

Paul Carney, CPA  
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Arcadia CA 91006  
(626)358-4205

November 19, 2008

STRIVE FOUNDATION  
9124 S. MAIN STREET  
Los Angeles CA 90003

Dear Jim,

Enclosed is your 2007 Federal return, Form 990. The return should be signed and dated by an officer before filing. Please review the return and retain a copy for your records.

The federal 990 not show a refund or balance due. Mail the return on or before November 15 2008 to:

Internal Revenue Service Center  
Ogden UT 84201-0027

Enclosed is your 2007 California return, Form 199. The return should be signed and dated before filing. Please review the return and retain a copy for your records.

The California return does not show a refund or balance due. Your tax obligation is exactly met. Mail the return on or before November 15, 2008 to:

Franchise Tax Board  
P.O. Box 942857  
Sacramento CA 94257-0700

Your business is appreciated. Please call if you have any questions.

Sincerely,

PAUL CARNEY, CPA

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)

2007

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2007 calendar year, or tax year beginning JANUARY 01, 2007, and ending DECEMBER 31, 2007

- B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending

C Name of organization: STRIVE FOUNDATION
Number and street (or P.O. box if mail is not delivered to street address): 9124 S. MAIN STREET
City or town, state or country, and ZIP + 4: LOS ANGELES CA 90003

D Employer identification number: 33-0411257
E Telephone number: (323) 779-1064
F Acctg. method: [ ] Cash [X] 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).

G Website: WWW.STRIVE-LA.ORG

J Organization type (check only one) [X] 501(c)(3) (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.

H & I are not applicable to sec. 527 organizations.
H(a) Is this a group return for affiliates? [ ] Yes [X] No
H(b) If "Yes," enter number of affiliates
H(c) Are all affiliates included? [ ] Yes [ ] No
H(d) Is this a separate return filed by an organization covered by a group ruling? [ ] Yes [X] No
I Group Exemption Number

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 256,842

M Check [ ] if organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

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

Table with 21 rows and 4 columns: Line number, Description, Sub-column (a, b, c, d), and Amount. Includes sections for Revenue (lines 1-12), Expenses (lines 13-17), and Assets (lines 18-21).

**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 sch.) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, ck. here <input type="checkbox"/>	22a				
22b	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, ck. 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. . . . . #1	25a	87,748	65,961	21,787	
b	Compensation of former officers, directors, key employees, etc. listed in Part V-B. . . . .	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) . . . . .	25c				
26	Salaries and wages of employees not included on lines 25a, b, and c . . . . .	26	66,843	66,843		
27	Pension plan contributions not included on lines 25a, b, and c . . . . .	27				
28	Employee benefits not included on lines 25a - 27. . .	28	6,565	5,252	1,313	
29	Payroll taxes . . . . .	29	14,013	11,912	2,101	
30	Professional fundraising fees . . . . .	30				
31	Accounting fees . . . . .	31	12,665		12,665	
32	Legal fees . . . . .	32				
33	Supplies . . . . .	33	3,892		3,892	
34	Telephone . . . . .	34	3,059		3,059	
35	Postage and shipping . . . . .	35	978		978	
36	Occupancy . . . . .	36	28,765	24,689	4,076	
37	Equipment rental and maintenance . . . . .	37				
38	Printing and publications . . . . .	38	1,506		1,506	
39	Travel . . . . .	39	1,552		1,552	
40	Conferences, conventions, and meetings . . . . .	40				
41	Interest . . . . .	41				
42	Depreciation, depletion, etc. (attach schedule) . . . .	42	15,749	12,599	3,150	
43	Other expenses not covered above (itemize):					
a	SEE ATTACHMENT #2	43a	45,448	35,450	9,998	
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	288,783	222,706	66,077	0

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) aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) 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 ATTACHMENT #3	Program Service Expenses
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.)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a SEE ATTACHMENT #4	
(Grants and allocations \$ ) If this amount includes foreign grants, check here . . . . . ► <input type="checkbox"/>	222,706
b	
(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) . . . . . ►	222,706

