

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2005

Department of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)Open to Public
Inspection

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

A For the 2005 calendar year, or tax year beginning 7/01, 2005, and ending 6/30, 2006

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use
IRS label
or print
or type.
See
specific
instruc-
tions.SAN FERNANDO VALLEY ASSOCIATION FOR THE
RETARDED, INC.
15725 PARTHENIA STREET
NORTH HILLS, CA 91343

D Employer Identification Number

95-1862084

E Telephone number

(818) 894-9301

F Accounting method

☐ Cash ☒ Accrual☐ Other (specify) ▶Section 501(c)(3) organizations and 4947(a)(1) nonexempt
charitable trusts must attach a completed Schedule A
(Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations

H (a) Is this a group return for affiliates? ☐ Yes ☒ No

H (b) If 'Yes,' enter number of affiliates ▶

H (c) Are all affiliates included? ☐ Yes ☐ No

(If 'No,' attach a list. See instructions.)

H (d) Is this a separate return filed by an
organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number ▶

M Check ☒ if the organization is not required
to attach Schedule B (Form 990, 990-EZ, or 990-PF).

G Web site: ▶ NHSFVAR.ORG

J Organization type
(check only one)☒ 501(c) 3 (insert no) ☐ 4947(a)(1) or ☐ 527K Check here ☐ if the organization's gross receipts are normally not more than
\$25,000. The organization need not file a return with the IRS, but if the organization
chooses to file a return, be sure to file a complete return. Some states require a
complete return.

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 10,069,210.

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

1 Contributions, gifts, grants, and similar amounts received

a Direct public support

1 a 372,166.

b Indirect public support

1 b

c Government contributions (grants)

1 c 7,437,937.

d Total (add lines 1a through 1c) (cash \$ 7,628,108. noncash \$ 181,995.)

1 d 7,810,103.

2 Program service revenue including government fees and contracts (from Part VII, line 93)

2 1,526,167.

3 Membership dues and assessments

3

4 Interest on savings and temporary cash investments

4 41,543.

5 Dividends and interest from securities

5

6a Gross rents

6 a

b Less rental expenses

6 b

c Net rental income or (loss) (subtract line 6b from line 6a)

6 c

7 Other investment income (describe ▶)

7

8a Gross amount from sales of assets other
than inventory

(A) Securities

(B) Other

684,747. 8 a 6,650.

b Less cost or other basis and sales expenses

683,367. 8 b 3,040.

c Gain or (loss) (attach schedule) STATEMENT 1

1,380. 8 c 3,610.

d Net gain or (loss) (combine line 8c, columns (A) and (B))

8 d 4,990.

9 Special events and activities (attach schedule) If any amount is from gaming, check here ☐a Gross revenue (not including \$ of contributions
reported on line 1a)

9 a

b Less direct expenses other than fundraising expenses

9 b

c Net income or (loss) from special events (subtract line 9b from line 9a)

9 c

10a Gross sales of inventory, less returns and allowances

10 a

b Less cost of goods sold

10 b

c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)

10 c

11 Other revenue (from Part VII, line 103)

11

12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)

12 9,382,803.

13 Program services (from line 44, column (B))

13 8,019,698.

14 Management and general (from line 44, column (C))

14 1,183,596.

15 Fundraising (from line 44, column (D))

15 369,412.

16 Payments to affiliates (attach schedule)

16

17 Total expenses (add lines 16 and 44, column (A))

17 9,572,706.

18 Excess or (deficit) for the year (subtract line 17 from line 12)

18 -189,903.

19 Net assets or fund balances at beginning of year (from line 73, column (A))

19 5,550,431.

20 Other changes in net assets or fund balances (attach explanation)

SEE STATEMENT 2

20 27,914.

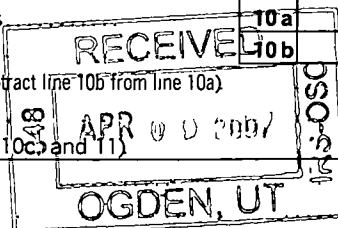
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)

21 5,388,442.

