Department of the Treasury Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047

2008

Open to Public

A 10	rthe 2	2008 ca	lendar yea	r, or tax year beginning 11-	01-2008 and ending 10-31-2009	)	· · · · ·		
<b>B</b> Che	eck ıf ap	pplicable	Please	C Name of organization KEIRO SERVICES			D Employer i	identification number	
☐ Add	dress cha	ange	use IRS label or	Doing Business As			95-4022: E Telephone		
☐ Nar	me char	nge	print or type. See	Doing Business As Keiro Senior HealthCare			-		
<b>▼</b> Init	tial retur	rn	Specific	Number and street (or P O bo	ox if mail is not delivered to street addres	s) Room/suite	(323) 980		
Г Ter	mınatıoı	n	Instruc- tions.	325 South Boyle Avenue			<b>G</b> Gross receip	ots \$ 6,048,419	
┌ Am	ended r	return		City or town, state or country,	and ZIP + 4				
┌ App	olication	pending		Los Angeles, CA 90033					
			<b>F</b> Nan	ne and address of principal	officer	H(a) Is the	<b>I</b> s a group retu	ırn for	
			Shawn	Mıyake		affilia		⊤Yes <b>∀</b> No	
				outh Boyle Avenue geles, CA 90033					
			2007111	geres, err seess			affiliates inclu		
I Ta	x-exem	pt status	▼ 501(c)	) (3) <b>◀</b> (insert no )	a)(1) or		p exemption r	st (see instructions) number <b>&gt;</b>	
	ebsit e	: ► www	v keiro org			11(0)	' '		
						1		T	
-	e of org rt I			ion Trust Association 01	her 🕨	<b>L</b> Year of fo	rmation 1961	M State of legal domicile CA	
Pa		Sumi Briefly (	•	e organization's mission or	most significant activities				
					eers, residents & staff have worke	d together to	fulfill its miss	sion to enhance the	
		quality	of senior lif	e in our community Served	over 60K families at its facilities	providing ca	re ın a cultura	ally-sensitive	
3				āmiliar language, food, acti :itute of Healthy Aging for K	vities and values Provides educa	tion and reso	urces to famil	lies caring for seniors at	
Ē		nome ti	irough Inst	itute of Healthy Aging for K	eno				
E .									
Governance									
್ರ 26	2	Checkt	his box 🛏	if the organization discon	tinued its operations or disposed	of more than	25% of its as	ssets	
۷) 40	3	Number	of voting r	nembers of the governing b	ody (Part VI, line 1a)			314	
Activities	4	Number	ofindepen	ident voting members of the	governing body (Part VI, line 1b	)	•	414	
ਙ	5	Total nu	ımber of en	nployees (Part V , line 2a)				535	
4	6	Total nu	ımber of vo	lunteers (estimate if neces	sary)			685	
	7a	Total gr	oss unrela	ted business revenue from	Part VIII, line 12, column (C) .			<b>7a</b>	
	ь	Net unr	elated busi	ness taxable income from F	Form 990-T, line 34			<b>7b</b> 0	
						Prio	r Year	Current Year	
_	8	Contri	butions and	d grants (Part VIII, line 1h)			1,712,922	689,934	
nse	9	Progra	m service	revenue (Part VIII, line 2g	)		0	0	
Rayenue	10	Invest	ment incor	me (Part VIII, column (A), l	ınes 3, 4, and 7d )		769,497		
ά	1	0+6	ravanua (D	art VIII calumn (A.) lines	5, 6d, 8c, 9c, 10c, and 11e)				
	11	Other	revenue (r	art viii, column (A), mies	5, 04, 00, 50, 100, and 110,		438,811	4,602,988	
	11	Totalr	evenue—a	dd lines 8 through 11 (mus	t equal Part VIII, column (A), line			, ,	
	12	Total r 12) .	evenue—a	dd lines 8 through 11 (mus	t equal Part VIII, column (A), line		2,921,230	5,781,646	
	12	Total r 12) . Grants	evenue—a	dd lines 8 through 11 (mus 	t equal Part VIII, column (A), line		2,921,230	5,781,646	
	12 13 14	Total r 12) . Grants Benefit	and similats paid to o	dd lines 8 through 11 (mus ar amounts paid (Part IX, co or for members (Part IX, col	t equal Part VIII, column (A), line  olumn (A), lines 1-3)  umn (A), line 4)		2,921,230	5,781,646	
	12	Total r 12) . Grants Benefit	and similats paid to o	dd lines 8 through 11 (mus ar amounts paid (Part IX, co or for members (Part IX, col	t equal Part VIII, column (A), line		2,921,230	5,781,646	
enses	12 13 14	Total r 12) . Grants Benefit Salarie 10)	evenue—ac and similats paid to o	ar amounts paid (Part IX, colompensation, employee ben	t equal Part VIII, column (A), line  olumn (A), lines 1-3)  umn (A), line 4)		2,921,230	5,781,646 0 0 2,129,484	
x sesses	12 13 14 15	Total r 12) . Grants Benefit Salarie 10) Profes	evenue—and similats paid to oes, other co	ar amounts paid (Part IX, color for members (Part IX, colompensation, employee ben	t equal Part VIII, column (A), line  olumn (A), lines 1-3)  umn (A), line 4)  efits (Part IX, column (A), lines 5		2,921,230	5,781,646 0 0 2,129,484	
Expenses	13 14 15 16a	Total r 12) . Grants Benefit Salarie 10) Profes	evenue—and similarts paid to ones, other consideration	ar amounts paid (Part IX, colompensation, employee ben larsing fees (Part IX, coloms).	t equal Part VIII, column (A), line  olumn (A), lines 1-3)  umn (A), line 4)  efits (Part IX, column (A), lines 5  nn (A), line 11e)  25) ►845,287		2,921,230 0 0 2,120,034	5,781,646 0 0 2,129,484	
Expenses	12 13 14 15 16a b	Total r 12) . Grants Benefir Salarie 10) Profes Total fu Other	and similats paid to o es, other co sional fund ndraising exp	ar amounts paid (Part IX, color for members (Part IX, color for members) are supplyed ben raising fees (Part IX, columnenses (Part IX, columnenses (Part IX, column (D), line 2 (Part IX, column (A), lines 1	t equal Part VIII, column (A), line  olumn (A), lines 1-3)  umn (A), line 4)  efits (Part IX, column (A), lines 5		2,921,230	5,781,646 0 0 2,129,484 0	
Expenses	12 13 14 15 16a b	Total ri 12) . Grants Benefit Salarie 10) Profes Total fu Other Total e	and similars paid to ones, other consistency of the construction o	dd lines 8 through 11 (muster amounts paid (Part IX, color for members (Part IX, color for members (Part IX, color for members (Part IX, color for members) (Part IX, color for members) (Part IX, color for for members) (Part IX, color for for for members) (Part IX, color for for for for for for for for for f	t equal Part VIII, column (A), line  olumn (A), lines 1-3)  umn (A), line 4)  efits (Part IX, column (A), lines 5  nn (A), line 11e)  25)  845,287		2,921,230 0 0 2,120,034 0	5,781,646 0 0 2,129,484 0 1,137,704 3,267,188	
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	12 13 14 15 16a b 17 18 19	Total ri 12) .  Grants Benefit Salarie 10) Profes Total fu Other Total e Reven	and similar ts paid to ones, other consistency of the construction	ar amounts paid (Part IX, color for members (Part IX, color for members (Part IX, color for members) (Part IX, color for for for for for for for for for f	t equal Part VIII, column (A), line  olumn (A), lines 1-3)  umn (A), line 4)  efits (Part IX, column (A), lines 5  nn (A), line 11e)  25)  845,287  1a-11d, 11f-24f)  al Part IX, column (A), line 25)  m line 12	-	2,921,230 0 0 2,120,034 0 1,344,128 3,464,162 -542,932 ng of Year 23,523,217	5,781,646  0  2,129,484  0  1,137,704  3,267,188  2,514,458  End of Year  26,763,373	
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Sign Here	12 13 14 15 16a b 17 18 19 20 21 22 rt III	Total ri 12) . Grants Benefit Salarie 10) Profes Total fu Other Total e Reven  Total a Total I Net as  Sign Under pand belie Signature Firm's na if self-en	and similar ts paid to ones, other consists and fund andraising expenses (expenses of the sets or fundature blue enalties of peef, it is true, of the true of office with the true, of the true of office with the true, of the true, of the true of office with the true, of the	ar amounts paid (Part IX, color for members (Part IX, color for members (Part IX, color for members), employee bendraising fees (Part IX, column enses (Part IX, column (D), line 2 (Part IX, column (A), lines 13 Add lines 13 – 17 (must equippenses Subtract line 18 from tax, line 16)	t equal Part VIII, column (A), line  clumn (A), lines 1-3)  umn (A), line 4)  efits (Part IX, column (A), lines 5  an (A), line 11e)  25) **845,287  11a-11d, 11f-24f)  al Part IX, column (A), line 25)  m line 12  1 from line 20  ined this return, including accompanying of preparer (other than officer) is based	schedules and ston all information Date	2,921,230 0 0 2,120,034 0 1,344,128 3,464,162 -542,932 ng of Year 23,523,217 1,321,087 22,202,130 tatements, and tation of which preparer's ide (see instruction to the construction to th	5,781,646  0  2,129,484  0  1,137,704  3,267,188  2,514,458  End of Year  26,763,373  2,047,126  24,716,247  to the best of my knowledge parer has any knowledge	
Paid Prepared Use (	12 13 14 15 16a b 17 18 19 20 21 22 rt III	Total r 12) .  Grants Benefit Salarie 10) Profes Total fu Other Total e Reven  Total a Total I Net as  Sign  Under p and belie Signa  Preparer signature  Firm's na if self-en address,	and similar ts paid to ones, other consists and fund andraising expenses (expenses Aue less expenses (Partiabilities (Partiabilities (Partiabilities of peef, it is true, of ature of office (NN MIYAKE Partiabilities (Partiabilities of peef, it is true, of ature of office (NN MIYAKE Partiabilities (Partiabilities of peef), it is true, of ature of office (NN MIYAKE Partiabilities of peef), and ZIP + 4	ar amounts paid (Part IX, color for members (Part IX, color for members (Part IX, color for members), employee benderalsing fees (Part IX, column (D), line 2 (Part IX, column (A), lines 13 Add lines 13 – 17 (must equippenses Subtract line 18 from t X, line 16)	t equal Part VIII, column (A), line  clumn (A), lines 1-3)  umn (A), line 4)  efits (Part IX, column (A), lines 5  an (A), line 11e)  25) **845,287  11a-11d, 11f-24f)  al Part IX, column (A), line 25)  m line 12  1 from line 20  ined this return, including accompanying of preparer (other than officer) is based	schedules and ston all informat 2010-Date	2,921,230 0 0 2,120,034 0 1,344,128 3,464,162 -542,932 ng of Year 23,523,217 1,321,087 22,202,130 tatements, and tatements, and tatements and	5,781,646  0  2,129,484  0  1,137,704  3,267,188  2,514,458  End of Year  26,763,373  2,047,126  24,716,247  to the best of my knowledge parer has any knowledge	