**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 .....	210,493	45	179,412
	46	Savings and temporary cash investments .....		46	
	47a	Accounts receivable .....	70,000	47a	
	b	Less: allowance for doubtful accounts .....		47b	
	48a	Pledges receivable .....		48a	
	b	Less: allowance for doubtful accounts .....		48b	48c
	49	Grants receivable .....		49	
	50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule) .....		50a	
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) .....		50b	
	51a	Other notes and loans receivable (attach schedule) .....		51a	
	b	Less: allowance for doubtful accounts .....		51b	51c
	52	Inventories for sale or use .....		52	
	53	Prepaid expenses and deferred charges .....		53	
	54a	Investments -- publicly-traded securities .....		<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	54a
	b	Investments -- other securities (attach schedule) ..		<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b
	55a	Investments -- land, buildings, and equipment: basis .....		55a	
	b	Less: accumulated depreciation (attach schedule) .....		55b	55c
	56	Investments -- other (attach schedule) .....		56	
	57a	Land, buildings, and equipment: basis . #5 ..	774,778	57a	
b	Less: accumulated depreciation (attach schedule) .....	89,270	57b	57c	
58	Other assets, including program-related investments (describe ► <u>SEE ATTACHMENT #6</u> )	1,950	58	1,950	
59	<b>Total assets (must equal line 74). Add lines 45 through 58 .....</b>	<b>968,987</b>	<b>59</b>	<b>866,870</b>	
LIABILITIES	60	Accounts payable and accrued expenses .....	772	60	835
	61	Grants payable .....		61	
	62	Deferred revenue .....	70,000	62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule) .....		63	
	64a	Tax-exempt bond liabilities (attach schedule) .....		64a	
	b	Mortgages and other notes payable (attach schedule) .....		64b	
	65	Other liabilities (describe ► <u>SEE ATTACHMENT #7</u> )	239	65	
66	<b>Total liabilities. Add lines 60 through 65 .....</b>	<b>71,011</b>	<b>66</b>	<b>835</b>	
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 .....	897,976	67	866,035
	68	Temporarily restricted .....		68	
	69	Permanently restricted .....		69	
	Organizations that do not follow SFAS 117, check here ► <input checked="" 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) .....	897,976	73	866,035	
74	<b>Total liabilities and net assets/fund balances. Add lines 66 and 73 .....</b>	<b>968,987</b>	<b>74</b>	<b>866,870</b>	

**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	256,842
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	
3	Recoveries of prior year grants	b3	
4	Other (specify): _____	b4	
	Add lines b1 through b4	b	
c	Subtract line b from line a	c	256,842
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	256,842

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

a	Total expenses and losses per audited financial statements	a	288,783
b	Amounts included on line a but not on 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	288,783
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	288,783

**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
SEE ATTACHMENT #8 SEE ATTACHMENT #9				

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)		Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ..... <b>10</b>		
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) ..... # <b>10</b>	75b	X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." ..... <b>X</b> If "Yes," attach a statement that includes the information described in the instructions.	75c	X
d	Does the organization have a written conflict of interest policy? .....	75d	X

**Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances

Part VI Other Information (See the instructions.)		Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change .....	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? ..... If "Yes," attach a conformed copy of the changes.	77	X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? ...	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year? .....	78b	X
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement ..	79	X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? .....	80a	X
b	If "Yes," enter the name of the organization ► _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a	Enter direct and indirect political expenditures. (See line 81 instructions.) ..... <b>81a</b> N/A		
b	Did the organization file Form 1120-POL for this year? .....	81b	X

Part VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? . . . . .		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) . . . . . <u>82b</u> <u>N/A</u>		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications? . . . . .	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? . . . . .	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible? . . . . .		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	N/A	
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members? . . . . .	N/A	
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.		
c	Dues, assessments, and similar amounts from members . . . . .	85c	N/A
d	Section 162(e) lobbying and political expenditures . . . . .	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices . . . . .	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) . . . . .	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? . . . . .	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? . . . . .	85h	N/A
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 . . . . .	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities . . . . .	86b	N/A
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders . . . . .	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	87b	N/A
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX . . . . .	88a	X
b	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 . . . . .	88b	X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>N/A</u> ; section 4912 <u>N/A</u> ; section 4955 <u>N/A</u>		
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 . . . . .	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . .		N/A
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization . . . . .		N/A
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? . . . . .	89e	X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? . . . . .	89f	X
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? . . . . .	89g	X
90a	List the states with which a copy of this return is filed <u>N/A</u>		
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.) . . . . .	90b	N/A
91a	The books are in care of <u>SEE ATTACHMENT #11</u> Telephone no. <u></u> Located at <u></u> ZIP + 4 <u></u>		
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 <u></u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	X

<b>Part VI Other Information</b> (continued)	Yes	No
c At any time during the calendar year, did the organization maintain an office outside of the United States? .....	91c	<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	

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) Excl. code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments .....					
g Fees & contracts from government agencies					
94 Membership dues and assessments .....					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities .....			14	7,359	
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 .....					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events ...					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____					
b SEE ATTACHMENT #12				78	
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E)) ...		0		7,437	0
105 Total (add line 104, columns (B), (D), and (E)) .....					7,437

