

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)

Department of the Treasury Internal Revenue Service

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

A For the 2007 calendar year, or tax year beginning 2007, and ending

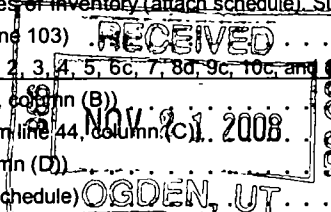
B Check if applicable: X Address change, Name change, Initial return, Termination, Amended return, Application pending. C Name of organization: TUNAHAKI FOUNDATION. D Employer identification number: 20-4542914. E Telephone number: (310) 396-6343. F Accounting method: X Accrual.

G Website: WWW.TUNAHAKI.ORG. J Organization type: X 501(c)(3). K Check here if the organization is not a 509(a)(3) supporting organization. L Gross receipts: 1,179,696.

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

Table with 21 rows and 3 columns: Description, Sub-rows, and Amount. Includes Revenue (Total 1,179,696), Expenses (Total 95,114), and Net Assets (Total 1,639,255).

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For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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Part II Statement of Functional Expenses

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions)

Table with 5 columns: (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include 22a Grants paid from donor advised funds, 22b Other grants and allocations, 23 Specific assistance to individuals, 24 Benefits paid to or for members, 25a Compensation of current officers, 25b Compensation of former officers, 25c Compensation and other distributions, 26 Salaries and wages of employees not included on lines 25a, b, and c, 27 Pension plan contributions not included on lines 25a, b, and c, 28 Employee benefits not included on lines 25a - 27, 29 Payroll taxes, 30 Professional fundraising fees, 31 Accounting fees, 32 Legal fees, 33 Supplies, 34 Telephone, 35 Postage and shipping, 36 Occupancy, 37 Equipment rental and maintenance, 38 Printing and publications, 39 Travel, 40 Conferences, conventions, and meetings, 41 Interest, 42 Depreciation, depletion, etc. (attach schedule), 43 Other expenses not covered above (itemize): a CONTRIBUTION PROCESSING F, b MONITORING AND EVALUATION, c, d, e, f, g, 44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15).

Joint Costs. Check [ ] if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? [ ] Yes [X] No
If "Yes," enter (i) the aggregate amount of these joint costs \$ , (ii) the amount allocated to Program services \$ , (iii) the amount allocated to Management and general \$ , and (iv) the amount allocated to Fundraising \$



