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)

OMB No 1545-0047

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

Open to Public Inspection

Provided	A	or the 2	2006 calendar year, or tax year beginning MAR 3, 2006	and en	ding	DEC 31	, 2	006	
		Check if applicable	Please C Name of organization				D Emp	loyer i	dentification number
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Register 12400 WILSHIRE BLVD. 1275 310-820-7600 2002		Name change	type Number and street (or P.O. box if mail is not delivered to street address	ss)		Room/suite			
Top The property Section Sec	X	Initial return	Specific 12400 WILSHIRE BLVD.			1275	3	<u> 10-</u>	820-7600
Section 501 (c)(3) organizations and 4947 (4)(1) enexampt charitable trush must attach a completed Schedule (4 from 990 or 990-E2). **General Complete Schedule (4 from 990 or 990-E2). **Website: **PWWW.TUNAHARI.**ORG** **Jorganization type: 3945 whom **Jix 501(c)(3)		Jreturn	tions City or town, state or country, and ZIP + 4				F Acco	unting met	
Websits: MWW. TUNAHATI.ORG		lreturn	LOS ANGELES, CA 90025					Other (specify)	
Website: WWW.TUNAHAKT.ORG Jorganization type woxel was VID Stock		Applica pendin	• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable to	usts					
Creatization type interventive			•						
Check here									
Control Part								d۷.	N/A LYes LNo
Cross recepts: Add lines 6b, 8b, 9b, and 10b to line 12 219, 696 30b. 8b, 9b, and 10b to line 12 219, 696 30b. 8b, 9b, and 10b to line 12 219, 696 30b. 8b, 9b, 390-82, or 990-87). Cross recepts: Add lines 6b, 8b, 9b, and 10b to line 12 219, 696 30b. 8b, 9b, 390-82, or 990-87). Cross recepts: Add lines 6b, 8b, 9b, and 10b to line 12 219, 696 30b. 8b, 9b, 390-82, or 990-87). Cross recepts: Add lines 6b, 8b, 9b, and 10b to line 12 30b. 8b, 9b, 30b. 8b, 30b.			,		H(d)	Ìs this a separat	e returr	i filed b	y an or-
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances									
Part Revenue, Expenses, and Changes in Net Assets or Fund Balances		1100363	to file a return, be sure to file a complete return.						
Part	1 (Gross re	ceints: Add lines 6h 8h 9h and 10h to line 12	96				-	
1 Contributions, gifts, grants, and similar amounts received: a Contributions to donor advised funds b Direct public support (not included on line 1a) t							, , , , ,		
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	990 (2006) TUNAHAKI					542914 Page 2
Pa					d (D) are required for section le trusts but optional for othe	
	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a (Grants paid from donor advised funds					
	attach schedule)					
(6	cash \$ 0 • noncash \$ 0				İ	
li	this amount includes foreign grants, check here	22a				
22b (Other grants and allocations (attach schedule				STATEMENT 1	
	cash \$ 62,410 • noncash \$ 0 •					
	this amount includes foreign grants, check here	22b	62,410.	62,410.		
	Specific assistance to individuals (attach					
s	schedule)	23				
24 E	Benefits paid to or for members (attach					
5	schedule)	24				
25a (Compensation of current officers, directors, key					
е	mployees, etc. listed in Part V-A	25a	0.	0.	0.	0
b C	Compensation of former officers, directors, key					
е	employees, etc. listed in Part V-B	25b	0.	0.	0.	0
c C	Compensation and other distributions, not included					
а	bove, to disqualified persons (as defined under					
S	section 4958(f)(1)) and persons described in					
S	section 4958(c)(3)(B)	25c				
26 5	Salaries and wages of employees not					
H	ncluded on lines 25a, b, and c	26				
27 F	Pension plan contributions not included on					
li	ines 25a, b, and c	27				
28 E	Employee benefits not included on lines					
2	25a - 27	28				
29 F	Payroll taxes	29				
30 F	Professional fundraising fees	30				
31 A	Accounting fees	31				
32 L	egal fees	32				
33 5	Supplies	33	813.	813.		
34 T	Telephone	34				
35 F	Postage and shipping	35				
36	Decupancy	36				
37 E	Equipment rental and maintenance	37		 . —		
38 F	Printing and publications	38				
39 T	Fravel	39				
	Conferences, conventions, and meetings	40				
	nterest	41				
	Depreciation, depletion, etc. (attach schedule)	42				
	Other expenses not covered above (itemize)		0.70		0.50	
_	BANK FEES	43a	872.		872.	
b _		43b				
-		43c				
d _		43d				
		43e				
f_		43f				
		43g			 	
	otal functional expenses. Add lines 22a through					
	3g. (Organizations completing columns (B)-(D),			60 66		_
				63,223.	872.	0
Join ^t	t Costs. Check In Interpreted in John Costs from a combined educational campaint			63,223.		

