## Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

| A F        | or the              | 200 <u>1 calendar year, or tax year beginning</u> 07/01 , 2                                  | 001, and ending                           | 06/30/2002                             |  |  |
|------------|---------------------|--|---|--|--|--|
|            | eck if applic       |  |   | D Employer identification number       |  |  |
|            | Address change      | use IRS C/O ROSSI, DOSKOCIL & CO.  | 94-3342838                                |  |  |  |
|            | Name ch             | label of l   | Room/suite                                | E Telephone number                     |  |  |
|            | Initial ret         | 1.   |   |  |  |  |
|            | Final retu          | See ONE WORLD TRADE CENTER   | 2100                                      | (562)495-3325                          |  |  |
|            | Amended return      | Instruc- City or town, state or country, and ZIP + 4   |   | F Accounting method: Cash X Accrual    |  |  |
| <u> </u>   | Application pending | tions. LONG BEACH, CA 90831  |   | Other (specify)                        |  |  |
|            |                     | Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable                          | H and I are not app                       | olicable to section 527 organizations. |  |  |
|            |                     | trusts must attach a completed Schedule A (Form 990 or 990-EZ).                              | H(a) Is this a grou                       | p return for affiliates? Yes X No      |  |  |
| G 1        | Neb site            | <b>&gt;</b>  | H(b) If "Yes," ente                       | r number of affiliates                 |  |  |
| J          | Organiza            | tion type (check only one) ▶ 🗶 501(c) (3 ) ◀ (insert no.) 4947(a)(1) or 527                  | H(c) Are all affiliate                    | es included?                           |  |  |
| K          | Check he            | if the organization's gross receipts are normally not more than \$25,000. The                |   | h a list. See instructions.)           |  |  |
| c          | organizat           | ion need not file a return with the IRS; but if the organization received a Form 990 Package | H(d) Is this a separat<br>organization co | ered by a group ruling? Yes X No       |  |  |
| i          | n the ma            | il, it should file a return without financial data. Some states require a complete return.   | I Enter 4-digit G                         | BEN ▶                                  |  |  |
|            |                     |  | M Check ▶                                 | if the organization is not required    |  |  |
| L          | Gross red           | ceipts: Add lines 6b, 8b, 9b, and 10b to line 12 116, 208.                                   | to attach Sch                             | . B (Form 990, 990-EZ, or 990-PF).     |  |  |
| Pai        | tt F                | Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Spec                      | ific Instructions                         | on page 16.)                           |  |  |
|            | 1                   | Contributions, gifts, grants, and similar amounts received:                                  |   |  |  |  |
|            | a                   | Direct public support  | 101,073.                                  | •                                      |  |  |
|            | b                   | Indirect public support  |   |  |  |  |
|            | С                   | Government contributions (grants)  |   |  |  |  |
|            | d                   | Total (add lines 1a through 1c) (cash \$ 101, 073. noncash \$                                | )   | 1d 101,073.                            |  |  |
|            | 2                   | Program service revenue including government fees and contracts (from Part VII, line 9       | 3)  | 2                                      |  |  |
|            | 3                   | Membership dues and assessments  |   | 3                                      |  |  |
|            | 4                   | Interest on savings and temporary cash investments   |   | 4                                      |  |  |
|            | 5                   | Dividends and interest from securities   | 5 163.                                    |  |  |  |
|            | 6 a                 | Gross rents 6a   |   |  |  |  |
|            | b                   | Less: rental expenses 6b   |   |  |  |  |
|            |                     | Net rental income or (loss) (subtract line 6b from line 6a)                                  | 6c  |  |  |  |
| ρn         | 7                   | Other investment income (describe  | )   | 7                                      |  |  |
| Revenue    | 8 a                 | Gross amount from sales of assets other (A) Securities (B)                                   | Other                                     |  |  |  |
| 8          |                     | than inventory   |   |  |  |  |
|            | b                   | Less: cost or other basis and sales expenses 8b  |   |  |  |  |
|            | C                   | Gain or (loss) (attach schedule) 8c  |   |  |  |  |
|            | d                   | Net gain or (loss) (combine line 8c, columns (A) and (B))                                    |   | 8d                                     |  |  |
|            | 9                   | Special events and activities (attach schedule)  |   |  |  |  |
|            | а                   | Gross revenue (not including \$ of   |   |  |  |  |
|            |                     | contributions reported on line 1a)   |   |  |  |  |
|            | b                   | Less: direct expenses other than fundraising expenses 9b                                     |   |  |  |  |
|            |                     | Net income or (loss) from special events (subtract line 9b from line 9a)                     |   | 9c 14,972.                             |  |  |
|            | 10a                 | Gross sales of inventory, less returns and allowances  |   |  |  |  |
|            | b                   | Less: cost of goods sold   |   |  |  |  |
|            |                     | Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from lin | ne 10a)                                   | 10c                                    |  |  |
|            | 11                  | Other revenue (from Part VII, line 103)  | 11  |  |  |  |
|            | 12                  | Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)                         |   | 12 116,208.                            |  |  |
|            | 13                  | Program services (from line 44, column (B))  |   | 105,944.                               |  |  |
| ses        | 14                  | Management and general (from line 44, column (C))  |   | 7,182.                                 |  |  |
| Expenses   | 15                  | Fundraising (from line 44, column (D))   |   |  |  |  |
| X          | 16                  | Payments to affiliates (attach schedule)   |   | 16                                     |  |  |
|            | 17                  | Total expenses (add lines 16 and 44, column (A))   |   |  |  |  |
| ts         | 18                  | Excess or (deficit) for the year (subtract line 17 from line 12)                             |   |  |  |  |
| SSB        | 19                  | Net assets or fund balances at beginning of year (from line 73, column (A))                  |   |  |  |  |
| Net Assets |                     | Other changes in net assets or fund balances (attach explanation)                            |   | 20 -2,141.                             |  |  |
| ž          |                     | Net assets or fund balances at end of year (combine lines 18, 19, and 20)                    |   |  |  |  |
| For I      |                     | ork Reduction Act Notice, see the separate instructions.                                     |   | Form <b>990</b> (2001)                 |  |  |