SCANNED APR 30 2007

EXPENSES

ASSETS



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.

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
22	Grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22			
23	Specific assistance to individuals (att sch)	23			
24	Benefits paid to or for members (att sch)	24			
25	Compensation of officers, directors, etc.	25	160,000.	8,001.	138,520.
26	Other salaries and wages	26	4,731,204.	4,089,214.	486,205.
27	Pension plan contributions	27			
28	Other employee benefits	28	281,289.	234,642.	39,449.
29	Payroll taxes	29	364,462.	309,145.	42,606.
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32			
33	Supplies	33	114,075.	95,632.	15,138.
34	Telephone	34	62,881.	51,968.	9,796.
35	Postage and shipping	35			
36	Occupancy	36			
37	Equipment rental and maintenance	37	272,000.	256,479.	13,485.
38	Printing and publications	38			
39	Travel	39			
40	Conferences, conventions, and meetings	40			
41	Interest	41	70,458.	61,316.	
42	Depreciation, depletion, etc (attach schedule)	42	302,638.	226,392.	70,193.
43	Other expenses not covered above (itemize)				
a	SEE STATEMENT 3	43a	3,213,699.	2,686,909.	368,204.
b		43b			
c		43c			
d		43d			
e		43e			
f		43f			
g		43g			
44	Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	9,572,706.	8,019,698.	1,183,596.
					369,412.

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 ☐ 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 \$ _____

BAA

Form 990 (2005)

Part III Statement of Program Service Accomplishments

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.

What is the organization's primary exempt purpose? ► SEE STATEMENT 4

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others.)

a SEE STATEMENT 5

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

8,019,698.

b

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

c

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

d

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

e Other program services

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

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

8,019,698.

BAA

Form 990 (2005)

Part IV Balance Sheets (See Instructions)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash — non-interest-bearing		45	
	46 Savings and temporary cash investments	986,778.	46	880,720.
	47a Accounts receivable	47a 1,182,852.		
	b Less: allowance for doubtful accounts	47b 163,499.	875,862.	47c 1,019,353.
	48a Pledges receivable	48a 97,233.		
	b Less: allowance for doubtful accounts	48b 20,683.	238,387.	48c 76,550.
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes & loans receivable (attach sch)	51a 765,547.		
	b Less: allowance for doubtful accounts	51b 765,547.		51c
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	147,659.	53	11,178.
	54 Investments — securities (attach schedule) SEE ST 6 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	1,029,004.	54	1,069,879.
	55a Investments — land, buildings, & equipment basis	55a		
	b Less: accumulated depreciation (attach schedule)	55b		55c
56 Investments — other (attach schedule) SEE STMT 7	56,531.	56	61,983.	
57a Land, buildings, and equipment basis	57a 8,697,183.			
b Less: accumulated depreciation (attach schedule) STATEMENT 8	57b 3,211,973.	3,800,981.	57c 5,485,210.	
58 Other assets (describe <input type="checkbox"/> SEE STATEMENT 9)	37,689.	58	44,976.	
59 Total assets (must equal line 74) Add lines 45 through 58	7,172,891.	59	8,649,849.	
LIABILITIES	60 Accounts payable and accrued expenses	620,942.	60	696,640.
	61 Grants payable		61	
	62 Deferred revenue		62	849,167.
	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) SEE STATEMENT 10	1,001,518.	64b	1,715,600.
	65 Other liabilities (describe <input type="checkbox"/>)		65	
66 Total liabilities. Add lines 60 through 65	1,622,460.	66	3,261,407.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	5,312,044.	67	5,311,892.
	68 Temporarily restricted	238,387.	68	76,550.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	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 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	5,550,431.	73	5,388,442.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	7,172,891.	74	8,649,849.