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____N/A N/A ; (ii) the amount allocated to Program services \$____ (iii) the amount allocated to Management and general \$ 623011 01-23-07 ; and (iv) the amount allocated to Fundraising \$

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

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

Wh	nat is the organization's prii	mary exempt p	ourpose? ► <u>S</u>	EE SI	TATEMENT 2			Program Service Expenses
che	ents served, publications is	sued, etc. Disc	cuss achievemen	ts that ar	n a clear and concise manner re not measurable (Section a nter the amount of grants ar	501(c)(3) and (4)		(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
а	SEE STATEMENT	r C						
								_
								j
	(Grants and allocations		62 410.) If this	amount includes foreign gra	ants check here	▶ [X]	63,223.
b	(Grants and diodations		02,410.	, 11 (110	amount includes foreign gre	anto, onconnoro		
								_
							 	
			· · · · · · · · · · · · · · · · · · ·					
								_
_ c	(Grants and allocations	\$) If this	amount includes foreign gra	ants, check here		
								_
								-
d	(Grants and allocations	\$) If this	amount includes foreign gra	ants, check here	▶ ⊔	
u								_
								_
								_
	(Grants and allocations	\$) If this	amount includes foreign gr	ants, check here		
е	Other program services (a	attach schedul	le)					
	(Grants and allocations	\$			amount includes foreign gra	ants, check here	▶ □	
<u>f</u>	Total of Program Service	e Expenses (s	hould equal line	14, colum	nn (B), Program services)			63,223.
		·=						Form 990 (2006

Note		ere required, attached schedules and amounts wi uid be for end-of-year amounts only	thin the	description column	(A) Beginning of year		(B) End of year
	45 46	Cash - non-interest-bearing Savings and temporary cash investments			~	45 46	155,601.
	47.0	Accounts receivable	47a	1			
	4/ a		47a 47b			47c	
	48 a	Pledges receivable	48a				
	b		48b		-	48c	
	49	Grants receivable		<u> </u>		49	
	50 a	Receivables from current and former officers, di key employees	lirectors	s, trustees, and		50a	.,
	b	Receivables from other disqualified persons (as	s define	d under section			
sts		4958(f)(1)) and persons described in section 49	5 <mark>8(c)(3</mark>)(B)		50b	
Assets	51 a	Other notes and loans receivable	51a				
•	b	Less: allowance for doubtful accounts	51b	<u> </u>		51c_	
	52	Inventories for sale or use		-		52	
	53	Prepaid expenses and deferred charges				53	
		Investments - publicly-traded securities		Cost FMV		54a	
				► Cost		54b	
	55 a	Investments - land, buildings, and	1	1			
		equipment basis	55a				
	b	Less accumulated depreciation	55b			55c	
	56	Investments - other	1	,		56	
	57 a		57a 57b				
	b	Less accumulated depreciation		57c			
	58	Other assets, including program-related investments					
		(describe >	41) -	0.	58	155,601.
	59	Total assets (must equal line 74) Add lines 45	tnroug	1 58		1	133,601.
	60	Accounts payable and accrued expenses		<u> </u>		60 61	
	62	Grants payable Deferred revenue		-		62	
es	63	Loans from officers, directors, trustees, and ke	v empl			63	-
abilities	1	Tax-exempt bond liabilities	yempi	,,,,,,		64a	
Liab	1	Mortgages and other notes payable				64b	· · · · · · · · · · · · · · · · · · ·
_	65	Other liabilities (describe		, [65	
	l			,	<u> </u>		
	66	Total liabilities. Add lines 60 through 65			0.	66	0.
	Orga	anizations that follow SFAS 117, check here 🕨	•	and complete lines			
"		67 through 69 and lines 73 and 74					
ĕ	67	Unrestricted				67	
<u>la</u>	68	Temporarily restricted				68	
Ä	69	Permanently restricted				69	
Ĕ	Orga	anizations that do not follow SFAS 117, check	here]	► LX and			
ᆫ		complete lines 70 through 74			_		
ţş	70	Capital stock, trust principal, or current funds		_	0.	70	0.
Net Assets or Fund Balances	71	Paid in or capital surplus, or land, building, and		0.	71	0.	
¥,	72	Retained earnings, endowment, accumulated in			0.	72	155,601.
ž	73	Total net assets or fund balances Add lines 67 thro			^	_	155 (01
	74	(Column (A) must equal line 19 and column (B) must			0.	73	155,601.
	74	Total liabilities and net assets/fund balances	. AUU III	ico ou aliu 10	0.	74	155,601.

