

Form **990**
 Department of the Treasury
 Internal Revenue Service

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

OMB No. 1545-0047

2006

Open to Public Inspection

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

A For the 2006 calendar year, or tax year beginning _____, **and ending** _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return
 Amended return
 Application pending

C Name of organization
The Sundari Foundation, Inc.

D Employer identification number
81-0652266

E Telephone number
305-613-1573

F Accounting method: Cash
 Accrual Other (specify) _____

G Website: **N/A**

J Organization type
 (check only one) 501(c) (**3**) t (insert no.) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **1,626,903**

H and are not applicable to section 527 organizations. I
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 Sch. B (Form 990, 990-EZ, or 990-PF).

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)			
1 Contributions, gifts, grants, and similar amounts received:			
a Contributions to donor advised funds		1a	
b Direct public support (not included on line 1a)		1b	1,237,409
c Indirect public support (not included on line 1a)		1c	
d Government contributions (grants) (not included on line 1a)		1d	270,831
e Total (add lines 1a through 1d) (cash \$ 1,294,671 noncash \$ 213,569)		1e	1,508,240
2 Program service revenue including government fees and contracts (from Part VII, line 93)		2	
3 Membership dues and assessments		3	
4 Interest on savings and temporary cash investments		4	
5 Dividends and interest from securities		5	
6a Gross rents		6a	
b Less: rental expenses		6b	
c Net rental income or (loss). Subtract line 6b from line 6a		6c	
7 Other investment income (describe ▶ See Statement 1)		7	14,918
8a Gross amount from sales of assets other than inventory		(A) Securities	(B) Other
b Less: cost or other basis and sales expenses		8a	
c Gain or (loss) (attach schedule)		8b	
d Net gain or (loss). Combine line 8c, columns (A) and (B)		8c	
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		8d	
a Gross revenue (not including \$ _____ of contributions reported on line 1b)		9a	103,745
b Less: direct expenses other than fundraising expenses		9b	
c Net income or (loss) from special events. Subtract line 9b from line 9a		9c	103,745
10a Gross sales of inventory, less returns and allowances		10a	
b Less: cost of goods sold		10b	
c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a		10c	
11 Other revenue (from Part VII, line 103)		11	
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11		12	1,626,903
13 Program services (from line 44, column (B))		13	441,546
14 Management and general (from line 44, column (C))		14	19,416
15 Fundraising (from line 44, column (D))		15	78,681
16 Payments to affiliates (attach schedule)		16	
17 Total expenses. Add lines 16 and 44, column (A)		17	539,643
18 Excess or (deficit) for the year. Subtract line 17 from line 12		18	1,087,260
19 Net assets or fund balances at beginning of year (from line 73, column (A))		19	488,078
20 Other changes in net assets or fund balances (attach explanation) See Statement 2		20	411,191
21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20		21	1,986,529

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.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b Other grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule)	25a			
b Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)	25b			
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c			
26 Salaries and wages of employees not included on lines 25a, b, and c	26	76,341	76,341	
27 Pension plan contributions not included on lines 25a, b, and c	27			
28 Employee benefits not included on lines 25a – 27	28			
29 Payroll taxes	29			
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33	5,008	5,008	
34 Telephone	34	5,819	5,819	
35 Postage and shipping	35			
36 Occupancy	36	56,000	54,880	1,120
37 Equipment rental and maintenance	37			
38 Printing and publications	38			
39 Travel	39			
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42	7,292	7,146	146
43 Other expenses not covered above (itemize):				
a See Statement 3	43a	389,183	297,360	13,142
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g	43g			
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	539,643	441,546	19,416

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 \$ _____

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

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

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) orgs., and 4947(a)(1) trusts; but optional for others.)
a Operation of shelter and resource center for homeless women. Provided shelter, food, clothing and wrap-around support services to over 74 women during the year. (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	441,546
b See Statement 5 (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	
c (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	
d (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	441,546