BAA

Form 990 (2005)

Part 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 substantially less than fair rental value?	X	
82 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.)		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83 b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85 a	501(c)(4), (5), or (6) organizations Were substantially all dues nondeductible by members?	N/A	
85 b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	
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.			
85 c	Dues, assessments, and similar amounts from members	N/A	
85 d	Section 162(e) lobbying and political expenditures	N/A	
85 e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A	
85 f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	
85 g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
85 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 following tax year?	N/A	
86 a	501(c)(7) organizations Enter Initiation fees and capital contributions included on line 12	N/A	
86 b	Gross receipts, included on line 12, for public use of club facilities	N/A	
87 a	501(c)(12) organizations Enter Gross income from members or shareholders	N/A	
87 b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	N/A	
88	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
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0.</u> , section 4912 <u>0.</u> , section 4955 <u>0.</u>		
89 b	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? If 'Yes,' attach a statement explaining each transaction		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter Amount of tax on line 89c, above, reimbursed by the organization		0.
90 a	List the states with which a copy of this return is filed <u>CA</u>		
90 b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions)		232
91 a	The books are in care of <u>DIANE THORSELL</u> Telephone number <u>(818) 894-9301</u> Located at <u>NEW HORIZONS, 15725 PARTHENIA ST, NORTH HILLS CA</u> ZIP + 4 <u>91343</u>		
91 b	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
91 c	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Statements 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		X
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	N/A	

BAA

Form 990 (2005)

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

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a CAFE SALES					373,908.
b WORKSHOP PROJECTS					1,152,259.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	41,543.	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	4,990.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				46,533.	1,526,167.
105 Total (add line 104, columns (B), (D), and (E))					1,572,700.

Note: Line 105 plus line 1d, 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)

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)
1	SEE STATEMENT 13

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

(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
N/A	%			
	%			
	%			
	%			

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?

☐ Yes ☒ No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

☐ Yes ☒ No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions)

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 X Diane Thorsell	Date 3-15-07
Paid Preparer's Use Only	Type or print name and title Diane Thorsell, Director of Finance	
	Preparer's signature X [Signature]	Date 3/16/07
	Firm's name (or yours if self-employed), address, and ZIP + 4 RBZ, LLP 11755 WILSHIRE BLVD. SUITE 900 LOS ANGELES, CA 90025-1506	Preparer's SSN or PTIN (See General instruction W) N/A EIN N/A Phone no (310) 478-4148

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

2005Name of the organization **SAN FERNANDO VALLEY ASSOCIATION FOR THE**
RETARDED, INC.

Employer identification number

95-1862084**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See 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 and deferred compensation	(e) Expense account and other allowances
<u>SEE STATEMENT 14</u>		423,140.	23,017.	0.
Total number of other employees paid over \$50,000	7			

Part II — A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See 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
<u>MARY DAVIS CRAIG</u> <u>5128 S. CHARITON AVE. LOS ANGELES, CA 90056</u>	NURSING SERVICES	82,890.
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 instructions)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>TYNER PAVING COMPANY</u> <u>2005 SAN FERNANDO ROAD LOS ANGELES, CA 90065-1235</u>	REPAVING SERVICE	65,519.
Total number of other contractors receiving over \$50,000 for other services	0	

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2005

Part III Statements About Activities (See 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 ▶ \$ N/A
- (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)?

SEE FORM 990, PART V

2d X

e Transfer of any part of its income or assets?

2e X

- 3a Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments)

3a X

b Do you have a section 403(b) annuity plan for your employees?

3b X

c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?

3c X

- 4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?

4a X

b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?

4b X

Part IV Reason for Non-Private Foundation Status (See instructions)

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)
- 11a ☒ 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)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12 ☐ An organization that normally receives (1) more than 33-1/3% 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 supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) Check the box that describes the type of supporting organization ▶ ☐ Type 1 ☐ Type 2 ☐ Type 3

Provide the following information about the supported organizations (See instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See 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 beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	7,563,070.	6,816,212.	7,432,304.	6,445,617.	28,257,203.
16 Membership fees received					0.
17 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	1,050,707.	920,688.	857,302.	885,637.	3,714,334.
18 Gross income from interest, 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	35,488.	16,708.	25,498.	56,907.	134,601.
19 Net income from unrelated business activities not included in line 18					0.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0.
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.					0.
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					0.
23 Total of lines 15 through 22	8,649,265.	7,753,608.	8,315,104.	7,388,161.	32,106,138.
24 Line 23 minus line 17	7,598,558.	6,832,920.	7,457,802.	6,502,524.	28,391,804.
25 Enter 1% of line 23	86,493.	77,536.	83,151.	73,882.	