Pa	m 990 (2006) TUNAHAKI FOUNDATION				20-4 <u>54</u>	291	<u> 14 Page 5</u>
	art IV-A Reconciliation of Revenue per Audited Fina	ncial Statemen	ts Wi	th Revenue pe	er Return	(Sec	the
	, instructions)						
а	Total revenue, gains, and other support per audited financial stateme	nts			a		N/A
b	Amounts included on line a but not on Part I, line 12:			t			
1	Net unrealized gains on investments		b	1			
2	Donated services and use of facilities		b	2			
3	Recoveries of prior year grants		b	3			
4	Other (specify).		<u>b</u>	4			
	Add lines b1 through b4				b		
C	Subtract line b from line a				C		
d	Amounts included on Part I, line 12, but not on line a:			1			
1	Investment expenses not included on Part I, line 6b		d				
2	Other (specify):		<u> </u>	2			
	Add lines d1 and d2				d		
e	Total revenue (Part I, line 12) Add lines c and d				<u>▶ e </u>		
Pa	art IV-B Reconciliation of Expenses per Audited Fina	ancial Statemer	nts W	ith Expenses	per Retu	rn	
a	Total expenses and losses per audited financial statements				a		<u> N/A</u>
b	Amounts included on line a but not on Part i, line 17.		1	1			
1	Donated services and use of facilities		<u> </u>				
2	Pnor year adjustments reported on Part I, line 20		b				
3	Losses reported on Part I, line 20		<u>b</u>	3			
4	Other (specify):		<u>b</u>	4			
	Add lines b1 through b4				b		
C	Subtract line b from line a				С		
d	Amounts included on Part I, line 17, but not on line a:			1			
1	Investment expenses not included on Part I, line 6b		d	1			
2	Other (specify).		<u> d</u>	2			
	Add lines d1 and d2				d		
e	Total expenses (Part I, line 17) Add lines c and d				▶ e		
P	art V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we			•	an officer,	direc	tor, trustee,
_	or key employee at any time during the year even it they we				(5)	. 1	
	, , , , , , , , , , , , , , , , , , , ,	I (B) Title and average	HOHES	(C) Compensation	I (U) Contributio	ons to I	(E) Expense
	(A) Name and address	(B) Title and average per week devoted	to	(If not paid, enter	(D) Contribution employee be plans & defe	rrea i	(E) Expense account and
<u></u>	(A) Name and address	per week devoted position	to	(If not paid, enter -0-)	(D) Contribution employee be plans & defer compensation	rrea i	(E) Expense account and other allowances
	(A) Name and address	per week devoted	to	(If not paid, enter -0-)	i pians & dete	rrea i	(E) Expense account and other allowances
$\bar{1}\bar{2}$	(A) Name and address OTT FIFER 400 WILSHIRE BLVD., STE. 1275	per week devoted position EXECUTIVE	to	(If not paid, enter -0-) ECTOR	i pians & dete	plans	other allowances
$\bar{1}\bar{2}$	(A) Name and address	per week devoted position	to	(If not paid, enter -0-)	i pians & dete	rrea i	(E) Expense account and other allowances
$\bar{1}\bar{2}$	(A) Name and address OTT FIFER 400 WILSHIRE BLVD., STE. 1275	per week devoted position EXECUTIVE	to	(If not paid, enter -0-) ECTOR	i pians & dete	plans	other allowances
$\bar{1}\bar{2}$	(A) Name and address OTT FIFER 400 WILSHIRE BLVD., STE. 1275	per week devoted position EXECUTIVE	to	(If not paid, enter -0-) ECTOR	i pians & dete	plans	other allowances
$\bar{1}\bar{2}$	(A) Name and address OTT FIFER 400 WILSHIRE BLVD., STE. 1275	per week devoted position EXECUTIVE	to	(If not paid, enter -0-) ECTOR	i pians & dete	plans	other allowances
$\bar{1}\bar{2}$	(A) Name and address OTT FIFER 400 WILSHIRE BLVD., STE. 1275	per week devoted position EXECUTIVE	to	(If not paid, enter -0-) ECTOR	i pians & dete	plans	other allowances
$\bar{1}\bar{2}$	(A) Name and address OTT FIFER 400 WILSHIRE BLVD., STE. 1275 S ANGELES, CA 90025	per week devoted position EXECUTIVE	to	(If not paid, enter -0-) ECTOR	i pians & dete	plans	other allowances
$\bar{1}\bar{2}$	(A) Name and address OTT FIFER 400 WILSHIRE BLVD., STE. 1275 S ANGELES, CA 90025	per week devoted position EXECUTIVE	to	(If not paid, enter -0-) ECTOR	i pians & dete	plans	other allowances
$\bar{1}\bar{2}$	(A) Name and address OTT FIFER 400 WILSHIRE BLVD., STE. 1275 S ANGELES, CA 90025	per week devoted position EXECUTIVE	to	(If not paid, enter -0-) ECTOR	i pians & dete	plans	other allowances
$\bar{1}\bar{2}$	(A) Name and address OTT FIFER 400 WILSHIRE BLVD., STE. 1275 S ANGELES, CA 90025	per week devoted position EXECUTIVE	to	(If not paid, enter -0-) ECTOR	i pians & dete	plans	other allowances
$\bar{1}\bar{2}$	(A) Name and address OTT FIFER 400 WILSHIRE BLVD., STE. 1275 S ANGELES, CA 90025	per week devoted position EXECUTIVE	to	(If not paid, enter -0-) ECTOR	i pians & dete	plans	other allowances
$\bar{1}\bar{2}$	(A) Name and address OTT FIFER 400 WILSHIRE BLVD., STE. 1275 S ANGELES, CA 90025	per week devoted position EXECUTIVE	to	(If not paid, enter -0-) ECTOR	i pians & dete	plans	other allowances
$\bar{1}\bar{2}$	(A) Name and address OTT FIFER 400 WILSHIRE BLVD., STE. 1275 S ANGELES, CA 90025	per week devoted position EXECUTIVE	to	(If not paid, enter -0-) ECTOR	i pians & dete	plans	other allowances
$\bar{1}\bar{2}$	(A) Name and address OTT FIFER 400 WILSHIRE BLVD., STE. 1275 S ANGELES, CA 90025	per week devoted position EXECUTIVE	to	(If not paid, enter -0-) ECTOR	i pians & dete	plans	other allowances
$\bar{1}\bar{2}$	(A) Name and address OTT FIFER 400 WILSHIRE BLVD., STE. 1275 S ANGELES, CA 90025	per week devoted position EXECUTIVE	to	(If not paid, enter -0-) ECTOR	i pians & dete	plans	other allowances
$\bar{1}\bar{2}$	(A) Name and address OTT FIFER 400 WILSHIRE BLVD., STE. 1275 S ANGELES, CA 90025	per week devoted position EXECUTIVE	to	(If not paid, enter -0-) ECTOR	i pians & dete	plans	other allowances
$\bar{1}\bar{2}$	(A) Name and address OTT FIFER 400 WILSHIRE BLVD., STE. 1275 S ANGELES, CA 90025	per week devoted position EXECUTIVE	to	(If not paid, enter -0-) ECTOR	i pians & dete	plans	other allowances
$\bar{1}\bar{2}$	(A) Name and address OTT FIFER 400 WILSHIRE BLVD., STE. 1275 S ANGELES, CA 90025	per week devoted position EXECUTIVE	to	(If not paid, enter -0-) ECTOR	i pians & dete	plans	other allowances
$\bar{1}\bar{2}$	(A) Name and address OTT FIFER 400 WILSHIRE BLVD., STE. 1275 S ANGELES, CA 90025	per week devoted position EXECUTIVE	to	(If not paid, enter -0-) ECTOR	i pians & dete	plans	other allowances
$\bar{1}\bar{2}$	(A) Name and address OTT FIFER 400 WILSHIRE BLVD., STE. 1275 S ANGELES, CA 90025	per week devoted position EXECUTIVE	to	(If not paid, enter -0-) ECTOR	i pians & dete	plans	other allowances
$\bar{1}\bar{2}$	(A) Name and address OTT FIFER 400 WILSHIRE BLVD., STE. 1275 S ANGELES, CA 90025	per week devoted position EXECUTIVE	to	(If not paid, enter -0-) ECTOR	i pians & dete	plans	other allowances
$\bar{1}\bar{2}$	(A) Name and address OTT FIFER 400 WILSHIRE BLVD., STE. 1275 S ANGELES, CA 90025	per week devoted position EXECUTIVE	to	(If not paid, enter -0-) ECTOR	i pians & dete	plans	other allowances