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) Beginning of year		(B) End of year	
Assets	45	Cash-non-interest-bearing	132,745	45	583,949
	46	Savings and temporary cash investments		46	
	47a	Accounts receivable	355,186		
	b	Less: allowance for doubtful accounts		47c	355,186
	47b		118,367		
	48a	Pledges receivable		48a	
	b	Less: allowance for doubtful accounts		48b	48c
	48b				49
	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) (att. schedule)		50b	
	50b				
	51a	Other notes and loans receivable (attach schedule)		51a	
	b	Less: allowance for doubtful accounts		51b	51c
	51b				52
52	Inventories for sale or use		52		
53	Prepaid expenses and deferred charges		53	16,564	
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		
54b					
55a	Investments-land, buildings, and equipment: basis		55a		
b	Less: accumulated depreciation (attach schedule)		55b	55c	
55b				56	
56	Investments-other (attach schedule)		56		
57a	Land, buildings, and equipment: basis	521,855	57a		
b	Less: accumulated depreciation (attach schedule) See Statement 6	7,293	57b	57c	
57b		27,500		514,562	
58	Other assets, including program-related investments (describe See Statement 7)	248,668	58	522,087	
59	Total assets (must equal line 74). Add lines 45 through 58	527,280	59	1,992,348	
Liabilities	60	Accounts payable and accrued expenses	620	60	5,819
	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	
	64b		38,582	65	
	65	Other liabilities (describe See Statement 8)		65	
66	Total liabilities. Add lines 60 through 65	39,202	66	5,819	
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	239,410	67	1,214,093
	68	Temporarily restricted	248,668	68	772,436
	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 and column (B) must equal line 21)	488,078	73	1,986,529
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73	527,280	74	1,992,348

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	2,038,094
b	Amounts included on line a but not on Part I, line 12:		
1	Net unrealized gains on investments	b1	
2	Donated services and use of facilities	b2	411,191
3	Recoveries of prior year grants	b3	
4	Other (specify):	b4	
	Add lines b1 through b4	b	411,191
c	Subtract line b from line a	c	1,626,903
d	Amounts included on Part I, line 12, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify):	d2	
	Add lines d1 and d2	d	
e	Total revenue (Part I, line 12). Add lines c and d	e	1,626,903

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements	a	539,643
b	Amounts included on line a but not Part I, line 17:		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify):	b4	
	Add lines b1 through b4	b	
c	Subtract line b from line a	c	539,643
d	Amounts included on Part I, line 17, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify):	d2	
	Add lines d1 and d2	d	
e	Total expenses (Part I, line 17). Add lines c and d	e	539,643

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Constance A. Collins 217 NW 15th Street Miami, FL 33136	President 0	0	0	0
Natasha Duwin 1446 Lenox Avenue #1 Miami Beach, FL 33139	Director 0	0	0	0
Burton Hersh 300 Aragon Avenue, Ste 330 Coral Gables, FL 33134	V President 0	0	0	0
Julie Johnson 3065 Blain Street Miami, FL 33133	Director 0	0	0	0
Mati Mang 2720 Coral Way Miami, FL 33145	Treasurer 0	0	0	0
Isabel Moros-Rigau 35 SW 61st Avenue Miami, FL 33144	Director 0	0	0	0
Peggy Nolan 1440 Plunkett Street Hollywood, FL 33020	Director 0	0	0	0
Brian Peterson 3901 SW 7th Street Miami, FL 33134	Director 0	0	0	0
Claudia Kitchens 2650 SW 27th Avenue, Ste 303 Miami, FL 33131	Director 0	0	0	0
Katheryn Villano 2453 Inagua Avenue Miami, FL 33133	Director 0	0	0	0

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	
<p>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.)</p> <p style="text-align: right;">See Stmt 9 82b 435,618</p>			
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 quid pro quo contributions?		N/A
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) organizations. a Were substantially all dues nondeductible by members?		N/A
85b	b 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
	c Dues, assessments, and similar amounts from members		
	d Section 162(e) lobbying and political expenditures		
	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	f Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85g	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A
85h	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
86a	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12		
86b	b Gross receipts, included on line 12, for public use of club facilities		
87a	501(c)(12) orgs. Enter: a Gross income from members or shareholders		
87b	b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
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 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
89b	b 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
	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		
89e	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89f	f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89g	g 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 ▶ FL		
90b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)		1
91a	The books are in care of ▶ Constance A Collins Telephone no. ▶ 305-613-1573 217 NW 15 Street Located at ▶ Miami, FL ZIP + 4 ▶ 33136		
91b	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
<p>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</p>			

Part VI Other Information (continued)	Yes	No
c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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 ▶	<input type="checkbox"/>	
and enter the amount of tax-exempt interest received or accrued during the tax year ▶	92	

	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	
Note: Enter gross amounts unless otherwise indicated.					
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
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:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					14,918
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					103,745
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))		0		0	118,663
105 Total (add line 104, columns (B), (D), and (E)) ▶					118,663

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.)
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).
q	
N/A	

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?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/> No
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/> No
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
<input type="checkbox"/>	<input checked="" type="checkbox"/>

(A)	(B)	(C)	(D)
Name, address, of each controlled entity	Employer ID Number	Description of transfer	Amount of transfer
a			
b			
c			
Totals			

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
<input type="checkbox"/>	<input checked="" type="checkbox"/>

(A)	(B)	(C)	(D)
Name, address, of each controlled entity	Employer ID Number	Description of transfer	Amount of transfer
a			
b			
c			
Totals			

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
<input type="checkbox"/>	<input type="checkbox"/>

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.