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

<b>Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes</b> (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).
	SEE ATTACHMENT #13

<b>Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities</b> (See the instructions.)				
(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership int.	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

<b>Part X Information Regarding Transfers Associated with Personal Benefit Contracts</b> (See the instructions.)		
(a) Did 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? N/A  
 If "Yes," complete the schedule below for each controlled entity. Yes No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) 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? N/A  
 If "Yes," complete the schedule below for each controlled entity. Yes No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) 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? N/A  
Yes No

**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 \_\_\_\_\_ Date \_\_\_\_\_  
 JIM TETREAU PRESIDENT  
 Type or print name and title

<b>Paid</b>	Preparer's signature <input checked="" type="checkbox"/> PAUL CARNEY, CPA	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X)
<b>Preparer's Use Only</b>	Firm's name (or yours if self-employed), address, and ZIP + 4 <input checked="" type="checkbox"/> PAUL CARNEY, CPA 148 E FOOTHILL BLVD STE 100 ARCADIA CA 91006	EIN <input checked="" type="checkbox"/>	Phone no. <input checked="" type="checkbox"/> 626-358-4205	

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

2007

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 <b>STRIVE FOUNDATION</b>	Employer identification number <b>33-0411257</b>
------------------------------------------------------	-----------------------------------------------------

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

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to empl. benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

Total number of other employees paid over \$50,000 ▶ 0

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services ▶ 0

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See 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 ▶ 0

<b>Part III</b> Statements About Activities (See the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities . . . ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) . . . . .	1	X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property? . . . . .	2a	X
b	Lending of money or other extension of credit? . . . . .	2b	X
c	Furnishing of goods, services, or facilities? . . . . .	2c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . .	2d	X
e	Transfer of any part of its income or assets? . . . . .	2e	X
3a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) . . . . .	3a	X
b	Did the organization have a section 403(b) annuity plan for its employees? . . . . .	3b	X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement . . . . .	3c	X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? . . . . .	3d	X
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g . . . . .	4a	X
b	Did the organization make any taxable distributions under section 4966? . . . . .	4b	
c	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	4c	
d	Enter the total number of donor advised funds owned at the end of the tax year . . . . . ▶ _____		
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year . . . . . ▶ _____		
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts . . . . . ▶ _____		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 . . . . . ▶ _____		0

**Part IV Reason for Non-Private Foundation Status** (See 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 Integrated       Type III -- Other

Provide the following information about the supported organizations. (See 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	
<b>Total</b> .....					<input type="checkbox"/>

- 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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	290,937	135,366	356,897	57,000	840,200
16 Membership fees received					
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	30,899	31,486	28,851	24,396	115,632
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	4,737	6,751	465		11,953
19 Net income from unrelated business activities not included in line 18.					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
23 Total of lines 15 through 22	326,573	173,603	386,213	81,396	967,785
24 Line 23 minus line 17.	295,674	142,117	357,362	57,000	852,153
25 Enter 1% of line 23.	3,266	1,736	3,862	814	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a N/A
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 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c N/A
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					26d N/A
e Public support (line 26c minus line 26d total)					26e N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f N/A %
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: (2006) _____ (2005) _____ (2004) _____ (2003) _____					
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: (2006) _____ (2005) _____ (2004) _____ (2003) _____					
c Add: Amounts from column (e) for lines: 15 _____ 840,200 16 _____ 17 _____ 115,632 20 _____ 21 _____					27c 955,832
d Add: Line 27a total _____ and line 27b total _____					27d
e Public support (line 27c total minus line 27d total)					27e 955,832
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27f 967,785
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 98.76 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h 1.24 %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

**Part V Private School Questionnaire** (See the 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? .....	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? .....	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? .....	31	
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
_____		
_____		
_____		
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff? .....	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions? .....	32d	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
_____		
_____		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges? .....	33a	
b Admissions policies? .....	33b	
c Employment of faculty or administrative staff? .....	33c	
d Scholarships or other financial assistance? .....	33d	
e Educational policies? .....	33e	
f Use of facilities? .....	33f	
g Athletic programs? .....	33g	
h Other extracurricular activities? .....	33h	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
_____		
_____		
_____		
34a Does the organization receive any financial aid or assistance from a governmental agency? .....	34a	
b Has the organization's right to such aid ever been revoked or suspended? .....	34b	
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 .....	35	

**Part VI-A** Lobbying Expenditures by Electing Public Charities (See 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 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	41		
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.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(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 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.