	990 (2006) TUNAHAKI FOUNDATION			<u> 20-4542</u>			age 6
Pa	rt V-A Current Officers, Directors, Trustees, and K	ey Employees (continu	ed)			Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted	to vote on organization bus	siness at board		, 7	[
	meetings		>	1			
	And any officers discontain to the control of the c	. 000 Dankl/ A . an book 4 -					
b	Are any officers, directors, trustees, or key employees listed in Form listed in Schedule A, Part I, or highest compensated professional ar					ll	
	Part II-A or II-B, related to each other through family or business related						
	the individuals and explains the relationship(s)	monships: ii res, attacri	a statement that it	Jennines	75b		Х
	are relationship(s)				7 30	\vdash	
C	Do any officers, directors, trustees, or key employees listed in Form						
	listed in Schedule A, Part I, or highest compensated professional ar]		
	Part II-A or II-B, receive compensation from any other organizations,		able, that are relat	ed to the			
	organization? See the instructions for the definition of "related organization"	nization."			75c		<u> X</u>
	If "Yes," attach a statement that includes the information described	in the instructions					
	Does the organization have a written conflict of interest policy?				75d		_X_
Pa	rt V-B Former Officers, Directors, Trustees, and Ke	ey Employees That R	eceived Com	pensation o	or Ot	her	
	Benefits (If any former officer, director, trustee, or key e						
	the year, list that person below and enter the amount of co	mpensation or other benef				istructio	ons.)
			(C) Compensation	(D) Contributions		E) Expe	
	(A) Name and address	(B) Loans and Advances	(if not paid,	employee benefi plans & deferred	الما	ccount	
	NONE		enter -0-)	compensation pla	ns Othe	er allow	ances
							
					\top		
- -							
		 					
							
					Д_		
				· · · · · · · · · · · · · · · · · · ·	+	-	
					—		
Pa	rt VI Other Information (See the instructions)					Yes	No
76	Did the organization make a change in its activities or methods of co	onducting activities? If "Ye	s," attach a detaile	ed	1		i
	statement of each change				76		X
77	Were any changes made in the organizing or governing documents	but not reported to the IRS	32		77		Х
• •	If "Yes," attach a conformed copy of the changes	but not reported to the mic	•		···	\vdash	
70 ~		O or more during the	aguared by this saf	turn?	700		X_
78 a		or more during the year	covered by this ret		78a	 	
	If "Yes," has it filed a tax return on Form 990-T for this year?			N/A	78b	 	
79	Was there a liquidation, dissolution, termination, or substantial cont				79	 	<u>X</u>
80 a	Is the organization related (other than by association with a statewic	de or nationwide organizati	on) through comm	on	1		ĺ
	membership, governing bodies, trustees, officers, etc , to any other	exempt or nonexempt orga	anization?		80a		X
b	If "Yes," enter the name of the organization ► N/A						
	·	and check whether it is	exempt or	nonexempt	1		
B1 a	Enter direct or indirect political expenditures (See line 81 instruction	_	81a	0.	1		ł
	Did the organization file Form 1120-POL for this year?	,	<u> </u>	-	81b		х
ט	organization me POITH TIZO-POL (OF this year)					n 990 (
						1	(-000)