Please Sign Here

Signature of officer: **Constance A. Collins** Date: _____
 Type or print name and title: **President**

Paid Preparer's Use Only

Preparer's signature: _____ Date: **6/28/07** Check if self-employed: Preparer's SSN or PTIN (See Gen. Instr. X): **261-96-4028**

Firm's name (or yours if self-employed), address, and ZIP + 4: **Millares & Company, P.A.**
500 South Dixie Highway, Suite 201
Coral Gables, FL 33146 EIN: **65-0551936** Phone no.: **305-662-9649**

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

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

OMB No. 1545-0047

2006

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

The Sundari Foundation, Inc.

Employer identification number
81-0652266

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Comp.	(d) Contrib. to empl. ben. plans & deferred comp.	(e) Expense account & 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 ▶		

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

Schedule A (Form 990 or 990-EZ) 2006

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.)		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? See Statement 10	X	
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities? See Statement 11	X	
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? See Statement 12	X	
e	Transfer of any part of its income or assets?		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.)		X
b	Did the organization have a section 403(b) annuity plan for its employees?		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		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		X
b	Did the organization make any taxable distributions under section 4966?		
c	Did the organization make a distribution to a donor, donor advisor, or related person?		
d	Enter the total number of donor advised funds owned at the end of the tax year u _____		
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year u _____		
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 right to provide advice on the distribution or investment of amounts in such funds or accounts u _____		0
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year u _____		0

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 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.)
- 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 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 Intergrated Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

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

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

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

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	224,900	10,590			235,490
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					0
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					0
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	224,900	10,590			235,490
24 Line 23 minus line 17	224,900	10,590			235,490
25 Enter 1% of line 23	2,249	106			
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ▶					26a 4,710
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 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶					26b 145,778
c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶					26c 235,490
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b 145,778 ▶					26d 145,778
e Public support (line 26c minus line 26d total) ▶					26e 89,712
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶					26f 38.0959 %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A (2005) _____ (2004) _____ (2003) _____ (2002) _____					
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: N/A (2005) _____ (2004) _____ (2003) _____ (2002) _____					
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 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the 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- The lobbying nontaxable amount is-			
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	41	
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		
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 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable 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 page 13 of the 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.

Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors
Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2006

Name of organization

Employer identification number

The Sundari Foundation, Inc.

81-0652266

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(**3**) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule-see instructions.)

General Rule-

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules-

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ► \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2006)

Name of organization The Sundari Foundation, Inc.	Employer identification number 81-0652266
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Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>	<u>Martin Z. Margulies Family Found.</u> <u>445 Grand Bay Drive, Suite PH1B</u> <u>Key Biscayne FL 33149</u>	\$ <u>850,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>2</u>	<u>Dr. John T. MacDonald Foundation</u> <u>1550 Madruga Ave, Ste 215</u> <u>Coral Gables FL 33146</u>	\$ <u>50,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>3</u>	<u>Martin Margulies</u> <u>591 NW 27th Street</u> <u>Miami FL 33127</u>	\$ <u>32,100</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>4</u>	<u>Romero Brito</u> <u>818 Lincoln Road</u> <u>Miami FL 33139</u>	\$ <u>38,000</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>5</u>	<u>Department of Community Development</u> <u>444 SW 2nd Avenue, 2nd Floor</u> <u>Miami FL 33130</u>	\$ <u>166,331</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>6</u>	<u>Miami-Dade County</u> <u>111 NW 1st Street</u> <u>27th Floor, Suite 310</u> <u>Miami FL 33128</u>	\$ <u>104,500</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization The Sundari Foundation, Inc.	Employer identification number 81-0652266
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Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>3</u>	<u>Art</u> _____ _____ _____	\$ <u>32,100</u>	<u>Various</u>
<u>4</u>	<u>Art</u> _____ _____ _____	\$ <u>38,000</u>	<u>Various</u>
____	_____ _____ _____	\$ _____	_____
____	_____ _____ _____	\$ _____	_____
____	_____ _____ _____	\$ _____	_____
____	_____ _____ _____	\$ _____	_____

Federal Statements**Statement 1 - Form 990, Part I, Line 7 - Other Investment Income**

<u>Description</u>	<u>Amount</u>
Investment and other income	\$ 14,918
Total	\$ 14,918