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

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

	Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of:		
(i) Cash .....		<input checked="" type="checkbox"/>
(ii) Other assets .....		<input checked="" type="checkbox"/>
b Other transactions:		
(i) Sales or exchanges of assets with a noncharitable exempt organization .....		<input checked="" type="checkbox"/>
(ii) Purchases of assets from a noncharitable exempt organization .....		<input checked="" type="checkbox"/>
(iii) Rental of facilities, equipment, or other assets .....		<input checked="" type="checkbox"/>
(iv) Reimbursement arrangements .....		<input checked="" type="checkbox"/>
(v) Loans or loan guarantees .....		<input checked="" type="checkbox"/>
(vi) Performance of services or membership or fundraising solicitations .....		<input checked="" type="checkbox"/>
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees .....		<input checked="" type="checkbox"/>

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

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			

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

b If "Yes," complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

Name of organization	Employer identification number
STRIVE FOUNDATION	33-0411257

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) (2007)

Name of organization STRIVE FOUNDATION	Employer identification number 33-0411257
-------------------------------------------	----------------------------------------------

**Part I** Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	WILSON-THORNHILL FOUNDATION  300 N. DELFERN DR. LOS ANGELES, + 90077	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	HARRY & JEANETTE WEINBERG FOUNDATI  7 PARK CENTER COURT OWINGS MILLS, MD 21117	\$ 70,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	CRAIL-JOHNSON FOUNDATION  222 W. 6TH ST. STE. 1010 SAN PEDRO, CA 90731	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	ALTMAN/KAZICKAS FOUNDATION  15 E. 92ND ST. NEW YORK, NY 10128	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	BANK OF AMERICA FOUNDATION    	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	AUDREY & SYDNEY IRMAS CHARITABLE F  16830 VENTURA BLVD. STE. 364 ENCINO, CA 91436	\$ 7,500	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 STRIVE FOUNDATION Employer identification number 33-0411257

**Part I** Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	PETER NORTON FOUNDATION 225 ARIZONA AVE. STE. 350 SANTA MONICA, CA 90401	\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	CHARTWELL CHARITABLE FOUNDATION 1999 AVE. OF THE STARS STE. 3050 LOS ANGELES, CA 90067	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	CAROL JAMES COLLINS FOUNDATION 6101 W. CENTINELA AVE. #100 CULVER CITY, CA 90230	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	IRENE SCULLY FOUNDATION 100 DRAKES LANDINGS RD. STE. 200 GREENBRAE, CA 94904	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	WILLIAM TILLEY FAMILY FOUNDATION 2200 W. VALLEY BLVD. ALHAMBRA, CA 91803	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	GERALD OPPENHEIMER FAMILY FOUNDATI P.O. BOX 30 BEVERLY HILLS, CA 90213	\$ 5,000	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  
**STRIVE FOUNDATION**

Employer identification number  
**33-0411257**

**Part I** Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	BRESLAUER, RUTMAN & ANDERSON, LLC 11400 W. OLYMPIC BLVD. #550 LOS ANGELES, CA 90064	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	HSBC 1501 FEEHANVILLE DR. MOUNT PROSPECT, IL 60056	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

**COMPENSATION OF CURRENT OFFICERS**

ATTACHMENT 1: PAGE 1 - 990 PAGE 2, PART II, LINE 25A

OPEN TO PUBLIC INSPECTION For Calendar year 2007, or tax year period beginning 01-01 and ending 12-31-2007.

Name of Organization STRIVE FOUNDATION Employer Identification Number 33-0411257

Name of Officer	Program Services			Management and General	
	Compensation	Employee Benefit Plan	Expense Account	Compensation	Employee Benefit Plan
DON ANDERSON, JR.	44,174			21,787	
JIM TETREAU	21,787				
Total	65,961			21,787	
	Mgmt & General	Fundraising			
	Expense Account	Compensation	Employee Benefit Plan	Expense Account	
Total					

**SCHEDULE OF OTHER EXPENSES**

ATTACHMENT 2: PAGE 1 - 990 PAGE 2, PART II, LINE 43

OPEN TO PUBLIC INSPECTION	For calendar year 2007 or tax period beginning 01-01-2007, and ending 12-31-2007.
Name of Organization STRIVE FOUNDATION	Employer Identification Number 33-0411257

Other Expenses	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
PROGRAM SERVICES	26,895	26,895		
AUTO EXPENSES	9,811	4,906	4,905	
BANK CHARGES	25		25	
CONTRIBUTIONS	474		474	
DUES	406		406	
GARDENING	292		292	
INTERNET/WEBSITE	2,237		2,237	
PERMITS	105		105	
TAXES	1,663	1,276	387	
PAYROLL PROCESSING & EMPLOY	450	313	137	
WORKERS COMPENSATION INSURA	2,575	2,060	515	
HIRING COSTS	515		515	
<b>Total</b>	<b>45,448</b>	<b>35,450</b>	<b>9,998</b>	