26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24	26a	567,836.
b 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 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.		26b	
c Total support for section 509(a)(1) test. Enter line 24, column (e).		26c	28,391,804.
d Add Amounts from column (e) for lines 18 134,601. 19 22 26b		26d	134,601.
e Public support (line 26c minus line 26d total)		26e	28,257,203.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		26f	99.53 %

27 Organizations described on line 12:	N/A
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. (2004) _____ (2003) _____ (2002) _____ (2001) _____	
b 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. (2004) _____ (2003) _____ (2002) _____ (2001) _____	
c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____	27c
d Add Line 27a total _____ and line 27b total _____	27d
e Public support (line 27c total minus line 27d total)	27e
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)	27f
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))	27h %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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 instructions)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

	Yes	No
29 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?		
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?		
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? If 'Yes,' please describe, if 'No,' please explain (If you need more space, attach a separate statement) ----- ----- -----		
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions?		
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		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities?		
If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement) ----- ----- -----		
34a Does the organization receive any financial aid or assistance from a governmental agency?		
b Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b, please explain using an attached statement		
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 B 587, covering racial nondiscrimination? If 'No,' attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions)
(To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

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

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)

Lobbying Expenditures During 4 -Year Averaging Period					
Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See instructions)

N/A

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

a Volunteers**b** Paid staff or management (Include compensation in expenses reported on lines **c** through **h**.)**c** Media advertisements**d** Mailings to members, legislators, or the public**e** Publications, or published or broadcast statements**f** Grants to other organizations for lobbying purposes**g** Direct contact with legislators, their staffs, government officials, or a legislative body**h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means**i** 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

BAA

Schedule A (Form 990 or 990-EZ) 2005

FEDERAL STATEMENTS
SAN FERNANDO VALLEY ASSOCIATION FOR THE
RETARDED, INC.

STATEMENT 1
FORM 990, PART I, LINE 8
NET GAIN (LOSS) FROM NONINVENTORY SALES

PUBLICLY TRADED SECURITIES

GROSS SALES PRICE: 684,747.
 COST OR OTHER BASIS: 683,367.

TOTAL GAIN (LOSS) PUBLICLY TRADED SECURITIES \$ 1,380.

OTHER ASSETS

DESCRIPTION:
 DATE ACQUIRED: VARIOUS
 HOW ACQUIRED: PURCHASE
 DATE SOLD: VARIOUS
 TO WHOM SOLD:
 GROSS SALES PRICE: 6,650.
 COST OR OTHER BASIS: 87,199.
 DEPRECIATION: 84,159.

GAIN (LOSS) 3,610.

TOTAL GAIN (LOSS) OTHER ASSETS \$ 3,610.

TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$ 4,990.

STATEMENT 2
FORM 990, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

UNREALIZED GAINS ON INVESTMENTS

TOTAL \$ 27,914.

STATEMENT 3
FORM 990, PART II, LINE 43
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
BAD DEBT	284,353.	135,136.	149,217.	
CLIENT PAYROLL	309,962.	309,962.		
CONSULTANTS	272,722.	241,645.	11,018.	20,059.
FOOD SERVICE PROGRAM	146,829.	146,829.		
FUNDRAISING ACTIVITIES	104,965.			104,965.
INSURANCE	681,817.	635,695.	42,112.	4,010.
MISCELLANEOUS	119,409.	14,777.	91,101.	13,531.
OFFICE EXPENSES	97,915.	65,980.	18,534.	13,401.
PROFESSIONAL FEES	84,413.	35,269.	49,144.	
RESIDENTIAL PROGRAM	578,436.	578,436.		
STAFF DEVELOPMENT AND RECRUITI	79,549.	79,549.		
UTILITIES	180,488.	170,790.	7,078.	2,620.

