ear or (2) \$5.000.
	(Include in the list organizations described in lines \$	through 11b, as w	vell as individuals.	Do not file this lis	st with your r	etum	. After computing
	the difference between the amount received and	the larger amount	described in (1)	or (2), enter the su	ım of these o	differe	nces (the excess
	amounts) for each year: (2006) (2005)		(2004)		(2002)		
	(2006) (2005)		(2004)		(2003)	• • • • •	
С	Add Amounts from column (e) for lines 15		16				
·	17 20				▶ 1:	27c	
d		and line 27b total				27d	
e	Public support (line 27c total minus line 27d to				· · · ⊢	27e	
f	Total support for section 509(a)(2) test: Enter a	mount from line 2	3. column (e)	▶ 27f	· · · -		
g	Public support percentage (line 27e (numera					27g	%
_ <u>h</u>	Investment income percentage (line 18, colu				· · ·	27h	%
28	Unusual Grants: For an organization describe						3 through 2006.
	prepare a list for your records to show, for ear	ch year, the name	e of the contribu	tor, the date and	amount of t	he g	rant, and a brief
	description of the nature of the grant. Do not f	ile this list with v	our return. Do	not include these	grants in line	e 15.	

Private School Questionnaire (See page 9 of the instructions.) Part V (To be completed ONLY by schools that checked the box on line 6 in Part IV) Yes No Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, 29 29 other governing instrument, or in a resolution of its governing body? Does the organization include a statement of its racially nondiscriminatory policy toward students in all its 30 brochures, catalogues, and other written communications with the public dealing with student admissions, 30 programs, and scholarships? Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during 31 the period of solicitation for students, or during the registration period if it has no solicitation program, in a way 31 If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) Does the organization maintain the following: 32a a Records indicating the racial composition of the student body, faculty, and administrative staff? b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 32b c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing 32c **d** Copies of all material used by the organization or on its behalf to solicit contributions? 32d If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) Does the organization discriminate by race in any way with respect to: 33a **b** Admissions policies? 33c c Employment of faculty or administrative staff? . . . 33d **d** Scholarships or other financial assistance? 33e e Educational policies? 33f Use of facilities? . 33g Athletic programs? 33h h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) 34a Does the organization receive any financial aid or assistance from a governmental agency? 34a 34b 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. 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

Par	t VI-A Lobbying Expenditures by E (To be completed ONLY by an	lecting Public n eligible orgar	Charities (Se	e page 11 o ed Form 57	of th (68)	e instri	uctions.)
Chec	k ▶ a ☐ if the organization belongs to an affili	ated group. Che	eck ▶ b 🔲 if	you checked '	'a" ar	nd "limite	d control*	provisions apply.
	Limits on Lobbyi (The term "expenditures" mea					Affiliate	a) ed group tals	(b) To be completed for all electing
	<u></u>		-	··· ·· T	26			organizations
36	Total lobbying expenditures to influence public		, ,,		<u>36</u> 37			
37	Total lobbying expenditures to influence a legislative body (direct lobbying)						<u> </u>	
38	Other exempt purpose expenditures		<u>38</u> 39					
39 40	Total exempt purpose expenditures (add lines	1	40					
41	Lobbying nontaxable amount Enter the amount							
71	. •	obbying nontax	•	_ 1				
	Not over \$500,000 20%							
		000 plus 15% of						
	Over \$1,000,000 but not over \$1,500,000 . \$175,			- I	41			
	Over \$1,500,000 but not over \$17,000,000. \$225,	•						
	Over \$17,000,000 \$1,00	0,000						
42	Grassroots nontaxable amount (enter 25% of	line 41)			42			
43	Subtract line 42 from line 36. Enter -0- if line 4	12 is more than I	ne 36, , , ,		43			
44	Subtract line 41 from line 38. Enter -0- if line 4	11 is more than I	ne 38		44			<u> </u>
	Caution: If there is an amount on either line 43	3 or line 44 you	must file Form 4	720				
		eraging Perio						
	(Some organizations that made a section See the instructions for	on 501(h) election	do not have to	complete all	of the	e five co	olumns be	elow.
		Lot	obying Expendit	ures During	4-Ye	ar Aver	aging Pe	riod
	Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2006	(c) 2005			d) 004	(e) Total
 45	Lobbying nontaxable amount							, ,
	Zobbying vicinization amount	-			-			
46_	Lobbying ceiling amount (150% of line 45(e))				·····			
<u>47</u> _	Total lobbying expenditures							
48_	Grassroots nontaxable amount							
49_	Grassroots ceiling amount (150% of line 48(e))			,		-		
50	Grassroots lobbying expenditures	•						
	t VI-B Lobbying Activity by Nonelec	eting Public C	harities	<u> </u>				
	(For reporting only by organiza			Part VI-A) (See	page '	14 of the	e instructions.)
Durir	g the year, did the organization attempt to influ						T	
	npt to influence public opinion on a legislative r				ing a	עייי 🛙 🗘	es No	Amount
а	Volunteers		and an eaght and					
ь	Paid staff or management (Include compensation	on in expenses i	reported on lines	c through h.)			
c			•			: E		
d	Mailings to members, legislators, or the public					: <u> </u>		
e	Publications, or published or broadcast statem							
f	Grants to other organizations for lobbying purp	ooses				. L		
g	Direct contact with legislators, their staffs, gov			body		. ∟		
h	Rallies, demonstrations, seminars, conventions	•				. ∟		
i	Total lobbying expenditures (Add lines c through				٠. ٠	. L		
	If "Yes" to any of the above, also attach a stat	ement giving a c	etalled description	on of the lobb	oyıng	activitie	95.	