Form 990 (2001) Part II Statement of nizations must complete column (A). Columns (B), (C), an are required for section 501(c)(3) and (4) organizations **Functional Expenses** and section 4947(a)(1) nonexempt charitable trusts but optional for uners. (See Specific Instructions on page 21.) Do not include amounts reported on line (B) Program Management (A) Total (D) Fundraising 6b, 8b, 9b, 10b, or 16 of Part I. and general 22 Grants and allocations (attach schedule) 22 noncash \$ Specific assistance to individuals (attach schedule) 23 Benefits paid to or for members (attach schedule) Compensation of officers, directors, etc. 25 NONE Other salaries and wages 26 27 Pension plan contributions 27 28 Payroll taxes . . . . . . . . . . . . 29 Professional fundraising fees 30 31 32 Supplies ..... 33 33 523 523. 34 1,739 1,594 100. 45. Postage and shipping . . . . . . . . . 35 538 522 16. Occupancy ..... 36 Equipment rental and maintenance. 37 38 272 272. Travel....... 39 466 466 40 Conferences, conventions, and meetings . 40 41 29 29. Depreciation, depletion, etc. (attach schedule). . 42 43a Other expenses not covered above (itemize): **STMT** 3 115,209 103,090 6,514. 5,605 43b 43c 43d 43e 118,776. 105,944. 7,182. 5,650. if you are following SOP 98-2. Joint Costs. Check Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? . . . . . . . . . If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_; (ii) the amount allocated to Program services \$ (iii) the amount allocated to Management and general \$ ; and (iv) the amount allocated to Fundraising \$ Part III Statement of Program Service Accomplishments (See Specific Instructions on page 24.) What is the organization's primary exempt purpose? ▶ STMT 4 **Program Service** Expenses (Required for 501(c)(3) and All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number (4) orgs., and 4947(a)(1) trusts; but optional for others.) of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.) STMT\_5 (Grants and allocations \$ 10,000. (Grants and allocations \$ 25,000. 20,000.

(Grants and allocations \$

(Grants and allocations \$

STMT 5

50,944.