Statement 2 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances

<u>Description</u>	<u>Amount</u>
Donated Services and Use of Facilities	\$ 411,191
Total	\$ 411,191

Federal Statements**Statement 3 - Form 990, Part II, Line 43 - Other Functional Expenses**

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
Expenses				
Food and meals	43,259	43,259		
Grants to other organizations	21,796	21,796		
Insurance	17,580	17,246	334	
Marketing and development	6,641		6,641	
Materials and supplies	30,267	29,676		591
Professional fees	152,945	152,945		
Repairs and maintenance	13,638	12,433	1,205	
Resource and grant develop.	77,820			77,820
Utilities	17,961	16,865	1,096	
Other expenses	7,276	3,140	3,866	270
Total	<u>\$ 389,183</u>	<u>\$ 297,360</u>	<u>\$ 13,142</u>	<u>\$ 78,681</u>

Statement 4 - Form 990, Part III - Organization's Primary Exempt Purpose

The Foundation is organized for charitable and educational purposes, including specifically, providing relief to homeless, poor, distressed and disadvantaged women. By way of example, such relief is intended to include (a) provision of basic human services and resources for women, such as shelter, housing, food, basic skills and job training; (b) defense and advancement of human and civil rights secured by law; (c) advancement of education, elimination of prejudice and discrimination, and promotion of enlightened social consciousness of and for their dignity, humanity and needs; (d) combating community deterioration and juvenile delinquency; (e) creation and maintenance of parks and recreation, featuring women in the arts, for the benefit of urban neighborhoods and communities; and (f) providing resources for the empowerment of disenfranchised women.

Statement 5 - Form 990, Part III, Line b - Statement of Program Service Accomplishments

Description	
Donated design and marketing services	10,000
Donated use of facility for benefit art auction and dinner	5,000
Donated art handling services	6,500
Donated auction services for benefit art auction and dinner	10,000
Donated in-kind food and services	10,000
Donated teaching materials and tutoring lessons	29,201
Donated services as development director	10,000
Donated professional services	16,640
Donated legal services	10,892
Donated counseling services	260
Donated use of facility	327,125

Total	435,618

Federal Statements**Statement 6 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment**

<u>Description</u>	<u>Beginning of Year</u>	<u>Accum Deprec</u>	<u>End of Year</u>	<u>Accum Deprec</u>
Building	\$	\$	\$ 430,124	\$ 895
Vehicles			26,827	1,597
Leasehold improvements			12,684	366
Furniture and equipment			27,500	4,435
Total	\$ <u>27,500</u>	\$ <u>0</u>	\$ <u>521,855</u>	\$ <u>7,293</u>

Statement 7 - Form 990, Part IV, Line 58 - Other Assets

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Uncond promises to give, net of disc	\$ 248,668	\$ 519,793
Security deposit		2,294
Total	\$ <u>248,668</u>	\$ <u>522,087</u>

Statement 8 - Form 990, Part IV, Line 65 - Other Liabilities

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Payroll taxes payable	\$ 7	\$
Unemployment taxes payable	1	
Sales tax payable	9,506	
Refundable advances	29,068	
Total	\$ <u>38,582</u>	\$ <u>0</u>

Federal Statements**Statement 9 - Form 990, Part VI, Line 82b - Donated Services**

<u>Description</u>	<u>Amount</u>
Donated design and marketing services	\$ 10,000
Donated use of facility for art auction and dinner	5,000
Donated art handling services	6,500
Donated auction services for benefit art auction and dinner	10,000
Donated in-kind food and services	10,000
Donated teaching materials and tutoring lessons	29,201
Donated services as development director	10,000
Donated professional services	16,640
Donated legal services	10,892
Donated counseling services	260
Donated use of facility	327,125
Total	\$ <u>435,618</u>

Statement 10 - Schedule A, Part III, Line 2a - Sale, Exchange, or Lease of PropertyDescription

The Foundation has leased premises operated as a shelter and resource center for homeless women, for the sum of \$1 per year annual base rent, from Seventh House, LLLP, an entity owned indirectly by Constance Collins, President and a member of the Board of the Foundation. The initial term of the lease is ten years. The Foundation pays its utilities, taxes, and insurance for the lease premises. The lease is conditioned upon the Foundation's operation of a free shelter for homeless women at the premises.

Statement 11 - Schedule A, Part III, Line 2c - Furnishing of Goods, Services or FacilitiesDescription

Constance A. Collins, president and member of the board of the Foundation provided furniture, fixtures, equipment, and art to the organization.