Par	t VI		n Regarding Toganizations (Se	ransfers To and Transa e page 14 of the instruction	ctions and Relationsi	nips With	Nonc		able
51				indirectly engage in any of the office (a) organizations) or in sections					
а	Trai	nsfers from the rep	orting organization	to a noncharitable exempt orga	ınızatıon of			Yes	No
	(i)	Cash					51a(i)	L	
	(ii)	Other assets					a(ii)		
b	Oth	er transactions							
	(i)	Sales or exchange	es of assets with a	noncharitable exempt organiza	tion		b(i)		
	(ii)	Purchases of asse	ets from a nonchar	itable exempt organization			b(ii)		
	(iii)	Rental of facilities	s, equipment, or oth	ner assets			b(iii)		
	(iv)	Reimbursement a	rrangements				b(iv)		
	(v)	Loans or loan gua	arantees				_b(v)		
	(vi)	Performance of se	ervices or members	ship or fundraising solicitations			b(vi)		L
С	Sha	ring of facilities, ed	quipment, mailing li	sts, other assets, or paid emplo	yees		С		
d	goo	ds, other assets, o	r services given by	complete the following schedule the reporting organization. If the column (d) the value of the good	he organization received les	s than fair n	market narket v	vatue /alue i	of the in any
(a	a)	(b)		(c)		(d)			
Line	no	Amount involved	Name of nonc	charitable exempt organization	Description of transfers, trans	actions, and sh	aring arr	angem	ents
	_								
	des	cribed in section 50		affiliated with, or related to, or other than section 501(c)(3)) or it			☐ Yes	; <u> </u>] No
		(a)		(b)		(c)			
		Name of organiz	zation	Type of organization	Description	of relationship)		
									
									····
									
					 				

KEIRQ SERVICES 95-4022185

SCHEDULE A FORM 990 – PART V-A October 31, 2008

BOARD OF DIRECTORS

Ernest Doizaki

Tom Haga

Thomas Iino

Donald Kaneoka

Gary Kawaguchi

Frank Kawana - Chairman

Takashi Makinodan

Kiyoshi Maruyama - Treasurer

James Mitsumori

Makoto Nakayama

Thomas Shigekuni

George Sugimoto

Stuart Tsujimoto

Ruth Watanabe - Secretary

The above Board of Directors were not compensated. They devote their time to the organization attending monthly board meetings and special functions during the year.

K/S, KRH, KNH

FYE 2008 990

Keiro Senior HealthCare provides a full continuum of care through Keiro Nursing Home, South Bay Keiro Nursing Home, Keiro Intermediate Care Facility, Keiro Retirement Home, and The Institute for Healthy Aging at Keiro (IHA). Total operating expenses for IHA were \$177,000, all of which were focused on community benefit activities. Examples of community benefit activities provided by IHA and Keiro facilities are:

- Community education provided to over 1895 people through evidence-based seminars and conferences, in collaboration with community organizations.
- Telephone, e-mail, and/or in-person case management and referral services provided to 100 people.
- Donation of 120 hours of staff time to HICAP for Medicare counseling and 40 hours to the Alzheimer's Association.
- Clinical observation site for 2 groups from universities and colleges, and a clinical practice site for nursing and other health practitioner students.
- Health promotion/wellness, caregiving and consumer education through the Keiro website and other community newsletters.
- In-kind donation of meeting space/overhead to other not-for-profit community organizations