		nent of Program Service	e Accomplishments	(see instructi	ons.)	
	e 1961, Keiro Se	e the organization's mission revices' founders, volunteers				
envir	onment with fam	munity Served over 60K fam iliar language, food, activities ces to families caring for sen	and values through Keird	Nursing Home	& Japanese Home for th	
2	_	ation undertake any significa 990 or 990-EZ?	· -			_ Yes ▼ No
	If "Yes," descri	be these new services on Sch	nedule O			
3		ation cease conducting, or m		how it conducts		_ Yes ✓ No
	If "Yes," descri	be these changes on Schedul	e O			
4	Section 501(c)	kempt purpose achievements (3) and 501(c)(4) organization others, the total expenses, an	ons and section 4947(a)(:	1) trusts are req	ured to report the amou	
4a	(Code	) (Expenses \$	1,953,463 including grai	nts of \$	0 ) (Revenue \$	2,724,061 )
		a Keiro Senior HealthCare provides tirement Home, and the Institute fo enefit activities				
4b	(Code	) (Expenses \$	ıncludıng gran	ts of \$	) (Revenue \$	)
4c	(Code	) (Expenses \$	ıncludıng gran	ts of \$	) (Revenue \$	)
4d	Other program	n services (Describe in Sche	dule O )			
	(Expenses \$	0 inclu	uding grants of \$	0)	(Revenue \$	0 )
<u>4e</u>	Total program	service expenses +\$	1 953 463 (Must ed	nual Part IX line	25 column (B) )	

Part TV	Chec	klist of	Required	Schedules
4.11.2.4	CHEC	AIISL UI	<u> </u>	<b>Juliculies</b>

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

### Part IV Checklist of Required Schedules (Continued)

		Yes	No
During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
<i>IV</i>	28a		Νo
Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		Νo
Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		Νo
Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νo
Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		Νo
Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV  28a  Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV  28b  Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  29  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I  33  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part SII, III, IV, and V, line 1  15 any related organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable organization? If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization.	During the tax year, did any person who is a current or former officer, director, trustee, or key employee  Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part  IV

	rt V Statements Regarding Other IRS Filings and Tax Compliance			raye
Pa	Statements Regarding Other TRS Finings and Lax Compliance		V	NI.
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal		Yes	No
	of U.S. Information Returns . Enter -0- if not applicable	10		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	. 1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements filed for the calendar year ending with or within the year covered by this return	35		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	. 3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
ь	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
C	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regard Prohibited Tax Shelter Transaction?	ing <b>5c</b>		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or givere not tax deductible?			
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required file Form 8282?	d to 7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	, , , , , , , , , , , , , , , , , , , ,			No
g		. 7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	Yes	
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and 509(a)(3) supportions organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	8		
a		9a		
ь		9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12   10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		L
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			

(323) 980-7503

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

Se	ection A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,			
	process, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body   1a   14			
ь	Enter the number of voting members that are independent 1b 14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		N o
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was	4		
_	filed?			No_
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		Νο
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10		N o
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		N o
Se	ection B. Policies			
			Yes	No
12a	December 12			
	Does the organization have a written conflict of interest bolicy? It INO. GOTO line 13	12a	Yes	
h	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	Yes	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?			
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b 12c	Yes	
c 13	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b 12c 13	Yes Yes Yes	
c 13 14 15	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b 12c 13	Yes Yes Yes	
c 13 14 15	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b 12c 13 14	Yes Yes Yes Yes	
c 13 14 15	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b 12c 13 14	Yes Yes Yes Yes	
c 13 14 15 a b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b 12c 13 14	Yes Yes Yes Yes	No
c 13 14 15 a b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b 12c 13 14 15a 15b	Yes Yes Yes Yes	No
c 13 14 15 a b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b 12c 13 14 15a 15b	Yes Yes Yes Yes	No
c 13 14 15 a b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b 12c 13 14 15a 15b	Yes Yes Yes Yes	No
c 13 14 15 a b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b 12c 13 14 15a 15b	Yes Yes Yes Yes	No
13 14 15 a b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b 12c 13 14 15a 15b	Yes Yes Yes Yes	No
13 14 15 a b 16a b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b 12c 13 14 15a 15b	Yes Yes Yes Yes	No
13 14 15 a b 16a b  Se 17 18	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b 12c 13 14 15a 15b 16a	Yes Yes Yes Yes Yes	

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the	e organizat	ion did not compensate any officer,	direc	tor,	trus	tee o	rke	y employee		
		(C) Position (check all that apply)					(D)	(E)	<b>(F)</b> Estimated	
<b>(A)</b> Name and Title	(B) Average hours per week	x <u>I</u> ndividual	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	amount of other compensation from the organization and related organizations
Frank Kawana Board Chairman	1	Х						0	0	0
Kıyoshı Maruyama Board Treasurer	1	X						0	0	0
Ruth Watanabe Board Secretary	1	Х						0	0	0
Ernest Doızakı Board Member	1	Х						0	0	0
Tom Haga Board Member	1	Х						0	0	0
Thomas Iino Board Member	1	Х						0	0	0
Donald Kaneoka Board Member	1	Х						0	0	0
Gary Kawaguchı Board Member	1	Х						0	0	0
Takashı Makınodan Board Member	1	Х						0	0	0
James Mitsumori Board Member	1	Х						0	0	0
Makoto Nakayama Board Member	1	X						0	0	0
Thomas Shigekuni Board Member	1	Х						0	0	0
George Sugimoto Board Member	1	Х						0	0	0
Stuart Tsujimoto Board Member	1	Х						0	0	0
Shawn Mıyake President & CEO	40	Х		х	х	х		215,783	0	16,086
Dianne Belli Chief Administrative Officer	40				х	х		132,774	0	11,314
Audrey Lee-Sung Director of Resource Development	40				х	х		100,946	0	6,274