Forn		<u> </u>		age /
Pa	rt VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substitution of the control of the contro	tantially		
	less than fair rental value?	82	a	X
b	if "Yes," you may indicate the value of these items here. Do not include this			
	amount as revenue in Part I or as an expense in Part II			
	(See instructions in Part III.)	' A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83	a X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83	b X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84	a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts we	re not		
	tax deductible?		ь	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	'A 85	a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	'A 85	b	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization receive			
	waiver for proxy tax owed for the prior year			
C	Dues, assessments, and similar amounts from members 85c N	'A		
d	37			
e	DT.			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/			
	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		.a	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f		•	
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the	1		
	following tax year?	'A 85	h	
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on	11	"	
00	line 12 86a N/	/ <u>a</u>		
b			1	
87	501(c)(12) organizations Enter a Gross income from members or shareholders 87a N/			
о, Ь		-		
U		/ 7		
00 0	,			
00 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnersh	p,		1
	or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-37	88		x
	If "Yes," complete Part IX		a	├ ^
U	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of	▶ 88		x
00 -	section 512(b)(13)? If "Yes," complete Part XI	P 00	עי	 ^
89 a	501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under	0		
	section 4911 ▶ 0 • ; section 4912 ▶ 0 • ; section 4955 ▶	0.		
D	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit			
	transaction during the year or did it become aware of an excess benefit transaction from a prior year?	0.0	.	.
_	If "Yes," attach a statement explaining each transaction	89	· D	X
C	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under	_		
	sections 4912, 4955, and 4958	$\frac{0.}{0.}$		
d	, , , , , , , , , , , , , , , , , , , ,			v
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction.	F		X
T -	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89	71	├ ^
9		1		.
00	or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89	9	X
	List the states with which a copy of this return is filed CA			
	Number of employees employed in the pay period that includes March 12, 2006 The basic area and the DRD OK. T. FIFE C. COMPANY. TNG.	10 000	7600	0
91 a	The books are in care of ► REBACK LEE & COMPANY, INC. Telephone no. ► 3			<u>, </u>
		IP + 4 ▶ <u>900</u>		NIA
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	_	Yes	+
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91	b	X
	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			<u> </u>
		Fc	rm 990	(2006)

Form 990		<u>HAKI FOUN</u>	<u>IDATIO</u>	<u>N</u>		20-		ge 8
Part VI	Other Information (c	ontinued)					Yes	<u>No</u>
	any time during the calendar ye				of the Un	nted States?	91c	<u>X</u>
If "Y	es," enter the name of the fore	eign country 🕨 _		N/A				_
	tion 4947(a)(1) nonexempt cha	-					▶ ∟	┙
	enter the amount of tax-exemp					▶ 92	N/A	
Part VI	Analysis of Income-	Producing Ac			- 	510 510 511		
	ter gross amounts unless other ,	wise	(A)	ed business income	(C)	ed by section 512, 513, or 514	(E)	
ındıcated			Business	(B) Amount	Exclu- sion	(D) Amount	Related or exempt	
93 Prog	ram service revenue		code		code		function income	
				-				
b					-			
c					+			
đ								
e		 						
	icare/Medicaid payments				+			
•	and contracts from governmen	· ·						—
	bership dues and assessment	Г						
	est on savings and temporary cash							
	lends and interest from securiti				+ +			
	rental income or (loss) from real -financed property	estate			++	· · · · · · · · · · · · · · · · · · ·		
							· ·	—
	lebt-financed property				+-+			
	rental income or (loss) from pers r investment income	sonal property			+ +		· · · · · · ·	—
	or (loss) from sales of assets			 -	+			
	r than inventory							
	ncome or (loss) from special ev	vente		·····			_	
	s profit or (loss) from sales of ir							
103 Other		iventory						
a								
	···							
e								
· —	otal (add columns (B), (D), and	(F))		0		0.		0.
	I (add line 104, columns (B), (D)	• • • •		<u> </u>	-1	•		0.
	e 105 plus line 1e, Part I, should		nt on line 1	2, Part I.		•		
Part VI	II Relationship of Activ	vities to the A	ccompl	ishment of Exem	pt Pur	poses (See the instructi	ions)	
Line No	Explain how each activity for whi	ich income is report	ed in colum	n (E) of Part VII contribut	ed import	antly to the accomplishment	of the organization's	
▼	exempt purposes (other than by	•		` '	•	,	·	
			-					
Part IX			ubsidiar		ded En			
Name, ac	(A) ddress, and EIN of corporation,	(B) Percentage of		(C) Nature of activities		(D) Total income	(E) End-of-year	
partn	nership, or disregarded entity	ownership interest					assets	 -
		%						
	N/A	%						
		%						
		%			j		<u> </u>	
Part X	Information Regardi	ng Transfers	Associa	ted with Persona	al Bene	efit Contracts (See th	e instructions)	
(a) Did t	the organization, during the year, re	eceive any funds, dir	ectly or indi	rectly, to pay premiums o	on a perso	nal benefit contract?	Yes X	
(b) Did t	the organization, during the year, pa	ay premiums, direct	ly or indirec	tly, on a personal benefit	contract?		Yes X	No
Note: If	"Yes" to (b), file Form 8870 and	d Form 4720 (see	instruction	rs)				
		·					Form 990 (2	.006)