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

•	TOTAL <u>MKT. VALUE</u>	TOTAL COST
CERTIFICATE OF DEPOSITS		
CD BMW Bk UT US	95,362	95,000
CD Capital One Bk VA US	99,509	100,919
CD Providian Natl Bk NH	5,143	5,000
CD Key Banks OH US	10,206	10,000
CD Key Banks OH US CD Key Banks OH US	20,143 24,956	22,279 25,000
CD OBA Fed Svgs Bk MD	96,695	95,000 95,000
CD Huntington Natl Bk OH	68,879	70,000
CD Hudson United Bank NJ	93,473	95,000
Total Certificate of Deposits	514,36 5	518,198
MONEY MARKET/MUTUAL FUNDS/EQUITIES		
Old Mutual Analytic Fund Class A	20,082	30,647
American Century Equity Income Fund A	233,853	319,234
American Funds Capital World Growth & Income Fund Class F	193,453	284,201
American Funds Growth Fund of America Class F Cohen & Steers Realty Shares	252,685	377,538
FT Mutual Beacon A	206,525 205,306	382,466 337,027
FT Templeton Devlp Markets A	178,879	315,158
JP Morgan Intrepid European Fund Class A	183,041	308,329
Royce Total Return Fund	214,793	301,724
American Century Equity Income Fund A	64,816	91,145
American Funds Growth Fund of America Class F	27,338	45,160
Cohen & Steers Realty Shares	57,476	107,992
American Funds Capital World Growth & Income Fund Class F	19,267	32,069
American Funds Growth Fund of America Class F	14,304	22,742
Eaton Vance Dividend Builder Fund Class A	14,580	22,638
FT Mutual Beacon A	25,064	44,114
FT Mutual European A	26,480	40,487
American Funds Bond Fund of America Class F	86,259	105,525
John Hancock Strategic Income Class A Managers Bond Fund	88,236 87,663	105,637 116,584
Pimco Total Return Fund Class A	98,681	103,898
American Funds Bond Fund of America Class F	1,173,348	1,430,439
John Hancock Strategic Income Class A	266,777	324,543
Pimco Total Return Fund Class A	806,953	827,289
American Funds Bond Fund of America Class F	101,938	124,204
John Hancock Strategic Income Class A	53,009	62,952
Pimco Total Return Fund Class A	99,633	103,031
Cash	95,000	95,000
RMA Money Market Portfolio	179,060	179,060
RMA Money Market Portfolio	105,921	105,921
RMA Money Market Portfolio American Funds Income Fund of America Class F	12,795	12,795
American Funds Capital Income Builder Fund Class F	88,347 85,637	134,097 129,001
American Funds Income Fund of America Class F	337,061	490,314
American Funds Capital Income Builder Fund Class F	320,676	402,650
American Funds Income Fund of America Class F	39,778	59,906
American Funds Capital Income Builder Fund Class F	39,953	59,698
ABN Amro Cap VII PFD	43,239	75,523
JP Morgan Chase Cap XI	145,769	149,177
Royal Bk Scotland Grp Plc	82,502	151,504
USB Capital	139,831	149,054
Aegon N V	45,293	99,553
Barclays Bk Plc Ser 2	68,136 82,845	99,792
HSBC Fin Corp Call Royal Bk Scotland Grp Pic	82,845 52,290	100,314 100,612
Total Money Market/Mutual Funds/Equities	6,764,572	8,960,744
CORPORATE BONDS		
Genl Elec Cap Corp	64,695	74,826
Genl Elec Co NTS	37,732	40,986
John Hancock Signature NTS	99,201	100,000
Hartford Life Glob Fndg Income NTS	91,911	100,000
Citigroup Inc NTS	97,341	105,098
SBC Communications Inc	98,451	104,192
Genl Elec Cap Corp MTN	190,470	202,361
Total Corporate Bonds	679,801	727,462
TOTAL INVESTMENT	7,958,739	10,206,404

KEIRO SERVICES 95-4022185 FORM 990 - FYE 10/31/08 SCHEDULE OF PLANT, PROPERTY & EQUIPMENT PART 1V LINE 57

LAND, BUILDINGS AND LEASEHOLD IMPROVEMENTS	\$ 423,579
CONSTRUCTION-IN-PROGRESS	271,613
FURNITURE, FIXTURES AND EQUIPMENTS	897,632
TOTAL PLANT, PROPERTY & EQUIPMENT	1,592,824
LESS: ACCUMULATED DEPRECIATION	(649,693)
NET PLANT, PROPERTY & EQUIPMENTS	\$ 943,131