Form 990	(2008)
Part VII	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued

			<b>(C)</b> Position (check all that apply)						(2)	(E)		(F)	
Nam	<b>(A)</b> ne and Title	(B) Average hours per week	x Individual	Institutional Trustee	Office	Ke) emplojee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099- MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)		Estima amoui othe compen from organiz and rel organiza	nt of er sation the ation ated
				-									
				<u> </u>									
1b To	+-1						<b>-</b>		449,503		ol		33,674
<b>2</b> T			s (including those in 1a) who receiv janization▶3	ed m	• ore	thar	\$100	0,00	0 ın reportable				<u> </u>
												Yes	No
			ny <b>former</b> officer, director or truste ete Schedule J for such individual		• em	ploy •	ee, or	hıgl •	hest compensate	d employee	3		No
0			n line 1a, is the sum of reportable c rganizations greater than \$150,00							om the	4	Yes	
			ne 1a receive or accrue compensa on? <i>If</i> "Y <i>es," complete Schedule J for</i>					ated •	organization for s	ervices	5		No
Sect	tion B. Inde	pendent	Contractors										
			ur five highest compensated indepo n from the organization	enden	t co	ntra	ctors	that	received more th	an			
			(A) Name and business address							(B) n of services		(C) Compen	
											+		
	tal number of i m the organiza		t contractors (including those in 1	) who	rece	eive	d more	e tha	in \$100,000 in co	ompensation			

			Total revenue	(B) Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
<b>≌</b> ≇	1a	Federated campaigns 1a	0			
<u>≅</u> ₹	ь	Membership dues 1b	0			
ું.≝	c	Fundraising events 1c	0			
<u>₩</u>	d	Related organizations 1d	0			
<u> </u>	e	Government grants (contributions) 1e	0			
5 %	f	All other contributions, gifts, grants, and 1f 689,93 similar amounts not included above	34	İ		
contributions, gifts, grams and other similar amounts	g	Noncash contributions included in lines 1a-1f \$ 237,084				
5 Ē	h	Total. Add lines 1a-1f	689,934			
en		Business Code	e			
κen	2a					
쨢	Ь					
MC	C					
Ì.	d					
E	e					
Program Serwice Revenue	f	All other program service revenue	0	0	0	0
<u>Ā</u>	g	Total. Add lines 2a-2f	0			
	3	Investment income (including dividends, interest				
		and other similar amounts)	488,724	0	0	100/121
	4	Income from investment of tax-exempt bond proceeds	0	0	0	0
	5	Royalties	0	U	0	U
	6a	(I) Real (II) Personal Gross Rents				
	ь	Less rental				
		expenses Rental income 0				
	С	or (loss)				
	d	Net rental income or (loss)				
		(i) Securities (ii) O ther Gross amount				
	7a	from sales of assets other than inventory				
	ь	Less cost or other basis and				
		sales expenses Gain or (loss) 0				
	C	` '	<u> </u>			
	d 8a	The transfer (1885) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
e n	Oa	Gross income from fundraising events (not including \$0				
Other Revenue		of contributions reported on line 1c)				
ě		See Part IV, line 18 a 755,9	45			
<u>.</u>	ь	Less direct expenses <b>b</b> 174,6				
¥	c	Net income or (loss) from fundraising events		581,301	0	0
•	9a	Gross income from gaming activities				
		See Part IV, line 19				
		a 247,8				
	b c	Less direct expenses <b>b</b> 92,1  Net income or (loss) from gaming activities		155,762	0	0
		Gross sales of inventory, less		-,		
		returns and allowances .				
	ь	Less cost of goods sold <b>b</b>				
	С	Net income or (loss) from sales of inventory				
		Miscellaneous Revenue Business Code				
	11a	Unrealized Gain/Loss on value of investment	789,072	0	0	, ,
	ь	Unrealized Gain/Loss on CRT	352,792	0	0	352,792
	С	Management Fee revenue	2,546,691	2,546,691	0	0
	d	All other revenue	177,370	177,370	0	0
	e	Total. Add lines 11a-11d	3,865,925			
	12	<b>Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	5,781,646	3,461,124	0	1,630,588

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Δ	Section $501(c)(3)$ and $501(c)(4)$ organizations m Il other organizations must complete column (A) but are not required to			(D).	
Do n	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0	0		<u> </u>
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0	0		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	0	0	0	0
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0	0	0	0
7	Other salaries and wages	1,601,805	1,049,376	240,024	312,405
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	45,994	31,011	7,132	7,851
9	Other employee benefits	354,169	241,639	55,474	57,056
10	Payroll taxes	127,516	82,512	18,741	26,263
11	Fees for services (non-employees)				_
а	Management	0	0	0	0
b	Legal	5,714	4,571	1,143	0
c	Accounting	18,673	14,938	3,735	0
d	Lobbying	0	0	0	0
e	Professional fundraising See Part IV, line 17	0			0
f	Investment management fees	47,178	37,742	9,436	0
g	Other	32,515	7,132	1,383	24,000
12	Advertising and promotion	0	0	0	0
13	Office expenses	311,459	45,505	51,785	214,169
14	Information technology	165,280	106,539	26,520	32,221
15	Royalties	0	0	0	0
16	Occupancy	37,727	30,182	7,545	0
17	Travel	28,470	20,042	4,104	4,324
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	0	0	0	0
20	Interest	2,533	2,026	507	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	89,012	89,012	0	0
23 24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of	69,840	55,872	13,968	0
_	total expenses shown on line 25 below ) Purchased Services	162,117	38,085	8,340	115,692
a b	Dues and Subscriptions	11,023	7,952	1,779	1,292
_	Seminars	15,417	2,984	746	11,687
c d	- Communa	13,417	2,904	740	11,007
e f	All other expenses	140,746	86,343	16,076	38,327
25	Total functional expenses. Add lines 1 through 24f	3,267,188	1,953,463	468,438	845,287
26	Joint Costs. Check here ► ☐ If following SOP 98-2  Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation		. ,	, :	,

Pa	rt X	Balance Sheet						
					(A) Beginning of year		( <b>B</b> End of	-
	1	Cash—non-interest-bearing			-240,597	1		309,206
	2	Savings and temporary cash investments			1,427,416	2		699,898
	3	Pledges and grants receivable, net			328,802	3		140,702
	4	Accounts receivable, net			1,345	4		364
	5	Receivables from current and former officers, directors, trustees other related parties $Complete\ Part\ II\ of\ Schedule\ L$			0	5		0
	6	Receivables from other disqualified persons (as defined under se						
		persons described in section 4958(c)(3)(B) Complete Part II of	Schedu	le L	0	6		0
92	7	Notes and loans receivable, net			0	7		0
Assets	8	Inventories for sale or use			0	8		1,146
- <b>₹</b>	9	Prepaid expenses and deferred charges			109,170	9		95,167
_	10a	Land, buildings, and equipment cost basis	10a	2,119,473				
	b	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10b	580,913	· · · · · · · · · · · · · · · · · · ·			1,538,560
	11	Investments—publicly traded securities			7,958,739	11	10	0,179,954
	12	Investments—other securities See Part IV, line 11		•	0	12		0
	13	Investments—program-related See Part IV, line 11			0	13		
	14	Intangible assets			0	14		0
	15	Other assets See Part IV, line 11		•	12,995,211	15	10	3,798,376
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)			23,523,217	16	26	6,763,373
	17	Accounts payable and accrued expenses .			207,487	17		449,807
	18	Grants payable	0	18		0		
	19	Deferred revenue	0	19		0		
	20	Tax-exempt bond liabilities	0	20		0		
<u>.</u>	21	Escrow account liability Complete Part IV of Schedule D	0	21		0		
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
ï		persons Complete Part II of Schedule L	0	22		0		
	23	Secured mortgages and notes payable to unrelated third parties		0	23		300,000	
	24	Unsecured notes and loans payable		0	24		0	
	25	Other liabilities Complete Part X of Schedule D	1,113,600	25		1,297,319		
	26	Total liabilities. Add lines 17 through 25	1,321,087	26		2,047,126		
S e s		Organizations that follow SFAS 117, check here ► 🔽 and comp through 29, and lines 33 and 34.	lete lin	es 27				
an	27	Unrestricted net assets		8,164,906	27	1	1,608,983	
B	28	Temporarily restricted net assets			6,181,530	28		4,605,788
됟	29	Permanently restricted net assets			7,855,694	29	8	3,501,476
or Fund Balance		Organizations that do not follow SFAS 117, check here ► □ an lines 30 through 34.	d comp	lete				
8	30	Capital stock or trust principal, or current funds				30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31		
	32	Retained earnings, endowment, accumulated income, or other fu	nds			32		
Š	33	Total net assets or fund balances			22,202,130	33	24	4,716,247
_	34	Total liabilities and net assets/fund balances			23,523,217	34	2	6,763,373
Pa	rt XI	Financial Statements and Reporting						
							Yes	No
1	Acco	unting method used to prepare the Form 990 Cash	Accrua	al 「Other				
2a						2a	Yes	
b							Yes	
c							Yes	
3а		result of a federal award, was the organization required to undergoe e Audit Act and OMB Circular A-133?			et forth in the	3a		Νο
<b>b</b> If "Yes," did the organization undergo the required audit or audits?						3b		