**Part IV Balance Sheets** (See the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

|   |  | (A)<br>Beginning of year                                   |      | (B)<br>End of year |            |
|---|--|--|------|--------------------|------------|
| Assets  | 45 Cash - non-interest-bearing . . . . .   | 155,601.   | 45   | 487,466.           |            |
|   | 46 Savings and temporary cash investments . . . . .  |  | 46   |                    |            |
|   | 47a Accounts receivable . . . . .  | 47a  |      |                    |            |
|   | b Less: allowance for doubtful accounts . . . . .  | 47b  |      | 47c                |            |
|   | 48a Pledges receivable . . . . .   | 48a  |      |                    |            |
|   | b Less: allowance for doubtful accounts . . . . .  | 48b  |      | 48c                |            |
|   | 49 Grants receivable . . . . .   |  | 49   |                    |            |
|   | 50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule) . . . . .   |  | 50a  |                    |            |
|   | b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) . . . . .           |  | 50b  |                    |            |
|   | 51a Other notes and loans receivable (attach schedule) . . . . .   | 51a  |      |                    |            |
|   | b Less: allowance for doubtful accounts . . . . .  | 51b  |      | 51c                |            |
|   | 52 Inventories for sale or use . . . . .   |  | 52   |                    |            |
|   | 53 Prepaid expenses and deferred charges . . . . .   | STMT. 4 . . . . .  | NONE | 53                 | 100,000.   |
|   | 54a Investments - publicly-traded securities . . . . .   | <input type="checkbox"/> Cost <input type="checkbox"/> FMV |      | 54a                |            |
|   | b Investments - other securities (attach schedule) . . . . .   | <input type="checkbox"/> Cost <input type="checkbox"/> FMV |      | 54b                |            |
|   | 55a Investments - land, buildings, and equipment: basis . . . . .  | 55a  |      |                    |            |
|   | b Less: accumulated depreciation (attach schedule) . . . . .   | 55b  |      | 55c                |            |
|   | 56 Investments - other (attach schedule) . . . . .   | STMT. 5 . . . . .  | NONE | 56                 | 1,052,979. |
|   | 57a Land, buildings, and equipment: basis . . . . .  | 57a  |      |                    |            |
|   | b Less: accumulated depreciation (attach schedule) . . . . .   | 57b  |      | 57c                |            |
| 58 Other assets, including program-related investments (describe <input type="checkbox"/> _____ ) . . . . . |  |  | 58   |                    |            |
| 59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58 . . . . .                              |  | 155,601.   | 59   | 1,640,445.         |            |
| Liabilities   | 60 Accounts payable and accrued expenses . . . . .   | NONE   | 60   | 1,190.             |            |
|   | 61 Grants payable . . . . .  |  | 61   |                    |            |
|   | 62 Deferred revenue . . . . .  |  | 62   |                    |            |
|   | 63 Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .   |  | 63   |                    |            |
|   | 64a Tax-exempt bond liabilities (attach schedule) . . . . .  |  | 64a  |                    |            |
|   | b Mortgages and other notes payable (attach schedule) . . . . .  |  | 64b  |                    |            |
|   | 65 Other liabilities (describe <input type="checkbox"/> _____ ) . . . . .  |  | 65   |                    |            |
| 66 <b>Total liabilities.</b> Add lines 60 through 65 . . . . .  |  | NONE   | 66   | 1,190.             |            |
| Net Assets or Fund Balances   | <b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>                           |  |      |                    |            |
|   | 67 Unrestricted . . . . .  | 155,601.   | 67   | 1,639,255.         |            |
|   | 68 Temporarily restricted . . . . .  |  | 68   |                    |            |
|   | 69 Permanently restricted . . . . .  |  | 69   |                    |            |
|   | <b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.</b>  |  |      |                    |            |
|   | 70 Capital stock, trust principal, or current funds . . . . .  |  | 70   |                    |            |
|   | 71 Paid-in or capital surplus, or land, building, and equipment fund . . . . .   |  | 71   |                    |            |
|   | 72 Retained earnings, endowment, accumulated income, or other funds . . . . .  |  | 72   |                    |            |
|   | 73 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21) . . . . . | 155,601.   | 73   | 1,639,255.         |            |
|   | 74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 . . . . .  | 155,601.   | 74   | 1,640,445.         |            |



Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Table with 3 columns: Question, Yes, No. Rows include 75a (total number of officers... 3), 75b (Are any officers... relationships? X), 75c (Do any officers... compensation? X), and 75d (Does the organization have a written conflict of interest policy? X).

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation, (D) Contributions to employee benefit plans, (E) Expense account and other allowances. The first row shows -0- in columns B, C, D, and E.

Part VI Other Information (See the instructions.)

Table with 3 columns: Question, Yes, No. Rows include 76 (change in activities? X), 77 (changes in organizing documents? X), 78a (unrelated business gross income? X), 78b (tax return on Form 990-T? X), 79 (liquidation, dissolution, etc.? X), 80a (organization related through common membership? X), 81a (political expenditures? NONE), and 81b (Form 1120-POL filed? X).

Part VI Other Information (continued)

|     |  | Yes | No  |
|-----|--|-----|---|
| 82a | Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?  | 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)  |     |   |
| 82b |  |     | 8,800.                                    |
| 83a | Did the organization comply with the public inspection requirements for returns and exemption applications?  | X   |   |
| 83b | Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?  | X   |   |
| 84a | Did the organization solicit any contributions or gifts that were not tax deductible?  |     | X   |
| 84b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  |     | N/A                                       |
| 85a | 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?  |     | N/A                                       |
| 85b | Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.                                     |     | N/A                                       |
| 85c | Dues, assessments, and similar amounts from members  |     | N/A                                       |
| 85d | Section 162(e) lobbying and political expenditures   |     | N/A                                       |
| 85e | Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices   |     | N/A                                       |
| 85f | Taxable amount of lobbying and political expenditures (line 85d less 85e)  |     | N/A                                       |
| 85g | Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?  |     | N/A                                       |
| 85h | If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?   |     | N/A                                       |
| 86a | 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12   |     | N/A                                       |
| 86b | Gross receipts, included on line 12, for public use of club facilities   |     | N/A                                       |
| 87a | 501(c)(12) orgs. Enter: a Gross income from members or shareholders  |     | N/A                                       |
| 87b | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them)   |     | N/A                                       |
| 88a | At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX                     |     | X   |
| 88b | At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI  |     | X   |
| 89a | 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911   |     | N/A                                       |
|     | section 4912   |     | N/A                                       |
|     | section 4955   |     | N/A                                       |
| 89b | 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction                             |     | X   |
|     | Enter. Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  |     | N/A                                       |
|     | Enter. Amount of tax on line 89c, above, reimbursed by the organization  |     | N/A                                       |
| 89e | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?  |     | X   |
| 89f | All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?  |     | X   |
| 89g | For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  |     | X   |
| 90a | List the states with which a copy of this return is filed  |     | CA  |
| 90b | Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)  |     |   |
| 91a | The books are in care of   |     | SCOTT FIFER                               |
|     | Located at   |     | 1026 OCEAN PARK BLVD. #1 SANTA MONICA, CA |
|     | Telephone no   |     | 310-396-6343                              |
|     | ZIP + 4  |     | 90405                                     |
| 91b | At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country |     | X   |
|     | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  |     |   |