FEDERAL STATEMENTS
SAN FERNANDO VALLEY ASSOCIATION FOR THE
RETARDED, INC.

STATEMENT 3 (CONTINUED)
FORM 990, PART II, LINE 43
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
WORKSHOP AND CENTER PROGRAM	272,841.	272,841.		
TOTAL	\$ 3,213,699.	\$ 2,686,909.	\$ 368,204.	\$ 158,586.

STATEMENT 4
FORM 990, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

SAN FERNANDO VALLEY ASSOCIATION FOR THE RETARDED, INC., DOING BUSINESS AS NEW HORIZONS, PROVIDES SERVICES AND RESIDENTIAL PROGRAMS TO ENHANCE THE QUALITY OF LIFE TO CONSUMERS WITH DEVELOPMENTAL DISABILITIES. SERVICES PROVIDED TO CONSUMERS WITH DEVELOPMENTAL DISABILITIES INCLUDE RESIDENTIAL CARE, A SHELTERED WORKSHOP, SUPPORTED EMPLOYMENT, DAY ACTIVITIES, AND INDEPENDENT LIVING SUPPORT SERVICES

STATEMENT 5
FORM 990, PART III, LINE A
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
SAN FERNANDO VALLEY ASSOCIATION FOR THE RETARDED, INC., DOING BUSINESS AS NEW HORIZONS, OPERATES THE FOLLOWING PRIMARY PROGRAM SERVICE ACTIVITIES: (1) OPERATES 7 RESIDENTIAL CARE FACILITIES FOR DEVELOPMENTALLY DISABLED ADULTS AND PROVIDES SERVICES TO 5 OTHER RESIDENTIAL FACILITIES, (2) OPERATES A SHELTERED WORKSHOP PROGRAM, (3) PROVIDES SUPPORTED EMPLOYMENT SERVICES TO COMMUNITY BUSINESSES, (4) PROVIDES NUMEROUS DAY ACTIVITY PROGRAMS INCLUDING AN ART CENTER, COMPUTER LEARNING CENTER, COMMUNITY INTEGRATION PROGRAMS, AND LIFE SKILLS TRAINING AND RELATED SERVICES, AND (5) PROVIDES SUPPORTED LIVING SERVICES THAT ASSIST CONSUMERS TO LIVE INDEPENDENTLY IN THEIR OWN APARTMENTS AND HOMES.		8,019,698.
INCLUDES FOREIGN GRANTS: NO		
	\$ 0.	\$ 8,019,698.

STATEMENT 6
FORM 990, PART IV, LINE 54
INVESTMENTS - SECURITIES

CORPORATE STOCKS	VALUATION METHOD	AMOUNT
COMMON STOCKS	MARKET VALUE	\$ 10,878.
	TOTAL	\$ 10,878.

FEDERAL STATEMENTS
SAN FERNANDO VALLEY ASSOCIATION FOR THE
RETARDED, INC.

STATEMENT 6 (CONTINUED)
FORM 990, PART IV, LINE 54
INVESTMENTS - SECURITIES

<u>CORPORATE STOCKS</u>	<u>VALUATION METHOD</u>	<u>AMOUNT</u>
CORPORATE BONDS	MARKET VALUE	\$ 0.
<u>OTHER PUBLICLY TRADED SECURITIES</u>	<u>VALUATION METHOD</u>	<u>AMOUNT</u>
COMMERCIAL PAPER	MARKET VALUE	673,630.
INCOME MUTUAL FUNDS	MARKET VALUE	148,982.
EQUITY MUTUAL FUNDS	MARKET VALUE	136,389.
	TOTAL	\$ 959,001.
<u>OTHER SECURITIES</u>	<u>VALUATION METHOD</u>	<u>AMOUNT</u>
CERTIFICATES OF DEPOSIT	MARKET VALUE	100,000.
	TOTAL	\$ 100,000.
TOTAL INVESTMENTS - SECURITIES		<u>\$ 1,069,879.</u>