As Filed Data -

DLN: 93493258002250

Employer identification number

OMB No 1545-0047

### **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instruc									
Reason for Fubile Charity Status (to be completed by all organizations) (See Institut	ctione \								
The organization is not a private foundation because it is (Please check only <b>one</b> organization)	cuoris)								
1 A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i).									
A school described in <b>Section 170(b)(1)(A)(ii).</b> (Attach Schedule E)									
A school described in <b>Section 170(b)(1)(A)(ii).</b> (Attach Schedule E)  A hospital or a cooperative hospital service organization described in <b>Section 170(b)(1)(A)(iii).</b> (Attach Schedule E)									
4 A medical research organization operated in conjunction with a hospital described in Section 170(b)(1		•							
hospital's name, city, and state									
5 An organization operated for the benefit of a college or university owned or operated by a governmenta	al unit desc	ribed in							
Section 170(b)(1)(A)(iv). (Complete Part II )									
6 A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(v).									
7 An organization that normally receives a substantial part of its support from a governmental unit or from	om the aen	eral publi	с						
described in <b>Section 170(b)(1)(A)(vi)</b> (Complete Part II )	- · · · · · · · · · · · · · · · · · · ·								
8 A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II)									
9 An organization that normally receives (1) more than 331/3% of its support from contributions, memb	pership fee	s, and gro	oss						
receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no mor									
its support from gross investment income and unrelated business taxable income (less section 511 to	ax) from bu	ısınesses							
acquired by the organization after June 30, 1975 See <b>Section 509(a)(2).</b> (Complete Part III )	·								
10 An organization organized and operated exclusively to test for public safety. See Section 509(a)(4).	See instruc	tions )							
11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to	carry out	the purpo	ses of						
one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) Se the box that describes the type of supporting organization and complete lines 11e through 11h	_								
a Type I b Type II c Type III - Functionally Integrated d		e III - Ot							
By checking this box, I certify that the organization is not controlled directly or indirectly by one or mother than foundation managers and other than one or more publicly supported organizations describe section 509(a)(2)	•	•							
f If the organization received a written determination from the IRS that it is a Type I, Type II or Type II	II supportı	ng organi	zatıon,						
check this box			Γ						
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the									
following persons?  (i) a person who directly or indirectly controls, either alone or together with persons described in (ii)		Yes	No						
and (III) below, the governing body of the the supported organization?	119		110						
(ii) a family member of a person described in (i) above?	11g		+						
(iii) a 35% controlled entity of a person described in (i) or (ii) above?	11g	_	+						
h Provide the following information about the organizations the organization supports		,							
The first the following information about the organizations the organization supports									
(i) Name of (ii) EIN (iii) Type of organization (iv) Is the (v) Did you notify (vi)	Is the	(vii) Ar	nount of						
	ızatıon ın	supp	ort?						
	organized								
(See Instructions)) your governing support? in the	ie U S ?								
Yes No Yes No Yes	No	_							
165 110 165 110 165	110								
	-	1							

Total

Part II	Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
	(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Pι	ıblic Support		, ,	•				
Cale	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on its behalf							
3	The value of services or facilities							
_	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3							
5	The portion of total contribution by each							
	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column (f)							
6	Public Support subtract line 5 from line							
Ü	4							
To	otal Support		•	•				
Cale	endar year (or fiscal year beginning in)	<b>(a)</b> 2004	<b>(b)</b> 2005	<b>(c)</b> 2006	(d) 2007	(e)	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
_	sources Net income from unrelated business							
9	activities, whether or not the business is							
	regularly carried on							
10	Other income Do not include gain or loss							
	from the sale of capital assets (Explain in							
	Part IV )							
11	Total Support (Add lines 7 through 10)					<u> </u>	ı	
12	Gross receipts from related activities, etc	(See instructio	ns )			12		
13	First Five Years. If the Form 990 is for the	-	irst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)	(3)	_
	organization, check this box and <b>stop here</b>							<b>►</b> □
	omputation of Public Support Perc	entage						
	Public Support Percentage for 2008 (line 6		ded by line 11 c	olumn (fl)		14		-
	Public Support Percentage for 2007 Sched		•					
					2 4 /20/	15		
16a	<b>33 1/3% Test - 2008.</b> If the organization di and <b>stop here.</b> The organization qualifies as		,		3 1/3% or more,	спеск	this box	<b>▶</b> □
ь	33 1/3% Test - 2007. If the organization di				15 is 33 1/3% d	or more	. check th	·
_	box and <b>stop here.</b> The organization qualifi						,	<b>▶</b> □
17a	10% Facts and Circumstances Test - 2008.				.3, 16a, or 16b	and lin	e 14 ıs 10	•
	more, and if the organization meets the "fa							
	organization meets the "facts and circums							<b>▶</b> ┌
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "facthe organization meets the "facts and circu		·					_
18	<b>Private Foundation.</b> If the organization did		=	•			-	F-1
	instructions	chock the b		,,,,,,,,,	z. b, check this		500	<b>▶</b> □

### Part III Support Schedule for Organizations Described in IRC 509(a)(2)

	(Complete only if you checked the box on line 9 of Part I.)										
Section A. Public Support											
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total			
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	2,187,312	3,686,667	3,568,389	1,712,922		1,426,997	12,582,287			
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's taxexempt purpose	2,752,446	2,668,554	2,462,611	2,356,123		2,724,061	12,963,795			
3	Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0		0	0			
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0		0	0			
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	o	0		0	0			
6	Total Add lines 1-5	4,939,758	6,355,221	6,031,000	4,069,045		4,151,058	25,546,082			
	A mounts included on lines 1, 2, and 3 received from disqualified persons A mounts included on lines 2 and 3										
	received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000										
C	Total of lines 7a and 7b										
8	Public Support (Substract line 7c from							25,546,082			
	line 6)										
	tal Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	<b>(c)</b> 2006	<b>(d)</b> 2007	(e)	2008	<b>(f)</b> Total			
9	A mounts from line 6	4,939,758	6,355,221	6,031,000	4,069,045		4,151,058	25,546,082			
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	224,542	375,416	608,831	769,497		488,724	2,467,010			
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975	0	0	0	0		0	0			
С	Add lines 10a and 10b	224,542	375,416	608,831	769,497		488,724	2,467,010			
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0		0	0			
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0	0	0	0		0	0			
13	Total Support (Add lines 9, 10c, 11 and							28,013,092			
14	12) First Five Years If the Form 990 is for the o check this box and stop here	rganızatıon's fir	st, second, third	d, fourth, or fifth	tax year as a 50	01(c)(:	3) organıza	ation,			
<u></u>	mputation of Public Support Perce	ntage									
15	Public Support Percentage for 2008 (line 8		led by line 13 co	olumn (f))		45		01 102 %			
	•	• •	·	51411111 (1 <i>))</i>		15		91 193 %			
16	Public Support Percentage for 2007 Schedu	lie A, Part IV-A	i, iine ∠/g			16		94 26 %			

#### **Computation of Investment Income Percentage**

17 Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))