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States?
If "Yes," enter the name of the foreign country
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here
and enter the amount of tax-exempt interest received or accrued during the tax year

Part VII Analysis of Income-Producing Activities (See the instructions.)

Table with 5 columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include 93 Program service revenue, 94 Membership dues and assessments, 95 Interest on savings and temporary cash investments, 96 Dividends and interest from securities, 97 Net rental income or (loss) from real estate, 98 Net rental income or (loss) from personal property, 99 Other investment income, 100 Gain or (loss) from sales of assets other than inventory, 101 Net income or (loss) from special events, 102 Gross profit or (loss) from sales of inventory, 103 Other revenue, 104 Subtotal, 105 Total.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Table with 2 columns: Line No., Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

Table with 5 columns: (A) Name, address, and EIN of corporation, partnership, or disregarded entity; (B) Percentage of ownership interest; (C) Nature of activities; (D) Total income; (E) End-of-year assets.

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?
Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).



**Part XI Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13).

**106** Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

|     |    |
|-----|----|
| Yes | No |
|     | X  |

|               | (A)<br>Name, address, of each controlled entity | (B)<br>Employer Identification Number | (C)<br>Description of transfer | (D)<br>Amount of transfer |
|---------------|---|---------------------------------------|--------------------------------|---------------------------|
| a             | -----   |                                       |                                |                           |
| b             | -----   |                                       |                                |                           |
| c             | -----   |                                       |                                |                           |
| <b>Totals</b> |   |                                       |                                |                           |

**107** Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

|     |    |
|-----|----|
| Yes | No |
|     | X  |

|               | (A)<br>Name, address, of each controlled entity | (B)<br>Employer Identification Number | (C)<br>Description of transfer | (D)<br>Amount of transfer |
|---------------|---|---------------------------------------|--------------------------------|---------------------------|
| a             | -----   |                                       |                                |                           |
| b             | -----   |                                       |                                |                           |
| c             | -----   |                                       |                                |                           |
| <b>Totals</b> |   |                                       |                                |                           |

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

|     |    |
|-----|----|
| Yes | No |
|     | X  |

**Please Sign Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: SCOTT FIFER Date: NOV 17 2008

Type or print name and title: SCOTT FIFER PRESIDENT

**Paid Preparer's Use Only**

Preparer's signature: [Signature] Date: 11/14/08 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: ROSSI, DOSKOCIL & FINKELSTEIN LLP EIN: 95-4091474

400 OCEANGATE, SUITE 1000 Phone no: 562-495-3325

LONG BEACH, CA 90802

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

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

**Supplementary Information - (See separate instructions.)**

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

OMB No 1545-0047

**2007**

Name of the organization

**TUNAHAKI FOUNDATION**

Employer identification number

**20-4542914**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

| (a) Name and address of each employee paid more than \$50,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other 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 . . . . . ▶

**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 \$50,000 for other services . . . . . ▶

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B.)

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)

a Sale, exchange, or leasing of property?

2a X

b Lending of money or other extension of credit?

2b X

c Furnishing of goods, services, or facilities?

2c X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

2d X

e Transfer of any part of its income or assets?

2e X

3a Did the organization make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)

3a X

b Did the organization have a section 403(b) annuity plan for its employees?

3b X

c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement

3c X

d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

3d X

4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g

4a X

b Did the organization make any taxable distributions under section 4966?

4b N/A

c Did the organization make a distribution to a donor, donor advisor, or related person?