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

Other program services (attach schedule)

94-3°42838 Page 3

## Part IV Balance Sheets (See Specific Instructions on page 24.)

|                             | art I | Balance offects (occ opsolite instructions on page 24.)  |                          |     |  |
|-----------------------------|-------|--|--------------------------|-----|--|
| -                           | lote: | Where required, attached schedules and amounts within the description column should be for end-of-year amounts only. | (A)<br>Beginning of year |     | ( <b>B</b> )<br>End of year  |
|                             | 45    | Cash - non-interest-bearing  | 66,255.                  | 45  | 63,574.  |
|                             | 46    | Savings and temporary cash investments   | 398.                     |     | 511.   |
|                             | b     | Accounts receivable  |                          | 47c |  |
|                             |       | Less: allowance for doubtful accounts  |                          | 48c |  |
|                             |       | Grants receivable  |                          | 49  |  |
|                             | 50    | Receivables from officers, directors, trustees, and key employees (attach schedule)                                  |                          | 50  |  |
|                             | 51a   | Other notes and loans receivable (attach schedule)   |                          |     |  |
| Assets                      | b     | Less: allowance for doubtful accounts  |                          | 51c |  |
| As                          |       | Inventories for sale or use  |                          | 52  |  |
| -                           |       | Prepaid expenses and deferred charges  |                          | 53  |  |
|                             |       | Investments - securities (attach schedule) STMT .6. ► Cost X FMV   | 10,931.                  | 54  | 8,790.   |
|                             |       | Investments - land, buildings, and equipment: basis  |                          |     |  |
|                             | b     | Less: accumulated depreciation (attach   |                          |     |  |
|                             |       | schedule)  |                          | 55c |  |
|                             |       | Investments - other (attach schedule)  |                          | 56  |  |
|                             | I     | Land, buildings, and equipment: basis  |                          |     |  |
|                             |       | schedule)  |                          | 57c |  |
|                             | 58    | Other assets (describe ►)  |                          | 58  |  |
|                             |       |  |                          |     |  |
|                             | 59    | <b>Total assets</b> (add lines 45 through 58) (must equal line 74) · · · · · · · ·                                   | 77,584.                  | 59  | 72,875.  |
|                             | 60    | Accounts payable and accrued expenses  |                          | 60  |  |
|                             | 61    | Grants payable   |                          | 61  |  |
|                             | 62    | Deferred revenue   |                          | 62  |  |
| es                          | 63    | Loans from officers, directors, trustees, and key employees (attach  |                          | 3.3 |  |
| Liabilities                 |       | schedule)  |                          | 63  |  |
| ia                          |       | Tax-exempt bond liabilities (attach schedule)  |                          | 64a |  |
|                             | b     | Mortgages and other notes payable (attach schedule)  |                          | 64b |  |
|                             | 65    | Other liabilities (describe ►)   |                          | 65  |  |
| _                           | 66    | Total liabilities (add lines 60 through 65)  |                          | 66  |  |
|                             | Orga  | nizations that follow SFAS 117, check here ▶ 🗶 and complete lines  |                          |     |  |
|                             |       | 67 through 69 and lines 73 and 74.   |                          |     |  |
| Š                           | 67    | Unrestricted   | 77,584                   | 67  | 72,875   |
| 2                           | 68    | Temporarily restricted   |                          | 68  |  |
| <u>a a</u>                  | 69    | Permanently restricted   |                          | 69  |  |
| Net Assets or Fund Balances | Orga  | nizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74.                              |                          |     |  |
| Ē                           | 70    | Capital stock, trust principal, or current funds   |                          | 70  |  |
| S                           | 71    | Paid-in or capital surplus, or land, building, and equipment fund  |                          | 71  | No. 1. The Control of |
| set                         | 72    | Retained earnings, endowment, accumulated income, or other funds   |                          | 72  |  |
| Asi                         | 73    | Total net assets or fund balances (add lines 67 through 69 OR lines  |                          |     |  |
| Net.                        |       | 70 through 72; column (A) must equal line 19; and column (B) must equal line 21)                                     | 77,584                   | 72  | 72,875   |
|                             | 74    | Total liabilities and net assets / fund balances (add lines 66 and 73) · · · ·                                       | 77,584                   |     | 72,875   |
|                             |       |  | 11,304                   | •   | 14,013   |