**18** Investment Income Percentage from **2007** Schedule A, Part IV-A, line 27h

17 8 8 8 0 7 % 18 5 7 4 %

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization 33 1/3% Tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

**▶**▼

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV	<b>Supplemental Information.</b> Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)
	Facts and Circumstances Test

Schedule A (Form 990 or 990-EZ) 2008

As Filed Data -

DLN: 93493258002250

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury

**Supplemental Financial Statements** 

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

ternal Re	levenue Service	answered res, to re	orm 990, Part 1V, line 6, 7, 8, 9, 10, 11, or	12.	Inspect	ion
	e of the organi D SERVICES	zation		Employer i	dentification numbe	r
VETK	) SEKVICES			95-40221	85	
Par			lvised Funds or Other Similar F			e if the
	organiz	zation answered "Yes" to Form 99 	0, Part IV, line 6. (a) Donor advised funds	/h) Eur	nds and other accour	
т	Fotal number a	t end of year	(a) Donor advised funds	(b) Ful	ius and other accour	11.5
		ributions to (during year)				
		its from (during year)				
A	Aggregate valu	e at end of year				
	_		sors in writing that the assets held in do organization's exclusive legal control?	nor advised	☐ Yes	Ги
ı	used only for c		donor advisors in writing that grant funds efit of the donor or donor advisor or othe		☐ Yes	∏ No
art	Conse	rvation Easements. Complete	f the organization answered "Yes"	to Form 990,	, Part IV, line 7.	
	Protection Preservati Complete lines	on of land for public use (e g , recreating of natural habitat on of open space  2a-2d if the organization held a quality of the tax year	on or pleasure)   Preservation of a Preservation of c	ertified histori		ì
,	on the last day	of the tax year			Held at the End of t	the Ye
a	Total number	of conservation easements		2a		
•	Total acreage	restricted by conservation easement:	S	2b		
	<u>-</u>	rservation easements on a certified hi		2c		
ı	Number of co	nservation easements included in (c) a	acquired after 8/17/06	2d		
ı	Number of con:	servation easements modified, transfe	rred, released, extinguished, or terminat	ed by the orga	nızatıon durıng	
t	the taxable yea	ar ►				
ı	Number of stat	es where property subject to conserva	tion easement is located ►			
		nization have a written policy regarding the conservation easements it holds?	the periodic monitoring, inspection, vio	lations, and	┌ Yes	┌ No
9	Staff or volunte	eer hours devoted to monitoring, inspe	cting and enforcing easements during th	e year ►		
,	A mount of exp	enses incurred in monitoring, inspectir	ng, and enforcing easements during the y	ear ► \$		
		servation easement reported on line 2 ) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of se	ction	☐ Yes	┌ N
l t	balance sheet, the organizatio		onservation easements in its revenue an he footnote to the organization's financia nents			
art			<b>ns of Art, Historical Treasures,</b> Yes" to Form 990, Part IV, line 8.	or Other S	imilar Assets.	
	art, historical t	reasures, or other similar assets held	116, not to report in its revenue statem for public exhibition, education or resear ancial statements that describes these	ch in furtherai		,
- 	historical treas		116, to report in its revenue statement public exhibition, education, or research		· · · · · · · · · · · · · · · · · · ·	
(	(i) Revenues II	ncluded in Form 990, Part VIII, line 1			<b>&gt;</b> \$	
(	(ii) Assets incl	luded in Form 990, Part X		<b>.</b>	· \$	
		tion received or held works of art, histonts required to be reported under SFAS	orical treasures, or other similar assets f S 116 relating to these items	or financial ga	in, provide the	
<b>a</b>	Revenues inclu	uded in Form 990, Part VIII, line 1		•	-\$	
ь,	Assets include	d ın Form 990, Part X		<b>▶</b> \$	3	

Par	<b>Till</b> Organizations Maintaining Co	llections of Art	, His	toric	<u>cal Trea</u>	asuı	res, or O	<u>the</u>	r Similar As	<u>sets</u>	(cont	<u>tınued)</u>
3	Using the organization's accession and othe items (check all that apply)	r records, check any	ofth	e foll	owing tha	at are	a sıgnıfıca	nt u	se of its collect	ion		
а	Public exhibition		d	$\sqcap$	Loan or	exch	ange progr	ams				
b	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
4	Provide a description of the organization's co	ollections and explai	n how	v they	further t	he or	rganızatıon	's ex	cempt purpose	n		
5	During the year, did the organization solicity assets to be sold to raise funds rather than t									┌ Yes	<b>.</b> Г	– <sub>No</sub>
Pai	t IV Trust, Escrow and Custodial						nization a	nsw	ered "Yes" to	Form	990	<del>آ,</del>
	Part IV, line 9, or reported an ar											
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	lian or other interme	diary	for c	ontributio	ns o	r other ass	ets ı	not	┌ Yes	; F	√ No
b	If "Yes," explain why in Part XIV and comple	ete the following tabl	е				_					
									An	nount		
с	Beginning balance						<u> </u>	1c				
d	Additions during the year						_	1d				
е	Distributions during the year						L	1e				
f	Ending balance							1f				
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21?							┌ Yes	, F	✓ No
	If "Yes," explain the arrangement in Part XI\											
Pa	rt V Endowment Funds. Complete									/ \F	<del></del>	
4_	Paginning of year holones	(a)Current Year 6,081,633	(b)	Prior `	Year (	(c)Iwo	years Back	(a)	Three Years Back	( <b>e)</b> Fol	r Yea	rs Back
1a L	Beginning of year balance	645,782										
Ь	Investment earnings or losses	1,019,257										
c d	Grants or scholarships	0										
u e	Other expenditures for facilities	0										
-	and programs	_										
f	Administrative expenses	171,867										
g	End of year balance	7,574,805										
2	Provide the estimated percentage of the yea	r end balance held a	s									
а	Board designated or quasi-endowment 🕨	0 %										
ь	Permanent endowment 100%											
С	Term endowment ► 0 %											
3a	Are there endowment funds not in the posse	ssion of the organiza	ition t	hat a	re held a	nd ac	dministered	l for	the			
	organization by									Y	es	No
	(i) unrelated organizations			•				•	3a(	$\dot{-}$	_	Νο
	(ii) related organizations					•		•	3a(	<del></del>	井	N o
ь 4	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the	•				•		•	31	<b>)</b>		
	t VI Investments—Land, Building	-				) Da	rt V line	1 0				
rai	Description of investment	s, and Equipmen	iit. 5	(a)	Cost or ot	her	(b)Cost or o	ther	(c) Depreciation	(d)	Book	value
12	Land			+		0	754,	527				754,527
	Buildings		1	-		0	144,		22,84	8		121,776
	Leasehold improvements		•			0	144,	0		0		121,776
	Equipment		•	-		0	841,		558,06			
			•			0	379,			0		283,172
e	Other			1		V	3/9,	UO 2		٧I	•	379,085

1,538,560

Part VIII Investments—Other Securities. Se	e Form 990, Part X, line 12		
(a) Description of security or category	(b)Book value		of valuation
(including name of security)		Cost or end-or-y	ear market value
Financial derivatives and other financial products			
Closely-held equity interests			
	+		
<b>T.</b> I. (C. I. (I) I. II. (E. 200 B. IV. (10) I. 42.)	<u> </u>		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		1.2	
Part VIII Investments—Program Related. S	bee Form 990, Part X, line I		of unluntum
(a) Description of investment type	(b) Book value		of valuation vear market value
		,	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )	<b> -</b>		
Part IX Other Assets. See Form 990, Part X,			
(a) Desc			(b) Book value
Interest Receivables			8,936
Other Assets			12,227
Other Receivables			71,177
Long-term Receivables-CRT			4,605,788
Due From/To Affiliates			9,100,248
Total. (Column (b) should equal Form 990, Part X, col.(B) lin	e 15.)		13,798,376
Part X Other Liabilities. See Form 990, Par	t X, line 25.		
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
Due From/To Affiliates	1,297,319		
	=,==:,===		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )	1 207 210		
	<b>▶</b> 1,297,319		