4c N/A

d Enter the total number of donor advised funds owned at the end of the tax year

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year

f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the rights to provide advice on the distribution or investment of amounts in such funds or accounts

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

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is. (Please check only **ONE** applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state  \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11 a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11 b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization.
  - Type I
  - Type II
  - Type III - Functionally Integrated
  - Type III - Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

| (a)<br>Name(s) of supported organization(s) | (b)<br>Employer identification number (EIN) | (c)<br>Type of organization (described in lines 5 through 12 above or IRC section) | (d)<br>Is the supported organization listed in the supporting organization's governing documents? |    | (e)<br>Amount of support |
|---|---|--|---|----|--------------------------|
|   |   |  | Yes   | No |                          |
|   |   |  |   |    |                          |
|   |   |  |   |    |                          |
|   |   |  |   |    |                          |
|   |   |  |   |    |                          |
|   |   |  |   |    |                          |
|   |   |  |   |    |                          |
|   |   |  |   |    |                          |
| <b>Total</b> .....                          |   |  |   |    |                          |

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 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.

Table with columns: Calendar year (or fiscal year beginning in), (a) 2006, (b) 2005, (c) 2004, (d) 2003, (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends; 19 Net income from unrelated business activities; 20 Tax revenues levied for the organization's benefit; 21 The value of services or facilities furnished to the organization by a governmental unit without charge; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23; 26 Organizations described on lines 10 or 11; 27 Organizations described on line 12.

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

**Part V Private School Questionnaire** (See page 9 of the instructions.) **NOT APPLICABLE**  
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

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

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 11 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**

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

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

|   | (a)<br>Affiliated group<br>totals | (b)<br>To be completed<br>for all electing<br>organizations |
|---|-----------------------------------|---|
| <b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) . . .   | <b>36</b>                         |   |
| <b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .   | <b>37</b>                         |   |
| <b>38</b> Total lobbying expenditures (add lines 36 and 37) . . . . .   | <b>38</b>                         |   |
| <b>39</b> Other exempt purpose expenditures . . . . .   | <b>39</b>                         |   |
| <b>40</b> Total exempt purpose expenditures (add lines 38 and 39) . . . . .   | <b>40</b>                         |   |
| <b>41</b> Lobbying nontaxable amount Enter the amount from the following table -<br><b>If the amount on line 40 is -                      The lobbying nontaxable amount is -</b> |                                   |   |
| Not over \$500,000 . . . . . 20% of the amount on line 40 . . . . .   |                                   |   |
| Over \$500,000 but not over \$1,000,000 . . . \$100,000 plus 15% of the excess over \$500,000   |                                   |   |
| Over \$1,000,000 but not over \$1,500,000 . . \$175,000 plus 10% of the excess over \$1,000,000   | <b>41</b>                         |   |
| Over \$1,500,000 but not over \$17,000,000 . \$225,000 plus 5% of the excess over \$1,500,000   |                                   |   |
| Over \$17,000,000 . . . . . \$1,000,000 . . . . .   |                                   |   |
| <b>42</b> Grassroots nontaxable amount (enter 25% of line 41) . . . . .   | <b>42</b>                         |   |
| <b>43</b> Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36 . . . . .   | <b>43</b>                         |   |
| <b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 . . . . .  | <b>44</b>                         |   |

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the instructions for lines 45 through 50 on page 13 of the instructions.)

| Calendar year (or fiscal year beginning in) ►                      | Lobbying Expenditures During 4-Year Averaging Period |             |             |             |              |
|--|--|-------------|-------------|-------------|--------------|
|  | (a)<br>2007  | (b)<br>2006 | (c)<br>2005 | (d)<br>2004 | (e)<br>Total |
| <b>45</b> Lobbying nontaxable amount . . . . .                     |  |             |             |             |              |
| <b>46</b> Lobbying ceiling amount (150% of line 45(e)) . . . . .   |  |             |             |             |              |
| <b>47</b> Total lobbying expenditures                              |  |             |             |             |              |
| <b>48</b> Grassroots nontaxable amount . . . . .                   |  |             |             |             |              |
| <b>49</b> Grassroots ceiling amount (150% of line 48(e)) . . . . . |  |             |             |             |              |
| <b>50</b> Grassroots lobbying expenditures . . . . .               |  |             |             |             |              |