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

|              | 990 (2001)                            |                       |   |            |      |                       | 94-22428                                | 338          |               | Page 4                                |
|--------------|---------------------------------------|-----------------------|---|------------|------|-----------------------|---|--------------|---------------|---------------------------------------|
| Par          |                                       | liation of Rev        | per Audite                              |            | Pa   | rt IV-B               | <del>-</del>                            | n of Expens  | -             |                                       |
|              |                                       | I Statements wi       | -                                       |            |      |                       | Financial Sta                           | ıtements wi  | th Expo       | enses per                             |
|              | Return (                              | See Specific Instr    | uctions, page                           | 26.)       |      |                       | Return                                  |              | •             |                                       |
|              | Total revenue, gains,                 | • •                   | E (E) (E)                               | 1111       | а    | Total e               | expenses and                            | losses per   |               |                                       |
|              | er audited financial                  | • •                   | а                                       |            |      |                       | financial stateme                       |              | <b>&gt;</b> a |                                       |
|              | Amounts included on                   | line a but not on     | 1815.0                                  | 1011       | b    | Amount                | ts included on lin                      | e a but not  |               |                                       |
|              | ne 12, Form 990:                      |                       |   | 4427       |      |                       | 17, Form 990:                           |              |               |                                       |
|              | let unrealized gains                  |                       | 172100                                  |            | (1)  | Donated               | services                                |              |               |                                       |
|              | n investments \$                      |                       | 1776                                    |            |      |                       | of facilities \$                        |              | - 🖺 📗         |                                       |
|              | Oonated services                      |                       |   | 1893       | (2)  |                       | ır adjustments                          |              |               |                                       |
|              | nd use of facilities \$               |                       |   |            |      |                       | on line 20,                             |              |               |                                       |
|              | Recoveries of prior                   |                       | 8 1 MEN H                               |            |      |                       | 0 <u>\$</u>                             |              | -             |                                       |
|              | ear grants \$                         |                       |   |            | (3)  |                       | eported on                              |              |               |                                       |
| (4)          | Other (specify):                      |                       | 2 2 1 1                                 |            |      | -                     | Form 990 \$                             |              | -   1         | 经基础设计员                                |
|              | *                                     |                       |   | 1451       | (4)  | Other (sp             | pecity):                                |              |               |                                       |
| _            |                                       | : (1) through (4)     | h                                       |            |      |                       |   |              |               |                                       |
|              | du amounts on lines                   | 5 (1) tillough (4)    | b                                       |            |      | Add omo               | unts on lines (1) th                    | rough (A)    |               |                                       |
| e 1          | ine a minus line b                    | ·                     | С                                       |            | c    |                       | ninus line <b>b</b>                     |              |               | · · · · · · · · · · · · · · · · · · · |
|              | mounts included on                    |                       | 0                                       | 2 1 2 2    | d    |                       | s included on lin                       |              | C             |                                       |
|              | form 990 but not on                   |                       |   |            | ď    |                       | 90 but not on line                      |              |               |                                       |
|              | rvestment expenses                    |                       |   |            | (1)  |                       | ent expenses                            | . a.         |               |                                       |
|              | ot included on line                   |                       |   |            | (')  |                       | ded on line                             |              |               |                                       |
|              | b, Form 990 \$                        |                       |   |            |      |                       | 990\$                                   |              |               |                                       |
|              | Other (specify):                      |                       |   |            | (2)  | Other (sp             | -                                       |              | -             |                                       |
| (-, -        |                                       |                       |   | 111        | `-'  | Other (op             | oony).                                  |              |               |                                       |
| _            | \$                                    |                       |   |            |      |                       | \$                                      |              |               |                                       |