623163 01-18-07

Part XI Informa					
controlling	tion Regarding Transfers To and From C organization as defined in section 512(b)(13).	N/A	S. Complete only if the orgal	nization is a	
	-1-//-/	3/ 11		Υ	es N
06 Did the reporting or	ganization make any transfers to a controlled entity a	s defined in section 5	12(b)(13) of the Code? If "Ye	es,"	
complete the sched	dule below for each controlled entity				
	(A) Name, address, of each controlled entity	(B) Employer Identification	(C) Description of transfer	(D Amou trans	nt of
		Number			
a					
b					
c					
	Totals				
			540(1)(40) (11 0 10)	<u> </u>	es 1
	ganization receive any transfers from a controlled endule below for each controlled entity.	tity as defined in secti	on 512(b)(13) of the Code?	if "Yes,"	
Complete the screet	(A)	(B)	(C)	(0))
	Name, address, of each controlled entity	Employer Identification Number	Description of transfer	Amou tran	int of
a					
b					
b	Totals				
c	Totals have a binding written contract in effect on August 1	7, 2006, covering the	ınterest, rents, royaltıes, an		es I
Did the organization	n have a binding written contract in effect on August 1 I in question 107 above?		·	d	
Did the organization annuities described Under penalties of and complete Declease	n have a binding written contract in effect on August 1 I in question 107 above? Perjury, I declare that I have examined this return, including accompanyl laration of preparer other than officer) is based on all information of which		s, and to the best of my knowledge arge	d belief, it is true	
Did the organization annuities described under penalties of and complete Declare ign Signature SCOTT	n have a binding written contract in effect on August 1 I in question 107 above? Perjury, I declare that I have examined this return, including accompanyl laration of preparer other than officer) is based on all information of which		s, and to the best of my knowledge ar ge	d belief, it is true	
Did the organization annuities described under penalties of and complete Declare ign Signature Signature Preparer's signature	n have a binding written contract in effect on August 1 I in question 107 above? perjury, I declare that I have examined this return, including accompanyl laration of preparer (other than officer) is based on all information of which officer of officer T FIFER, EXECUTIVE DIRECTOR	ng schedules and statements hypreparer has any knowledge	s, and to the best of my knowledge arge 6-5- Date	d belief, it is true	Gen Ins
Did the organization annuities described and complete Declare ere Signature SCOTT Type or presented the series of and complete Declare Stopped St	n have a binding written contract in effect on August 1 I in question 107 above? I in question 107 above? I perjury, I declare that I have examined this return including accompanying aration of preparer other than officer) is based on all information of which of officer T FIFER, EXECUTIVE DIRECTOR unit name and title REBACK LEE & COMPANY, INC	Date	s, and to the best of my knowledge arge 6-5- Date Check If Preparer's Self-	d belief, it is true	Gen Ins

Phone no. ► (310) 820-7600 Form **990** (2006)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

2006

OMB No. 1545-0047

Name of the organization Employer identification number TUNAHAKI FOUNDATION 20 4542914 Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 2 of the instructions. List each one. If there are none, enter "None.") (e) Expense account and other (b) Title and average hours d) Contributions to (a) Name and address of each employee paid employee benefit plans & deferred (c) Compensation per week devoted to more than \$50,000 position compensation allowances NONE Total number of other employees paid over \$50,000 Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.") (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of others receiving over \$50,000 for professional services 0 Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of other contractors receiving over

623101/01-18-07 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2006

\$50,000 for other services

0

g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year

Schedule A (Form 990 or 990-EZ) 2006

A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i). A school. Section 170(b)(1)(A)(ii). (Also complete Part V.) A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(vi). A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(vi). A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.) An organization that normally receives a substantial part of its support from a governmental unit or from the general public.												
A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i). A school. Section 170(b)(1)(A)(ii). (Also complete Part V.) A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii). A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v). A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.) An organization that normally receives a substantial part of its support from a governmental unit or from the general public.												
A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii). A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v). A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.) An organization that normally receives a substantial part of its support from a governmental unit or from the general public.												
A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v). A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(III). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(IV). (Also complete the Support Schedule in Part IV-A.) An organization that normally receives a substantial part of its support from a governmental unit or from the general public.												
A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(III). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(IV). (Also complete the Support Schedule in Part IV-A.) An organization that normally receives a substantial part of its support from a governmental unit or from the general public.												
and state ► An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.) An organization that normally receives a substantial part of its support from a governmental unit or from the general public.												
An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.) An organization that normally receives a substantial part of its support from a governmental unit or from the general public.												
(Also complete the Support Schedule in Part IV-A.) An organization that normally receives a substantial part of its support from a governmental unit or from the general public.												
(Also complete the Support Schedule in Part IV-A.) An organization that normally receives a substantial part of its support from a governmental unit or from the general public.												
An organization that normally receives a substantial part of its support from a governmental unit or from the general public.												
Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)												
A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)												
An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross												
receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of												
its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired												
by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)												
An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of	section											
509(a)(3). Check the box that describes the type of supporting organization:	00011011											
Type I Type III-Other												
Provide the following information about the supported organizations (See page 7 of the instructions.)												
(a) (b) (c) (d)	(e)											
	Amount of support											
Voc. No.												
Yes No												
Yes No												
Yes No												
Yes No												
Yes No												
Yes No												
Yes No												
Yes No												
Yes No												
Yes No												
Yes No												
Yes No												
Yes No												
Yes No												
Yes No												
An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)												