STATEMENT 7
FORM 990, PART IV, LINE 56
INVESTMENTS - OTHER

<u>DESCRIPTION OF INVESTMENT</u>	<u>VALUATION METHOD</u>	<u>BOOK VALUE</u>
CALIFORNIA COMMUNITY FOUNDATION	MARKET VALUE	\$ 61,983.
	TOTAL	<u>\$ 61,983.</u>

STATEMENT 8
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT

<u>CATEGORY</u>	<u>BASIS</u>	<u>ACCUM. DEPREC.</u>	<u>BOOK VALUE</u>
AUTOMOBILES / TRANSPORTATION EQUIPMENT	\$ 608,176.	\$ 295,174.	\$ 313,002.
FURNITURE AND FIXTURES	752,919.	560,857.	192,062.
MACHINERY AND EQUIPMENT	769,504.	501,327.	268,177.
BUILDINGS	4,900,838.	1,854,615.	3,046,223.
LAND	1,665,746.		1,665,746.
TOTAL	<u>\$ 8,697,183.</u>	<u>\$ 3,211,973.</u>	<u>\$ 5,485,210.</u>

FEDERAL STATEMENTS
SAN FERNANDO VALLEY ASSOCIATION FOR THE
RETARDED, INC.

STATEMENT 9
FORM 990, PART IV, LINE 58
OTHER ASSETS

REPLACEMENT RESERVES

\$ 44,976.
TOTAL \$ 44,976.

STATEMENT 10
FORM 990, PART IV, LINE 64B
MORTGAGES AND OTHER NOTES PAYABLE

MORTGAGES PAYABLEBALANCE DUE

LA COMMUNITY DEVELOPMENT DEPT
 HUD
 HUD
 HUD

\$ 251,878.
 236,814.
 237,782.
 236,291.

TOTAL MORTGAGES \$ 962,765.

OTHER NOTES PAYABLE

LENDER'S NAME: PERPETUAL HORIZONS
 RELATIONSHIP OF LENDER: SEE PAGE 6 QUESTION 80B
 REPAYMENT TERMS: MONTHLY INTEREST PMTS
 SECURITY PROVIDED: HORIZONS WEST LAND & BUILDING
 PURPOSE OF LOAN: ACQUISITION
 DESC. OF CONSIDERATION: CASH
 ORIGINAL AMOUNT: 752,835.
 BALANCE DUE:

\$ 752,835.

TOTAL OTHER NOTES PAYABLE \$ 752,835.

TOTAL \$ 1,715,600.

STATEMENT 11
FORM 990, PART V-A
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
CYNTHIA KAWA 15725 PARTHENIA STREET NORTH HILLS, CA 91343	EXECUTIVE DIREC 40	\$ 109,954.	\$ 5,460.	\$ 0.
SUE WEITKAMP 15725 PARTHENIA STREET NORTH HILLS, CA 91343	BOD PRESIDENT 1	0.	0.	0.
STAN BRYANT 15725 PARTHENIA STREET NORTH HILLS, CA 91343	BOD PRES-ELECT 1	0.	0.	0.