| Ā            | dd amounts on lines                   | s (1) and (2)         | d                                       |            |      | Add am                | ounts on lines (1                       | ) and (2)    | <b>d</b>      |                                       |
| • T          | otal revenue per line                 | e 12, Form 990        |   |            | е    |                       | penses per line                         |              |               |                                       |
| (1           | line <b>c</b> plus line <b>d</b> )    |                       | е                                       |            |      |                       | lus line d) · · ·                       |              | 1 1           |                                       |
| Par          | t V List of Office                    | rs, Directors, Tr     | ustees, and K                           | ey Emp     | loye | es (List              | each one even if                        | not compens  | sated; se     | ee Specific                           |
|              | Instructions or                       | n page 26.)           | *************************************** |            |      |                       | _                                       |              |               | <b></b>                               |
|              | (A) Name                              | and address           |   |            |      | id average<br>er week | (C) Compensation<br>(If not paid, enter |              |               | (E) Expense account and other         |
|              | (A) Name a                            |                       |   |            |      | o position            | -0)                                     | deferred com |               | allowances                            |
|              |                                       |                       |   |            |      |                       |   |              |               |                                       |
| SEE          | STATEMENT 7                           |                       |   |            |      |                       | NOI                                     | 1E           | NONE          | NONE                                  |
|              |                                       |                       |   |            |      |                       |   |              |               |                                       |
|              |                                       |                       |   |            |      |                       |   |              |               |                                       |
|              |                                       |                       |   |            |      |                       |   |              |               |                                       |
|              |                                       |                       |   |            |      |                       |   |              |               |                                       |
|              |                                       |                       |   |            |      |                       |   |              |               |                                       |
|              |                                       |                       |   |            |      |                       | 1                                       |              |               |                                       |
|              |                                       |                       |   |            |      |                       |   |              |               |                                       |
|              | · · · · · · · · · · · · · · · · · · · |                       | **************************************  |            |      |                       |   |              |               |                                       |
|              |                                       |                       |   |            |      |                       |   |              |               |                                       |
|              |                                       |                       |   |            |      |                       |   |              |               |                                       |
|              |                                       |                       |   |            |      |                       |   |              |               |                                       |
|              |                                       |                       |   |            |      |                       |   |              |               |                                       |
|              |                                       |                       |   |            |      |                       |   |              |               |                                       |
|              |                                       | 8                     | *************************************** |            |      |                       |   |              |               |                                       |
|              |                                       |                       |   |            |      |                       |   |              |               |                                       |
|              |                                       |                       |   |            |      |                       |   |              |               |                                       |
|              |                                       |                       |   |            |      |                       |   |              |               |                                       |
| 7 <b>5</b> D | id any officer, director              | , trustee, or key emp | loyee receive ad                        | gregate co | mpen | sation of r           | nore than \$100.000                     | from your    |               |                                       |
|              | rganization and all rela              |                       | -                                       | -          | -    |                       |   | -            | . 🗀           | Yes X No                              |
|              | "Yes," attach schedul                 |                       |   |            |      |                       |   | ·            |               |                                       |
|              |                                       |                       | · ·                                     |            |      |                       |   |              |               |                                       |
|              |                                       |                       |   |            |      |                       |   |              |               | Form <b>990</b> (2001)                |