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting. Calendar year (or fiscal year (c) 2003 (d) 2002 (e) Total (a) 2005 (b) 2004 beginning in) Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) Membership fees received 16 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose Gross income from interest. 18 dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 Net income from unrelated business activities not included in line 18 20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf 21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets 23 Total of lines 15 through 22 0 0 0 0 24 Line 23 minus line 17 25 Enter 1% of line 23 26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 N/A26a Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return Enter the total of all these excess amounts Total support for section 509(a)(1) test: Enter line 24, column (e) 26c Add: Amounts from column (e) for lines: 18 26d e Public support (line 26c minus line 26d total) 26e 26f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: 0. 0. (2003) For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: 0. 0. (2004) **0** • (2002) Add: Amounts from column (e) for lines: _____ 16 ___ and line 27b total 27d Add: Line 27a total Public support (line 27c total minus line 27d total) 27e Total support for section 509(a)(2) test: Enter amount on line 23, column (e) % g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) 27g % h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

14

NONE

Schedule A (Form 990 or 990-EZ) 2006

Schedule A (Form 990 or 990-EZ) 2006 TUNAHAKI FOUNDATION

Part V Private School Questionnaire (See page 9 of the instructions.)

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

N/A

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		Yes	No
23	instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues,			
	and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of			
	solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known			
	to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
		_		
		_		
32	Does the organization maintain the following:			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	<u> </u>	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	├	
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	32c	 	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	_		
33	Does the organization discriminate by race in any way with respect to:	_		
а	Students' rights or privileges?	33a		L
b	Admissions policies?	33b		
C	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d	ļ	
е	Educational policies?	33e		<u> </u>
f	Use of facilities?	33f	<u> </u>	
g	Athletic programs?	330		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	_		
		-	ļ	
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b	$oxed{oxed}$	
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc 75-50,			
	1975-2 C.R. 587, covering racial nondiscrimination? If "No." attach an explanation	25	1	I

Schedule A (Form 990 or 990-EZ) 2006

Part VI-A . Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)

N/A

_		(i o be complete	ed ONLY by an eligible organiz	zation that filed l	Form 5/68)					<u> </u>
Che	eck ▶ a 🗔	If the organiz	ation belongs to an affiliated g	roup.	Check ▶ b	ıf you c	hecked "a" and "	lımıted c	ontrol"	provisions apply.
			mits on Lobbying Ex				Affiliated	a) d group als		(b) To be completed for all electing organizations
_	<u></u>	(The ter	in expenditures means amou	into paid of frict	ined.)		N/A	Δ		
36	Total lobbying	i expenditures t	o influence public opinion (gra	assroots lobbyii	na)	36	14/2	•		
37		· · · · · ·	o influence a legislative body (-	-,	37	~			
38			add lines 36 and 37)	(an out loos) ing	,	38				
39		purpose expen	·			39				
40	Total exempt p	purpose expend	litures (add lines 38 and 39)			40				
41	Lobbying non	taxable amount	. Enter the amount from the fo	ollowing table -						
	If the amount	on line 40 is -	The lobbying	nontaxable an	nount is -		İ			
	Not over \$500,00	00	20% of the amo	unt on line 40						
	Over \$500,000 b	ut not over \$1,000	0,000 \$100,000 plus 1	5% of the excess	over \$500,000	11				
		but not over \$1,5		0% of the excess		41	 			
		but not over \$17,	•	% of the excess o	over \$1,500,000					
40	Over \$17,000,000		\$1,000,000			٦ 🚜			-	
			nt (enter 25% of line 41) Enter -0- if line 42 is more tha	an line 26		42	 			
43 44			Enter -0- if line 41 is more that			43				<u>.</u>
77	Oubliact mic 4	* 1 11 OH 1111C OO.	Litter of it little 4 i is more the	an iine 50			 			
	Caution: If th	nere is an amo	ount on either line 43 or line	e 44, you mus	t file Form 4720.					
			4-Year A	veraging I	Period Under S	ection	501(h)			
		· · · · · · · · · · · · · · · · · · ·	(Some organizations that mad below. See the instr		(h) election do not hav s 45 through 50 on pa				nns	
				Lob	bying Expenditures D	uring 4-\	ear Averaging F	Period		N/A
	endar year (or al year beginn		(a) 2006	(b) 2005		(c) 2004		(d) 2003		(e) Total
45	Lobbying non	taxable								
	amount									0.
46	Lobbying ceili	•								
47	(150% of line									0.
4/	Total lobbying expenditures									0.
48	Grassroots no	ntavahle								•
70	amount	MUNUDIO								0.
49	Grassroots ce	ılıng amount								
	(150% of line	•								0.
50	Grassroots lob	bying								
_	expenditures									0.
<u>P</u>			Activity by Nonelect nly by organizations that did r	_		of the ins	tructions)			N/A
Dur			on attempt to influence nation					Τ		11/15
		•	lative matter or referendum, t	•		any attor	.p. 10	Yes	No	Amount
	Volunteers		,							
b	Paid staff or m	nanagement (In	clude compensation in expens	ses reported on	lines c through h)					
C	Media advertis	• ,	,	,	5 ,					
d			ors, or the public							
е	-		broadcast statements							
f	Grants to othe	r organizations	for lobbying purposes							
g	Direct contact	with legislators	, their staffs, government offic	cials, or a legisla	ative body					
h	Rallies, demor	nstrations, semi	nars, conventions, speeches,	lectures, or any	other means					
i			Add lines c through h.)					L		0.
623		of the above, a	lso attach a statement giving a	a detailed descr	iption of the lobbying a	activities.				
223								Sch	ofuha i	A (Form 990 or 990-F7) 2008