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

**NOT APPLICABLE**

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

| During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | Yes | No | Amount |
|---|-----|----|--------|
| <b>a</b> Volunteers . . . . .   |     |    |        |
| <b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h) . . . . .  |     |    |        |
| <b>c</b> Media advertisements . . . . .   |     |    |        |
| <b>d</b> Mailings to members, legislators, or the public . . . . .  |     |    |        |
| <b>e</b> Publications, or published or broadcast statements . . . . .   |     |    |        |
| <b>f</b> Grants to other organizations for lobbying purposes . . . . .  |     |    |        |
| <b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body . . . . .   |     |    |        |
| <b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . . . .   |     |    |        |
| <b>i</b> Total lobbying expenditures (Add lines c through h.) . . . . .   |     |    |        |

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 14 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

Table with 3 columns: Question, Yes, No. Rows include: (i) Cash, (ii) Other assets, (i)-(vi) Other transactions, and (c) Sharing of facilities, equipment, mailing lists, other assets, or paid employees.

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. First row contains 'N/A'.

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? [ ] Yes [X] No

b If "Yes," complete the following schedule

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. First row contains 'N/A'.



FORM 990, PART I - OTHER INVESTMENT INCOME  
=====

| DESCRIPTION<br>-----                              | AMOUNT<br>-----    |
|---|--------------------|
| RESIDUAL INVESTMENT INCOME NET OF INVEST EXPENSES | -247,223.<br>----- |
| TOTAL   | -247,223.<br>===== |

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES  
=====

| DESCRIPTION<br>-----            | AMOUNT<br>----- |
|---------------------------------|-----------------|
| INCOME TAX BENEFIT              | 100,000.        |
| BOOK AND TAX DIFFERENCE FOR UBI | 299,072.        |
|                                 | -----           |
| TOTAL                           | 399,072.        |
|                                 | =====           |

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

=====

TUNAHAKI FOUNDATION IS DEDICATED TO PROVIDING SELF-SUSTAINING FUTURES FOR ORPHANS AND VNERABLE 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 VNERABLE CHILDREN AND WORK WITH THE LOCAL ORGANIZATIONS TO IDENTIFY THEIR GREATEST NEEDS, AND TO CREATE PLANS WHICH CAN ASSIST THE PROGRAM 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.

FORM 990, PART IV - PREPAID EXPENSES AND DEFERRED CHARGES

=====

| DESCRIPTION               | ENDING<br>BOOK VALUE       |
|---------------------------|----------------------------|
| -----                     | -----                      |
| DEFERRED INCOME TAX ASSET | 100,000.                   |
| TOTALS                    | -----<br>100,000.<br>===== |

FORM 990, PART IV - INVESTMENTS - OTHER

=====

| DESCRIPTION                | ENDING<br>BOOK VALUE         |
|----------------------------|------------------------------|
| -----                      | -----                        |
| RESIDUAL INTEREST IN TRUST | 1,052,979.                   |
| TOTALS                     | -----<br>1,052,979.<br>===== |

FORM 990, PART IV-A - OTHER REVENUE ON BOOKS BUT NOT ON RETURN

DESCRIPTION

AMOUNT

OTHER INVEST INCOME PER BOOK

51,849.

TOTAL

51,849.

FORM 990, PART IV-A - OTHER REVENUE ON RETURN BUT NOT ON BOOKS

| DESCRIPTION<br>-----      | AMOUNT<br>----- |
|---------------------------|-----------------|
| UBI INCOME PER TAX RETURN | -247,223.       |
|                           | -----           |
| TOTAL                     | -247,223.       |
|                           | =====           |

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

| NAME AND ADDRESS  | TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION | COMPENSATION | CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS | EXPENSE ACCT AND OTHER ALLOWANCES |
|---|--|--------------|---|-----------------------------------|
| SCOTT FIFER<br>1026 OCEAN PARK BLVD. #1<br>SANTA MONICA, CA 90405     | EXECUTIVE DIRECTOR<br>40.00                          | NONE         | NONE                                    | NONE                              |
| ZOE MARINKOVICH<br>1026 OCEAN PARK BLVD. #1<br>SANTA MONICA, CA 90405 | DIRECTOR<br>1.00                                     | NONE         | NONE                                    | NONE                              |
| KAREN LORRE<br>1026 OCEAN PARK BLVD. #1<br>SANTA MONICA, CA 90405     | DIRECTOR<br>1.00                                     | NONE         | NONE                                    | NONE                              |
| GRAND TOTALS  |  | NONE         | NONE                                    | NONE                              |