| For  | n 990 (2001)  | 94-3  | <sup>2</sup> 42838                    |     | Р   | age <b>5</b> |  |
|------|---|---|---------------------------------------|-----|-----|--------------|--|
| Pa   | rt VI Other Information (See Specia   | structions on page 27.)                                   |                                       |     | Yes |              |  |
| 76   | Did the organization engage in any activity not prev  | iously reported to the IRS? If "Yes," attach a detailed   | description of each activity          | 76  |     | х            |  |
|      |   | ning documents but not reported to the IRS?               | · · · · · · · · · · · · · · · · · · · | 77  |     | х            |  |
|      | If "Yes," attach a conformed copy of the changes.   |   |                                       |     |     |              |  |
| 78 a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?        |   |                                       |     |     |              |  |
|      | olf "Yes," has it filed a tax return on Form 990-T for this year?   |   |                                       |     |     |              |  |
|      | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement |   |                                       |     |     |              |  |
|      | a Is the organization related (other than by association with a statewide or nationwide organization) through common        |   |                                       |     |     |              |  |
|      | membership, governing bodies, trustees, officers, e   | etc., to any other exempt or nonexempt organization?      |                                       | 80a |     | x            |  |
| b    | If "Yes," enter the name of the organization  |   |                                       |     |     |              |  |
|      | and che   | ck whether it is exempt OR nonexempt                      |                                       |     |     |              |  |
| 81 a | Enter direct or indirect political expenditure. See line  | e 81 instructions   | 81a                                   |     |     |              |  |
|      |   | r?  |                                       | 81b |     | X            |  |
|      | Did the organization receive donated services or the  |   |                                       |     |     |              |  |
|      | or at substantially less than fair rental value?  |   |                                       | 82a |     | x            |  |
| b    | If "Yes," you may indicate the value of these items h   |   |                                       |     |     |              |  |
|      | as revenue in Part I or as an expense in Part II. (See  | instructions in Part III.)                                | 82b N/A                               |     |     |              |  |
| 83 a |   | on requirements for returns and exemption application     |                                       | 83a | х   |              |  |
|      |   | uirements relating to quid pro quo contributions?         | T I                                   | 83b | х   |              |  |
|      |   | s that were not tax deductible?                           |                                       | 84a |     | х            |  |
|      | If "Yes," did the organization include with every soli  |   |                                       |     |     |              |  |
|      |   |   |                                       | 84b | N/  | A            |  |
| 85   | 501(c)(4), (5), or (6) organizations. a Were substanti  | ally all dues nondeductible by members?                   |                                       | 85a | N/Z | A.           |  |
| b    | Did the organization make only in-house lobbying ex   | penditures of \$2,000 or less?                            |                                       | 85b | N/Z |              |  |
|      |   | omplete 85c through 85h below unless the organizat        |                                       |     | 200 |              |  |
|      | received a waiver for proxy tax owed for the prior year   | ar.   |                                       |     |     |              |  |
| c    | Dues, assessments, and similar amounts from memb  | ers   | 85c N/A                               |     |     |              |  |
| d    | Section 162(e) lobbying and political expenditures .  |   | 85d N/A                               |     |     |              |  |
|      | Aggregate nondeductible amount of section 6033(e  |   | 85e N/A                               |     |     |              |  |
|      | Taxable amount of lobbying and political expenditur   |   | 85f N/A                               |     |     |              |  |
|      | Does the organization elect to pay the section 6033   |   |                                       | 85g | N/  | A            |  |
|      |   | es the organization agree to add the amount in 85f to i   | ts reasonable                         |     |     |              |  |
|      | estimate of dues allocable to nondeductible lobbying  | g and political expenditures for the following tax year?  |                                       | 85h | N/  | A            |  |
| 86   | 501(c)(7) orgs. Enter: a Initiation fees and capital co   | ntributions included on line 12                           | 86a N/A                               |     |     |              |  |
|      | Gross receipts, included on line 12, for public use of  |   | 86b N/A                               |     |     |              |  |
| 87   | 501(c)(12) orgs. Enter: a Gross income from member  | s or shareholders   | 87a N/A                               |     |     |              |  |
|      | Gross income from other sources. (Do not net amou   |   |                                       |     |     |              |  |
|      | sources against amounts due or received from them.  | )   | 87b N/A                               |     |     |              |  |
| 88   | At any time during the year, did the organization ow  |   |                                       |     |     |              |  |
|      | partnership, or an entity disregarded as separate from  | om the organization under Regulations sections            |                                       |     |     |              |  |
|      | 301.7701-2 and 301.7701-3? If "Yes," complete Par   | tIX   |                                       | 88  |     | X            |  |
| 89 a | 501(c)(3) organizations. Enter: Amount of tax impose  | ed on the organization during the year under:             |                                       |     | 111 |              |  |
|      | section 4911 ▶; section   | 4912 ► <u>N/A</u> ; section 4955 I                        | N/A                                   |     |     |              |  |
| b    | 501(c)(3) and 501(c)(4) orgs. Did the organization er   | ngage in any section 4958 excess benefit transaction      |                                       |     |     |              |  |
|      | during the year or did it become aware of an excess   | s benefit transaction from a prior year? If "Yes," attach |                                       |     | 1   | l            |  |
|      | a statement explaining each transaction   |   |                                       | 89b |     | X            |  |
| c    |   | nanagers or disqualified persons during the year under    |                                       |     |     |              |  |
|      | sections 4912, 4955, and 4958   |   |                                       |     | N/A |              |  |
| d    | Enter: Amount of tax on line 89c, above, reimbursed   | d by the organization                                     |                                       |     | N/A |              |  |
|      | List the states with which a copy of this return is filed   |   |                                       |     |     |              |  |
|      |   | nat includes March 12, 2001 (See instructions)            |                                       | 90b | 0   |              |  |
|      | The books are in care of ▶ SAMANTHA SCHMI   |   | T. L                                  |     |     |              |  |
|      | Located at ▶ 55 EAST END AVENUE, #1   |   | ZIP+4 ▶ 10028                         |     |     |              |  |
| 92   |   | Form 990 in lieu of Form 1041 - Check here                |                                       |     | 1   | •            |  |
|      |   | ed or accrued during the tax year                         |                                       |     | N/A |              |  |