ran		zations (See page 13 of the instru		neiadoriships with Notichanta	aDie		
51		rectly or indirectly engage in any of t		organization described in section			
		section 501(c)(3) organizations) or in					
		ganization to a noncharitable exempt		·		/es	No
	(i) Cash				51a(i)		X
	(ii) Other assets				a(ii)		<u>X</u>
b	Other transactions:					-	
	(i) Sales or exchanges of asse	ts with a noncharitable exempt organ	nization		b(i)		X
	(ii) Purchases of assets from a	noncharitable exempt organization			b(ii)		X
(iii) Rental of facilities, equipme	ent, or other assets			b(iii)		X
	iv) Reimbursement arrangeme	ents			b(iv)	\dashv	<u>X</u>
	(v) Loans or loan guarantees				b(v)		<u>X</u>
		membership or fundraising solicitati			b(vi)		<u>X</u>
		mailing lists, other assets, or paid en			C		<u>X</u>
				always show the fair market value of the			
		given by the reporting organization.			3.7	/ 7	
		nent, show in column (d) the value of	the goods, other assets, or		17	/ <u>A</u>	
(a) Line no	(b) Amount involved	(c) Name of noncharitable exe	mpt organization	(d) Description of transfers, transactions, and sh	naring arrai	naem	ents
		Trains of Horional Habito oxid	gameanon				
							
						· 	
			· · · · · · · · · · · · · · · · · · ·				
			·	1			
(Code (other than section 501(c) f "Yes," complete the following s	(3)) or in section 527? schedule: N/A			Yes	X] No
(a) Name of organization			(b) Type of organization	(c) Description of relationshi	р		
					_		
						 -	
					-		

Schedule A (Form 990 or 990-EZ) 2006

823152 01-18-07

FORM 990	CASH GRANTS AND ALLOCATIONS TO OTHERS	STATEMENT 1
CLASS OF ACTIVIT	Y/DONEE'S NAME AND ADDRESS	AMOUNT
DIRECT PROGRAM S SEE STATEMENT B	UPPORT	62,410.
TOTAL INCLUDED O	N FORM 990, PART II, LINE 22B	62,410.
FORM 990 STAT	EMENT OF ORGANIZATION'S PRIMARY EXEMPT PURI PART III	POSE STATEMENT 2

EXPLANATION

TO PROVIDE SELF-SUSTAINING FUTURES FOR ORPHANS AND VULNERABLE CHILDREN

TunaHAKi Foundation 2006 Contributions, Gifts & Grants

20-4542914

S \Client Swap File\TunaHaki\[TUNAHAKI donors 2006 xls]Gifts & Grants

DATE	RECIPIENT	AMOUNT	CHECK #
5/3/2006	TunaHAKI Centre, Moshi	1,125 00	EFT
5/26/2006	TunaHAKI Centre, Moshi	1,341 00	EFT
7/26/2006	TunaHAKI Centre, Moshi	2,277 00	EFT
8/29/2006	TunaHAKI Centre, Moshi	13,500 00	EFT
8/29/2006	World Quality Travel and Tours - To bring 9 TunaHAKI orphans and	16,925 00	EFT
	their guardian to the United States for a cultural exchange		
10/16/2006	TunaHAKI Centre, Moshi	7,803 00	EFT
11/30/2006	TunaHAKI Centre, Moshi	9,439 00	EFT
12/8/2006	TunaHAKI Centre, Moshi	5,000 00	EFT
12/23/2006	TunaHAKI Centre, Moshi	5,000.00	EFT
	Total 2006 contributions, gifts and grants per tax return	62,410.00	

STATEMENT OF PROGRAM SERVICES DESCRIPTION OF ORGANIZATION'S EXEMPT PURPOSE ATTACHMENT

TunaHAKI Foundation is dedicated to providing self-sustaining futures for orphans and vulnerable children. Through its pilot work in Tanzania, TunaHAKI is developing a sustainable model for orphan care that can be replicated the world over. Specifically, TunaHAKI works to (i) identify local programs in Tanzania and other developing nations which have demonstrated success in the ongoing battle to protect vulnerable children and work with the local organizations to identify their greatest needs, and to create plans which can assist the programs to meet their goals and become self-sustaining; (ii) raise awareness of the programs and their benefits, and to support the programs' efforts through relationship-building and through fundraising efforts; (iii) foster direct and ongoing relationships between children in Tanzania and other developing nations and individuals in the United States and elsewhere, in an effort to create an ongoing educational and personal cultural exchange that will benefit all parties.