STATEMENT 11 (CONTINUED)
FORM 990, PART V-A
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
PAUL ELKINS 15725 PARTHENIA STREET NORTH HILLS, CA 91343	BOD VICE PRES 1	\$ 0.	\$ 0.	\$ 0.
LAWRENCE H. DIAMOND 15725 PARTHENIA STREET NORTH HILLS, CA 91343	BOD TREASURER 1	0.	0.	0.
MURIEL GOLDOJARB 15725 PARTHENIA STREET NORTH HILLS, CA 91343	BOD SECRETARY 1	0.	0.	0.
DICK BARTUS 15725 PARTHENIA STREET NORTH HILLS, CA 91343	PAST BOD PRES 1	0.	0.	0.
LARRY DANIELS 15725 PARTHENIA STREET NORTH HILLS, CA 91343	DIRECTOR 1	0.	0.	0.
LEILANI DOWNER 15725 PARTHENIA STREET NORTH HILLS, CA 91343	DIRECTOR 1	0.	0.	0.
JUDY FISHER 15725 PARTHENIA STREET NORTH HILLS, CA 91343	DIRECTOR 1	0.	0.	0.
MARGUERITE GOSSETT 15725 PARTHENIA STREET NORTH HILLS, CA 91343	DIRECTOR 1	0.	0.	0.
ROC CALDARONE 15725 PARTHENIA STREET NORTH HILLS, CA 91343	DIRECTOR 1	0.	0.	0.
JANET LATTO 15725 PARTHENIA STREET NORTH HILLS, CA 91343	DIRECTOR 1	0.	0.	0.
KEVIN MENTZEL 15725 PARTHENIA STREET NORTH HILLS, CA 91343	DIRECTOR 1	0.	0.	0.
DENNIS OWENS 15725 PARTHENIA STREET NORTH HILLS, CA 91343	DIRECTOR 1	0.	0.	0.

**Application for Extension of Time to File an
Exempt Organization Return**

OMB No. 1545-1709

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**Part I Automatic 3-Month Extension of Time** – Only submit original (no copies needed)**Form 990-T corporations** requesting an automatic 6-month extension – check this box and complete Part I only ☐*All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.***Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6-months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization		Employer identification number
	SAN FERNANDO VALLEY ASSOCIATION FOR THE RETARDED, INC.		95-1862084
	Number, street, and room or suite number. If a P.O. box, see instructions.		
	15725 PARTHENIA STREET		
	City, town or post office. For a foreign address, see instructions.		state ZIP code
	NORTH HILLS, CA 91343		

Check type of return to be filed (file a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ▶ DIANE THORSELL

Telephone No ▶ (818) 894-9301 FAX No ▶ (818) 891-3267

- If the organization does **not** have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the **whole group**, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until 5/15, 20 07, to file the exempt organization return for the organization named above. The extension is for the organization's return for▶ ☐ calendar year 20__ or▶ ☒ tax year beginning 7/01, 20 05, and ending 6/30, 20 06.**2** If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period**3a** If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.

\$ 0.

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.

\$ 0.

c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

\$ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**Form **8868** (Rev. 12-2004)

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box ☒

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time – Must File Original and One Copy.

Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization	Employer identification number For IRS use only	
	SAN FERNANDO VALLEY ASSOCIATION FOR THE RETARDED, INC.		95-1862084
	Number, street, and room or suite number. If a P.O. box, see instructions		
	15725 PARTHENIA STREET		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions		
	NORTH HILLS, CA 91343		

Check type of return to be filed (File a separate application for each return)

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 4720	

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of **DIANE THORSELL**
Telephone No. **(818) 894-9301** FAX No. **(818) 891-3267**
- If the organization does **not** have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return**, enter the organizations four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐ If it is **part** of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until 5/15, 20 07

5 For calendar year _____, or other tax year beginning 7/01, 20 05, and ending 6/30, 20 06

6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____

c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ _____

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature [Signature] Title CPA Date 2/14/07

Notice to Applicant – To be Completed by the IRS

- ☐ We **have** approved this application. Please attach this form to the organization's return
- ☐ We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely filed return. Please attach this form to the organization's return
- ☐ We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period
- ☐ We **cannot consider** this application because it was filed after the extended due date of the return for which an extension was requested
- ☐ Other. _____

Director _____ By _____ Date _____

Alternate Mailing Address – Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Type or print	Name
	RBZ, LLP
	Number and street (include suite, room, or apartment number) or a P.O. box number
	11755 WILSHIRE BLVD. SUITE 900
	City or town, province or state, and country (including postal or ZIP code)
	LOS ANGELES, CA 90025-1506