| orm 990 (2001)  |                  |                       |                  |                        | <u>-234283</u>    |                   |                            | Page <b>6</b>                                    |
|---|------------------|-----------------------|------------------|------------------------|-------------------|-------------------|----------------------------|--|
| Part VII Analysis of Income-Proc  | ig Activi        | <u>ties (See Spe</u>  | cific Ins        | ructions o             | <u>e 32</u>       | .)                |                            |  |
| lote: Enter gross amounts unless otherwise  | Unre             | lated business in     | come             | Excluded by            | section 512       | 2, 513, or 51     | 4 (E)                      |  |
| ndicated.   | (A)              | (B)                   |                  | (C)<br>Exclusion       | (                 | D)                | Related o                  |  |
| 93 Program service revenue:   | Business code    | ( <b>B</b> )<br>Amoun | it               | code                   | Am                | ount              | exempt fund<br>income      |  |
| a   |                  |                       |                  |                        |                   |                   |                            |  |
|   |                  |                       |                  |                        |                   |                   |                            |  |
| b   |                  |                       |                  |                        |                   |                   |                            |  |
| С   |                  |                       |                  |                        |                   |                   |                            |  |
| d   |                  |                       |                  |                        |                   |                   |                            |  |
| e   |                  |                       |                  |                        |                   |                   |                            |  |
| f Medicare/Medicaid payments  |                  |                       |                  |                        |                   |                   |                            |  |
| g Fees and contracts from government agencies   |                  |                       |                  |                        |                   |                   |                            |  |
| 94 Membership dues and assessments  |                  |                       |                  |                        |                   |                   |                            |  |
|   |                  |                       |                  |                        |                   | W                 |                            |  |
| 95 Interest on savings and temporary cash investments   |                  |                       |                  |                        |                   |                   |                            |  |
| 96 Dividends and interest from securities   |                  |                       |                  | 14                     |                   | 163               | •                          |  |
| 97 Net rental income or (loss) from real estate   | )                | 135655                | y 8 59           | 3 3                    |                   |                   |                            | 1123   |
| a debt-financed property  |                  |                       |                  |                        |                   |                   |                            |  |
| b not debt-financed property  |                  |                       |                  |                        |                   |                   |                            |  |
| 98 Net rental income or (loss) from personal property   |                  | ,                     |                  |                        |                   |                   |                            |  |
| 99 Other investment income  |                  |                       |                  |                        |                   |                   |                            |  |
|   |                  |                       |                  |                        |                   |                   |                            |  |
| OO Gain or (loss) from sales of assets other than inventory   |                  |                       |                  |                        | <del></del>       |                   |                            |  |
| 01 Net income or (loss) from special events .   | 541700           | 1                     | . <b>4</b> ,972. |                        |                   |                   |                            |  |
| 02 Gross profit or (loss) from sales of inventory   |                  |                       |                  |                        |                   |                   |                            |  |
| 03 Other revenue: a   |                  |                       |                  |                        |                   |                   |                            |  |
| b   |                  |                       |                  |                        |                   |                   |                            |  |
| С   |                  |                       |                  |                        |                   |                   |                            |  |
| d   | 1                |                       |                  |                        |                   |                   |                            |  |
|   |                  |                       |                  |                        |                   |                   |                            |  |
| e   |                  | _                     |                  |                        |                   |                   |                            |  |