2   Total expenses (Form 990, Part IX, column (A), line 25)   2   3.   3.   3.   2.   4.   4.   4.   4.   4.   4.   5.   5		,			
2   Total expenses (Form 990, Part IX, column (A), line 25)   2   3.3   3.2   3.3   3.2   3.3   3.2   3.3   3.2   3.3   3.2   3.3   3.2   3.3   3.2   3.3   3.2   3.3   3.2   3.3   3.2   3.3   3.2   3.3   3.2   3.3	Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Sta	temei	nts	
3	1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	5,781,646
A	2	Total expenses (Form 990, Part IX, column (A), line 25)		2	3,267,188
5	3	Excess or (deficit) for the year Subtract line 2 from line 1		3	2,514,458
6   Investment expenses   6   6   7   7   7   7   7   7   7   7	4	Net unrealized gains (losses) on investments		4	0
7	5	Donated services and use of facilities		5	0
Solution   Part XIV    Solution   Part XIV    Solution   Part XIV    Solution   Part XIV    Part XII   Reconciliation of Revenue per Audited Financial Statements With Revenue per Return   Solution   Part XIV    Reconciliation of Revenue per Audited Financial Statements With Revenue per Return   Part XIV    Part VIII   Part VII	6	Investment expenses		6	0
P   Total adjustments (net) Add lines 4 - 8   P	7	Prior period adjustments		7	0
9	8	Other (Describe in Part XIV)		8	0
10	9			9	0
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return  1 Total revenue, gains, and other support per audited financial statements	10			10	2,514,458
Total revenue, gains, and other support per audited financial statements	Pari		enue r	er Ret	
1		<u> </u>			5,781,646
a Net unrealized gains on investments       2a       0         b Donated services and use of facilities       2b       0         c Recoveries of prior year grants       2c       0         d Other (Describe in Part XIV)       2d       0         e Add lines 2a through 2d       2       2e         3 Subtract line 2e from line 1       3       3         4 Amounts included on Form 990, Part VIII, line 12, but not on line 1       0       0         a Investment expenses not included on Form 990, Part VIII, line 7b       4a       0         b Other (Describe in Part XIV)       4b       0         c Add lines 4a and 4b       4c       4c         5 Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)       5       5         5 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return       1       3,         1 Total expenses and losses per audited financial statements       1       3,         2 Amounts included on line 1 but not on Form 990, Part IX, line 25       2a       0         b Prior year adjustments       2b       0         c Losses reported on Form 990, Part IX, line 25       2c       0         d Other (Describe in Part XIV)       2d       0         a Subtract line 2e from line 1				1	, , , , , , , , , , , , , , , , , , ,
b         Donated services and use of facilities         2b         0           c         Recoveries of prior year grants         2c         0           d         Other (Describe in Part XIV)         2d         0           e         Add lines 2a through 2d         2e           3         Subtract line 2e from line 1         3         5,           4         Amounts included on Form 990, Part VIII, line 12, but not on line 1         4a         0           a         Investment expenses not included on Form 990, Part VIII, line 7b         4a         0           b         Other (Describe in Part XIV)         4b         0           c         Add lines 4a and 4b         4c         4c           5         Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)         5         5,           Part XIII         Reconciliation of Expenses per Audited Financial Statements With Expenses per Return           1         Total expenses and losses per audited financial statements         1         3,           2         Amounts included on line 1 but not on Form 990, Part IX, line 25         2a         0         0           b         Prior year adjustments         2a         0         0           c         Losses reported on Form 990, Part IX, line 25	2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
c       Recoveries of prior year grants       2c       0         d       Other (Describe in Part XIV)       2d       0         e       Add lines 2a through 2d           3       Subtract line 2e from line 1            4       Amounts included on Form 990, Part VIII, line 12, but not on line 1            a       Investment expenses not included on Form 990, Part VIII, line 7b             b       Other (Describe in Part XIV)   .	а	Net unrealized gains on investments	0		
d Other (Describe in Part XIV)         2d         0           e Add lines 2a through 2d          2e           3 Subtract line 2e from line 1           3         5;           4 Amounts included on Form 990, Part VIII, line 12, but not on line 1   <	b	Donated services and use of facilities	0		
Add lines 2a through 2d	c	Recoveries of prior year grants	0		
3   Subtract line 2e from line 1	d	Other (Describe in Part XIV) 2d	0		
A mounts included on Form 990, Part VIII, line 12, but not on line 1  a Investment expenses not included on Form 990, Part VIII, line 7b . 4a 0  b Other (Describe in Part XIV)	e	Add lines <b>2a</b> through <b>2d</b>		2e	0
a       Investment expenses not included on Form 990, Part VIII, line 7b       4a       0         b       Other (Describe in Part XIV)       4b       0         c       Add lines 4a and 4b       .       4c         5       Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)       .       5       5,         Part XIII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return       .       1       3,         2       Amounts included on line 1 but not on Form 990, Part IX, line 25       .       .       1       3,         a       Donated services and use of facilities       .       .       .       2a       0       0         b       Prior year adjustments       . <t< td=""><td>3</td><td>Subtract line <b>2e</b> from line <b>1</b></td><td> [</td><td>3</td><td>5,781,646</td></t<>	3	Subtract line <b>2e</b> from line <b>1</b>	[	3	5,781,646
b Other (Describe in Part XIV)	4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
Add lines 4a and 4b	а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	О		
Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	b	Other (Describe in Part XIV) 4b	0		
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return  1 Total expenses and losses per audited financial statements	c	Add lines <b>4a</b> and <b>4b</b>		4c	0
Total expenses and losses per audited financial statements	5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	[	5	5,781,646
A mounts included on line 1 but not on Form 990, Part IX, line 25  a Donated services and use of facilities	Part	XIII Reconciliation of Expenses per Audited Financial Statements With Exp	enses	per R	eturn
a Donated services and use of facilities	1	Total expenses and losses per audited financial statements		1	3,267,188
b Prior year adjustments	2	A mounts included on line 1 but not on Form 990, Part IX, line 25			
c       Losses reported on Form 990, Part IX, line 25	а	Donated services and use of facilities	0		
d       Other (Describe in Part XIV)	b	Prior year adjustments	0		
e       Add lines 2a through 2d	c	Losses reported on Form 990, Part IX, line 25 2c	0		
3 Subtract line 2e from line 1	d	Other (Describe in Part XIV) 2d	0		
A mounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b 4a 0  b Other (Describe in Part XIV)	e	Add lines <b>2a</b> through <b>2d</b>		2e	0
a Investment expenses not included on Form 990, Part VIII, line 7b 4a 0  b Other (Describe in Part XIV)	3	Subtract line <b>2e</b> from line <b>1</b>		3	3,267,188
b Other (Describe in Part XIV)	4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	0		
a Add lines to and the	b	Other (Describe in Part XIV) 4b	0		
	c	Add lines <b>4a</b> and <b>4b</b>		4c	0
5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)		5	3,267,188
Part XIV Supplemental Information	Par	t XIV Supplemental Information			

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
SchD_P05_S00_L04	Schedule D, Part V, Line 4	A ny funds appropriated by the organization are done so in a manner consistent with the standard of prudence prescribed by UPMIFA Keiro Services considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds the duration and preservation of funds, the purposes of the organization and the fund, the general economic conditions, the possible effect of inflation or deflation, expected total return from income or appreciation, other sources of the organization and the investment policies of the organization. The earnings from the endowment fund will be used for capital projects and to offset operating shortfalls, service enhancements, and to ensure a more stable operating environment for the provision of care
SchD_P10_S00_L00	Schedule D, Part X	Due From/To Affiliates-intercompany transfer of accounts

As Filed Data -

DLN: 93493258002250

2008

OMB No 1545-0047

SCHEDULE F (Form 990)

Department of the Treasury

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

**Statement of Activities Outside the United States** 

Open to Public

пеша	al Revenue Service						Inspection
	ne of the organization RO SERVICES					Employer ide	entification number
KEII	RO SERVICES					95-402218	5
Pa		formation on Ac n 990, Part IV, Irr		de the United States	. Complete	if the organ	nization answered
1				ecords to substantiate (	 the amount	of the grant	s or
				assistance, and the se			
	the grants or assist	ance					┌ Yes ┌ No
2	<b>For grant makers.</b> Des United States	cribe in Part IV the	organization's pr	ocedures for monitoring th	ne use of grar	ıt funds outsıd	e the
3	Activites per Region	(Use Schedule F-1	(Form 990) if add	ditional space is needed )			
		(b) Number of	(c) Number of	(d) Activities conducted in	(e) If activit	ty listed in (d)	
	(a) Region	offices in the	employees or	region (by type) (i e , fundraising, program services,			(f) Total expenditures in
	. , ,	region	agents in region	grants to recipients located in the region)		pecific type of s) in region	region
				the region)	00,7,00(0	, region	
				1	1		I