Statement 12 - Schedule A, Part III, Line 2d - Payment of Compensation / Reimbursement of ExpDescription

The Foundation reimburses officers and employees (without further compensation) the actual cost for expenses incurred in the ordinary course of the Foundation's business.

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return The Sundari Foundation, Inc.	Identifying number 81-0652266
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Business or activity to which this form relates
Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount. See the instructions for a higher limit for certain businesses	1	108,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	430,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
(a) Description of property (b) Cost (business use only) (c) Elected cost		
6		
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2005 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2007. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14 Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	7,292

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2006	17	0
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B-Assets Placed in Service During 2006 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C-Assets Placed in Service During 2006 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (see instructions)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations-see instr.	22	7,292
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Federal Asset Report**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
Other Depreciation:										
1	2 Kenmore Laundry	12/31/05	1,648			1,648	7	MO S/L	0	235
2	10 Compact fridges, appliances	12/31/05	2,568			2,568	7	MO S/L	0	367
3	Appliances	12/31/05	289			289	7	MO S/L	0	41
4	Dishwasher, appliances	12/31/05	1,981			1,981	7	MO S/L	0	283
5	Beds/mattresses	12/31/05	9,129			9,129	7	MO S/L	0	1,304
6	Dresser	12/31/05	256			256	7	MO S/L	0	37
7	Bedside & living room tables	12/31/05	3,555			3,555	7	MO S/L	0	508
8	Chairs & cushions	12/31/05	5,538			5,538	7	MO S/L	0	791
9	Small appliances/kitchen equip	12/31/05	1,343			1,343	7	MO S/L	0	192
10	Bristol camera	12/31/05	1,193			1,193	7	MO S/L	0	170
11	Freezer	5/26/06	943			943	7	MO S/L	0	79
12	Refrigerator	6/28/06	482			482	7	MO S/L	0	34
13	B&H Camera	8/21/06	910			910	7	MO S/L	0	43
14	Generator	8/21/06	3,625			3,625	7	MO S/L	0	173
15	Xerox copier	10/09/06	1,416			1,416	7	MO S/L	0	51
16	Laptop computer	11/02/06	2,311			2,311	5	MO S/L	0	77
17	Furniture	11/30/06	1,863			1,863	7	MO S/L	0	22
18	Computer printer	11/30/06	935			935	5	MO S/L	0	16
19	Beds	11/30/06	940			940	7	MO S/L	0	11
20	Furniture	12/31/06	11,295			11,295	7	MO S/L	0	0
21	Leasehold-shed	9/05/06	3,509			3,509	10	MO S/L	0	117
22	Leasehold-200 amp transfer switches	9/07/06	2,300			2,300	10	MO S/L	0	77
23	Leasehold-Leon Johnson	9/30/06	6,875			6,875	10	MO S/L	0	172
24	Honda van	7/28/06	26,827			26,827	7	MO S/L	0	1,597
25	Building	12/11/06	426,900			426,900	40	MO S/L	0	889
26	Building-Bilzin Sumberg	12/11/06	810			810	40	MO S/L	0	2
27	Building-AAA Locksmith	12/11/06	1,764			1,764	40	MO S/L	0	4
28	Building-Martinez & Martinez	12/27/06	650			650	40	MO S/L	0	0
	Total Other Depreciation		<u>521,855</u>			<u>521,855</u>			<u>0</u>	<u>7,292</u>
	Total ACRS and Other Depreciation		<u>521,855</u>			<u>521,855</u>			<u>0</u>	<u>7,292</u>
	Grand Totals		521,855			521,855			0	7,292
	Less: Dispositions		<u>0</u>			<u>0</u>			<u>0</u>	<u>0</u>
	Net Grand Totals		<u>521,855</u>			<u>521,855</u>			<u>0</u>	<u>7,292</u>

Federal Statements

FYE: 12/31/2006

Form 990, Part I, Line 1b - Direct Public Support

<u>Description</u>	<u>Cash</u>	<u>Noncash</u>	<u>Total</u>
Other support	\$ 123,840	\$ 143,469	\$ 267,309
Contributions from Schedule B	900,000	70,100	970,100
Total	<u>\$ 1,023,840</u>	<u>\$ 213,569</u>	<u>\$ 1,237,409</u>

Form 990, Part I, Line 1d - Government Contributions

<u>Description</u>	<u>Cash</u>	<u>Noncash</u>	<u>Total</u>
Contributions from Schedule B	\$ 270,831	\$	\$ 270,831
Total	<u>\$ 270,831</u>	<u>\$ 0</u>	<u>\$ 270,831</u>