| Subtotal (add columns (B), (D), and (E)).   |                  |                       |                  |                        |                   | 163               | •                          |  |
| <b>05</b> Total (add line 104, columns (B), (D), and (Note: Line 105 plus line 1d, Part I, should equal |                  |                       |                  |                        |                   | · <b> </b>        |                            | <u>15,135.</u>                                   |
| Line No. Explain how each activity for whic of the organization's exempt purpo                          |                  |                       |                  |                        |                   | andy to the a     | ccomplishment              |  |
|   |                  |                       |                  |                        |                   |                   |                            |  |
|   |                  |                       |                  |                        |                   |                   |                            |  |
| Part IX Information Regarding Tax   | ahla Subei       | diarios and D         | icrogor          | lad Entitia            | c /Soo Sr         | ocific Incl       | ructions on page           | . 22 )   |
| (A)   | able Subsi       | (B)                   | isi eyai c       |                        | s (See St         |                   |                            |  |
| Name, address, and EIN of corporation,  |                  | Percentage of         | Natur            | (C)<br>e of activities | To                | (D)<br>tal income | ( <b>E</b> )<br>End-of-ye  | ear  |
| partnership, or disregarded entity  |                  | ownership interest    |                  |                        |                   |                   | assets                     | ·  |
|   |                  | %                     |                  |                        |                   |                   |                            |  |
|   |                  | %                     |                  |                        |                   |                   |                            |  |
|   |                  | %                     |                  |                        |                   |                   |                            |  |
|   |                  | %                     |                  |                        |                   |                   |                            |  |
| Part X Information Regarding Tra  | nefore Acc       | <del></del>           | Person           | l Benefit (            | Contracts         | (See Spec         | rific Instructions of      | n nage 33  |
| (a) Did the organization, during the year, rec  |                  |                       |                  |                        |                   |                   |                            | <del>                                     </del> |
|   |                  |                       |                  |                        |                   |                   |                            | X No   |
| (b) Did the organization, during the year   |                  | -                     |                  | iy, on a pe            | sonai bene        | ent contrac       | ? Yes                      | X No   |
| Note: If "Yes" to (b), file Form 8870 and F   |                  |                       |                  |                        |                   |                   |                            |  |
| Under penalties of perjury, I dec<br>and belief, it is true, correct, and                               | lare that I have | examined this retur   | n, including     | accompanying           | schedules and     | d statements,     | and to the best of my kn   | owledge  |
|   | Complete. De     | ciaration of prepare  | si (Ottiel tilai | i onicer) is basi      | eu on all illioni | iauon oi wilich   | preparer has any known     | euge.  |
| Please  |                  |                       |                  |                        | 1                 |                   |                            |  |
| Sign Signature of officer   |                  |                       |                  |                        | L                 | Date              |                            |  |
| Here  |                  |                       |                  |                        |                   | Date              |                            |  |
|   |                  |                       |                  |                        |                   |                   |                            |  |
| Type or print name and title.   |                  |                       |                  |                        |                   |                   |                            |  |
| Preparer's  |                  |                       | [                | Date                   | Check if          |                   | Preparer's SSN or PTIN (Se | e Gen. Inst. W)                                  |
| Paid signature  |                  |                       |                  |                        | self-<br>employe  | d 🖊               |                            |  |
| Dranavaria BO   | SSI, DOS         | KOCIL & FI            | NKELST           | EIN I.T.D              | , , , , , , ,     | EIN ►             | 95-4091474                 |  |
|   |                  | TRADE CENT            |                  | ITE 210                | )                 |                   |                            |  |
| address and 7ID ± 4   |                  |                       |                  |                        |                   | Phone no.         |                            |  |
| address, and Zir 14 T.O?  | NG BEACH         | , CA                  |                  | 9083                   | 1                 | 110.              | 562-495-332                | 25   |