Totals . . . . ▶

(a) Nan organiza	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	( <b>g)</b> A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other
								,
	_							
	_							
	_							
	_							
	_							
	_							
	_							
	_							
	_							
	_							
	_							
	_							
	_							

a) Type of grant or assistance	( <b>b)</b> Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non-cash assistance	(h) Method o valuation (book, FMV, appraisal, othe

Schedule F (Form 990) 2008

Complete this part t	o provide the information required	ın Part I, line 2, and any other additional information.
Identifier	ReturnReference	Explanation

**Software ID:** 08000095

**Software Version:** v1.00

**EIN:** 95-4022185

Name: KEIRO SERVICES

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
--------------------------	--	------------	-------------------------	------------------------------	------------------------------------	---	--	--

As Filed Data -

DLN: 93493258002250

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2008

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Open to Public Inspection

						Inspection		
Name of the organization KEIRO SERVICES					Employer ider	ntification number		
					95-4022185			
Part I Fundraisin	<b>g Activities.</b> Complet	e if the or	ganızat	ion answered "Yes"	to Form 990, Part IV	, line 17.		
1 Indicate whether the	organization raised funds	through ar	y of the	following activities Che	eck all that apply			
a Mail solicitation	S			e Solicitation of non-government grants				
<b>b</b> F Email solicitatio	ns			f Solicitation of	jovernment grants			
c Phone solicitation		<b>g</b> $\Gamma$ Special fundraising						
<b>d</b> In-person solicit	tations							
or key employees lis	have a written or oral agre sted in Form 990, Part VII	) or entity i	n connec	ction with professional f	undraising activities?	┌ Yes ┌ No		
	highest paid individuals or at least \$5,000 by the org							
		(iii)			() A			
(i) Name of individua	al	fundraiser have custody or control of		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in	(vi) A mount paid to		
or entity (fundraiser	I (III) A CTIVITY					(or retained by) organization		
		contribu <b>Yes</b>			col (i)	organization		
		res	No					
				+				

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Par	t II	Fundraising Events. Components than \$15,000 on Form	plete if the organizati 990-EZ, line 6a. List	on answered "Yes" to events with gross rec	Form 990, Part IV, lin eipts greater than \$5.	e 18, or 000.	repor	ted
			(a) Event #1	<b>(b)</b> Event #2	(c) O ther Events	(d) T∢	tal Eve	
			Golf Tournament	Benefit Dinner	0	(Add co	l <b>(a)</b> th ol <b>(c)</b> )	rough
			(event type)	(event type)	(total number)		(-)/	
Ē.	1	Gross receipts	56,295	742,460			79	8,755
Revenue	2	Less Charitable contributions	C	42,810			4	2,810
	3	Gross revenue (line 1 minus line 2)	56,295	699,650			7 5	5,945
	4	Cash Prizes	2,07!	5				2,075
တ	5	Non-cash Prizes	10,050	42,810			5	2,860
Expenses	6	Rent/Facility costs	/Facility costs 10,871 9,100				1	9,971
	7	Other direct expenses	1,837	7 97,901			9	9,738
Direct Direct	8	Direct expense summary Add line	es 4 through 7 in columr	n (d)			17	4,644
_	9	Net income summary Combine lir	nes 3 and 8 in column (d	)	🕨		58	1,301
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lin	ganization answered	"Yes" to Form 990, Pa	art IV, line 19, or repo	rted mo	re tha	n
di		\$15,000 OH FOHH 990-EZ, IIII	(a) Bingo	(b) Pull tabs/Instant	(c) O ther gaming	(d) Tota	Laamino	ı (Add
Revenue			(a) biligo	bingo/progressive bingo	(c) Other gaming	col (a) th		
_	1	Gross revenue	0	0	247,891		24	7,891
<u>တ</u>	2	Cash prizes	0	0	5,700			5,700
Direct Expenses	3	Non-cash prizes	0	0	42,810		4	2,810
ច ច	4	Rent/facility costs	0	0	9,100		9,10	
<u> </u>	5	Other direct expenses	0	О	34,519		3	4,519
	6	Volunteer labor	✓ Yes	Yes	✓ Yes15 %_ ✓ No			
	7	L Direct expense summary Add lines	s 2 through 5 in column (	,			9	2,129
		Net gaming income summary Com	-				15	5,762
		Net gaining income summary Com	bille lilles I allu / ill coll	uiiii (u)			Yes	No
9		er the state(s) in which the organiza						
а		he organization licensed to operate	gaming activities in eac	h of these states?		· 9a	Yes	
b	If"N	No," Explain						
		e any of the organization's gaming l	icenses revoked, susper	nded or terminated during	; the tax year?	10a		Νo
b	If"Y	es," Explain						
.1	Doe	s the organization operate gaming a	ictivities with nonmembe	ers?		11	Yes	
L <b>2</b>		he organization a grantor, beneficiar						
	form	ned to administer charitable gaming	<sup>?</sup>			.   12		l No

								Yes	NO
13	Indicate the	percentage of gaming ac	ctivity operated in						
а	The organiza	ation's facility			13a	0 %			
Ь	An outside f	acılıty			13b	1 00 %			
14	Provide the records	name and address of the	person who prepares the	organization's gaming/sp	pecial	events books and			
	Name 🟲	Audrey Lee-Sung							
	Address 🟲	325 South Boyle Aver Los Angeles, CA 900							
15a			• •	whom the organization rec		-	15a		No
b	If "Yes," ent	ter the amount of gaming	revenue received by the	organization 🟲 \$		and the			
	amount of ga	amıng revenue retained b	y the third party 🏲 \$						
c	If "Yes," ent	ter name and address							
	Name 🟲								
16	Address F	nager information					-		
	Name 🟲	Audrey Lee-Sung							
	Gaming mar	nager compensation 🟲 💲		0_					
	Description	of services provided 🟲							
	Director,	/officer	Employee	Independer	nt conf	ractor			
17	Mandatory d	listributions							
а	_			e distributions from the g	_		17a		No
b			uired under state law dist	tributed to other exempt o	organiz	ations or spent			

As Filed Data -

DLN: 93493258002250

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

ın Part III

Name of the organization

Internal Revenue Service

### **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Open to Public Inspection

Employer identification number KEIRO SERVICES 95-4022185 **Questions Regarding Compensation** Yes Νo Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain **1**b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a Receive a severance payment or change of control payment? 4a Νo 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo 4c Νo Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III 501(c)(3) and 501(c)(4) organizations only must complete lines 5-8. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? 5a Νo 5b Νo Any related organization? If "Yes," to line 5a or 5b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? 6a Νo 6b Any related organization? Νo If "Yes," to line 6a or 6b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Νo Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe

Νo

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		<b>(B)</b> Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Deferred	( <b>D)</b> Nontaxable benefits	(E) Total of columns	<b>(F)</b> Compensation reported in prior Form	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation benefits (B)(i)-(D)		(B)(ı)-(D)	990 or Form 990-EZ	
	(I) (II)	178,583 0	30,000 0	7,200 0	6,634 0	9,451 0	231,868 0	231,848 0	
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Schedule J (Form 990) 2008

#### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493258002250

OMB No 1545-0047

**SCHEDULE M** (Form 990)

## **Non-Cash Contributions**

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

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Department of the Treasury Internal Revenue Service Name of the organization Employer identification number KEIRO SERVICES 95-4022185

Pa	rt I Types of Property				93-4022103			
		(a) Check ıf applıcable	<b>(b)</b> Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	<b>(d</b> ) Method of de reven	etermi	nıng	
1	Art—Works of art	аррисавис		<u> </u>				
	Art—Historical treasures							
	Art—Fractional interests							
4	Books and publications							
	Clothing and household							
_	goods							
6	Cars and other vehicles	Х	286	121,167	Net proceeds from v	ehicle	sale	
7	Boats and planes	Х	1	375	Net proceeds from b	oatsa	le	
8	Intellectual property							
9	Securities—Publicly traded .	Х	7	115,542	Avg of low + high of	recei		
10	Securities—Closely held stock $\ .$							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Q ualified conservation contribution (historic structures)							
14	Q ualified conservation							
	contribution (other)							
	Real estate—Residential .							
	Real estate—Commercial							
17	Real estate—Other							
	Collectibles							
	Food inventory							
20	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	Other (describe)							
	Other (describe)							
	Other (describe)							
	Other (describe)							
29	Number of Forms 8283 received which the organization complete Acknowledgement	d Form 828	=	ar for contributions for	29			1
30a	During the year, did the organiza			,	l		Yes	No
	least three years from the date of		·	not required to be used for a	exempt purposes			
	for the entire holding period? .					30a		No
	If "Yes", describe the arrangeme			_				
31	Does the organization have a gif	t acceptano	ce policy that requires the r	eview of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us contributions?	e third parti	es or related organizations	to solicit, process, or sell i	non-cash	32a	Yes	
Ь	If "Yes", describe in Part II							
33	If the organization did not report	revenuesı	n Column (c) for a type of p	roperty for which Column (a	a)ıs			
	checked, describe in Part II		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•			

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information. Identifier ReturnReference Explanation Schedule M, Part I, Line 6 For line 6 column (b), the number of items contributed were SchM\_P01\_S00\_L06 reported SchM\_P01\_S00\_L07 For line 7 column(b), the number of item contributed were Schedule M , Part I , Line 7 SchM\_P01\_S00\_L32b Schedule M, Part I, Line 32b Keiro uses Riteway charity Services for vehicle donations processing

### OMB No 1545-0047

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## **SCHEDULE 0**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Name of the organization KEIRO SERVICES

Employer identification number

95-4022185

Identifier Return Reference		Explanation
1990 PO6 SOA 1 02 1	Form 990, Part VI, Section A, Line 2	One Board member and the CEO have a business relationship outside of the organization. The Board member recuses himself on any matters that present a conflict

ldentifier	Return Reference	Explanation
F990_P06_S0A_L06	Form 990, Part VI, Section A, Line 6	Keiro Services, the supporting organization, is the sole member of both Keiro Nursing Home & Japanese Home for the Aged

ldentifier Return Reference		Explanation					
F990_P06_S0A_L07a	Form 990, Part VI, Section A, Line 7a	Members of the governing body are elected by the exective Board					

Identifier Return Reference		Explanation						
F990_P06_S0A_L07b	Form 990, Part VI, Section A, Line 7b	Decisions made by governing body are subject to approval by Keiro Services Board						

ldentifier	Return Reference	Explanation
F990_P06_S0A_L10	Form 990, Part VI, Section A, Line 10	Management staff provide a copy of the completed draft Form 990 to each Board member prior to it being approved for submission to the IRS. The Form 990 is reviewed with Board members section by section. Policies and procedures described in Schedule O are discussed and relevant documents shared. Once all questions are addressed, the Form 990 is approved by the Board and submitted by the staff to the IRS.

lo	lentifier	Return Reference	Explanation
F990_F	206_S0B_L12c	Form 990, Part VI, Section B, Line 12c	A Chief Compliance Officer is designated by the corporation to oversee compliance to policies & procedures. Annual mandatory meetings are held to all staff to go over compliance issues specific to our industry.

ldentifier	Return Reference	Explanation
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	The process for determining compensation of the CEO and key employees occurs in a two step process. The first step includes a meeting of the personnel committee which is made up of independent Board members as verified by the completion of the conflict of interest disclosures. In this minutes meeting, the committee review's comparability data from independent data sources. The committee deliberates over the material and its comparability with the current compensation arrangements for key employees. Once a decision is finalized, a recommendation is made to the full Board on whether to accept the arrangements or modify them. The full Board then votes to accept recommendation or not in a second step, the CEO's compensation is reviewed at an executive session of the full Board. The same independent data sources are utilized for comparability purposes. After deliberations, the full Board makes a determination on the CEO's compensation arragement. The discussion and decisions made are contemporaneously minuted.

ldentifier	Return Reference	Explanation
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	Financial Statements are published in the organization's new sletter annually

Part I Identification of Disregarded Entities

DLN: 93493258002250

2008

OMB No 1545-0047

Open to Public Inspection

### **SCHEDULE R** (Form 990)

Department of the Treasury

KEIRO SERVICES

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. See separate instructions.

**Related Organizations and Unrelated Partnerships** 

Internal Revenue Service Name of the organization

**Employer identification number** 

95-4022185

(A) Name, address, and EIN of disregarded entity	<b>(B)</b> Primary activity	<b>(C)</b> Legal domicile (state or foreign country)	<b>(D)</b> Total income	<b>(E)</b> End-of-year assets	<b>(F)</b> Direct controlling entity
Part II Identification of Related Tax-Exempt Organizat	ions				
(A) Name, address, and EIN of related organization	<b>(B)</b> Primary activity	(C) Legal domicile (state or foreign country)	( <b>D</b> ) Exempt Code sect	(E) Public charity sta (if section 501(c)	(F) atus Direct controlling (3)) entity
Keiro Nursing Home					
2221 Lincoln Park Avenue Los Angeles, CA90031 95-3946299	Skilled Nursing Care	CA	501 (C) (3)	509 (a) (2)	N/A
Japanese Home for the Aged					
325 South Boyle Avenue Los Angeles, CA90033 95-2916028	Nursing Care & Residential Care	CA	501 (C) (3)	509 (a) (2)	N/A
For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat No 50135	5Y		Schedule R (Form 990) 2008

( <b>A)</b> Name, address, and EIN of related organization	Prın	(B) nary activity	(C) Legal domicile (state or foreign country)	( <b>D)</b> Direct controlling entity	Incom Inve	(E) ominant e(related, estment, related)	Share	<b>(F)</b> e of total income	<b>(G)</b> Share of end-of- year assets	(H Disprop allocat	l) ortionate cions?	(I) Code V—UBI amount on Box 20 of K-1	(J) Genera manag partne	al o ging
										Yes	No		Yes	No
Part IV Identification of	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related org	anızatıon	<b>(B)</b> Primary activity		(C) Legal domicile (state or foreign country)	2	<b>(D)</b> Direct contro entity	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	( <b>G)</b> hare of I-of-yea assets	( <b>H)</b> Percentage r ownership		

(6)

Part V	Transactions	with Related	Organizations
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art V	Transactions with Related Organizations			
Not	e. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	r
During	the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
<b>a</b> Rec	ceipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	La		r
<b>b</b> Gift	t, grant, or capital contribution to other organization(s)	Lb		r
<b>c</b> Gıft	;, grant, or capital contribution from other organization(s)	Lc		r
<b>d</b> Loa	ans or loan guarantees to or for other organization(s)	Ld		r
<b>e</b> Loa	ans or loan guarantees by other organization(s)	le		1
<b>f</b> Sale	e of assets to other organization(s)	Lf		r
		Lg		ı
_	<u> </u>	Lh		T
i Leas	se of facilities, equipment, or other assets to other organization(s)	1i		_
i Lea:	se of facilities, equipment, or other assets from other organization(s)	1j		-
-		Lk		r
I Perf	formance of services or membership or fundraising solicitations by other organization(s)	1I		ı
<b>m</b> Sha	aring of facilities, equipment, mailing lists, or other assets	Lm	Yes	
n Sha	arıng of paid employees	Ln	Yes	
o Rei	mbursement paid to other organization for expenses		Yes	L
<b>p</b> Rei	mbursement paid by other organization for expenses	Ĺр	Yes	
<b>q</b> Oth	her transfer of cash or property to other organization(s)	Lq	Yes	
_			Yes	

2 1	f the answer to any of the above is "Yes," see the instructions for information on who i	must complete this line, including covered relationship	s and transaction thresholds
	(A) Name of other organization(s)	<b>(B)</b> Transaction type(a-r)	(C) Amount Involved
(1)	Keiro Nursing Home	q	27,684,060
(2)	Keiro Nursing Home	r	28,195,428
(3)	Japanese Home for the Aged	q	7,738,352
(4)	Japanese Home for the Aged	r	7,785,303
(5)			

### Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

								1	_	
<b>(A)</b> Name, address, and EIN of entity	<b>(B)</b> Primary activity	<b>(C)</b> Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		<b>(E)</b> Share of end-of-year assets	(F) Disproprtionate allocations?		( <b>G)</b> Code V—UBI amount on Box 20 of K-1	(H) General or managıng partner?	
			Yes	No		Yes	No		Yes	No
			-	-	-	-	-	Schodule	R (Form	000) 2009