## PRIMARY EXEMPT PURPOSE

ATTACHMENT 3: PAGE 1 - 990 PAGE 3, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2007 or tax period beginning	01-01-2007, and ending	12-31-2007.
Name of Organization STRIVE FOUNDATION			Employer Identification Number 33-0411257

Primary Purpose

STRIVE'S PURPOSE IS TO PROVIDE EXEMPLARY ACADEMIC HELP & GUIDANCE TO CHILDREN, YOUTH & THEIR FAMILIES IN THE WATTS AREA OF LOS ANGELES. STRIVE PROVIDES EDUCATION, SUPPORT & DEVELOPMENT IN READING, WRITING & ENGLISH LITERACY; MATH & COGNITIVE SKILLS; COMPUTER & INFORMATION LITERACY; CULINARY & ARTS; PROTEGE RESOURCES & DEVELOPMENT OF THE MORAL, CREATIVE & ENTREPRENEURIAL SPIRIT.

# PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 4: PAGE 1 - 990 PAGE 3, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2007, or tax period beginning	01-01-2007, and ending	12-31-2007.
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Name of Organization STRIVE FOUNDATION	Employer Identification Number 33-0411257
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Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses	222,706
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### Exempt Purpose Achievements

STRIVE PROVIDED AFTER-SCHOOL ACADEMIC & ART PROGRAMS TO AN AVERAGE OF 70 CHILDREN DAILY. IT WORKED TO CLOSE THE ACADEMIC DEFICITS OF INNER-CITY CHILDREN IN THE WATTS AREA OF LOS ANGELES BY PROVIDING HOMEWORK ASSISTANCE, TUTORING & DIRECT-TEACHING IN ONE-ON-ONE & SMALL GROUP LEARNING ENVIRONMENTS. IT ALSO PROVIDED INSTRUCTION IN THE DEVELOPMENT OF CREATING HONORABLE CHARACTER, AS WELL AS INSTRUCTION IN COOKING, NUTRITION & THE ARTS.

**SCHEDULE OF LAND, BUILDINGS & EQUIPMENT**

ATTACHMENT 5: PAGE 1 - 990 PAGE 4, PART IV, LINE 57

OPEN TO PUBLIC INSPECTION	For Calendar year 2007, or tax year period beginning 01-01-2007	and ending 12-31-2007.
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Name of Organization STRIVE FOUNDATION	Employer Identification Number 33-0411257
-------------------------------------------	----------------------------------------------

Category or Description of Property	Cost or Other Basis	Accumulated Depreciation	End of Year Book Value	Ending FML (990-PF Only)
2002 DODGE CARAVAN	21,672	18,821	2,851	
AIR CONDITIONING IMP	17,821	2,495	15,326	
APPLIANCES	2,141	830	1,311	
BLDG 9116 MAIN DONAT	60,950		60,950	
BLDG 9124 MAIN DON	89,600		89,600	
BUILDING IMPROVEMENT	8,602	1,869	6,733	
BUILDING IMPROVMNTS	728	12	716	
BUILDING MATERIALS	1,500	24	1,476	
BUILDING MATERIALS	1,190	30	1,160	
BUILDING MATERIALS	1,778	40	1,738	
BUILDING MATERIALS	1,170	24	1,146	
CLASSROOM DESKS	1,000	143	857	
CLASSROOM DESKS	1,143	164	979	
CLASSROOM DESKS	1,000	143	857	
CLASSROOM DESKS	786	113	673	
COMPUTER & PERIPHRLS	10,644	10,644		
COMPUTERS DONATED	4,000	4,000		
DONATED COMPUTERS	500	500		
DONATED IMPROVEMENTS				
DOORS, ROOF	3,525	2,165	1,360	
DRYWALL DONATED				
ELECTRICAL IMPROVE	25,467		25,467	
FLOOR TILES DONATED				
FURNITURE	325	126	199	
HVAC UNITS				
IMPROVEMENTS CHALL	220,421	17,231	203,190	
IMPROVEMENTS	5,300	2,738	2,562	
IMPROVEMNT 9116 MAIN	79,382	2,629	76,753	
IMPROVMNT 9116 MAIN	1,000		1,000	
IMPRVMNTS BLDG 6 & 7				
IMPRVMNTS BLDG 6 & 7	54,612	7,969	46,643	
KITCHEN EQUIPMENT				
KITCHEN EQUIPMNT DON	1,375	1,375		
KITCHEN EQUIPMNT DON	1,250	1,250		
KITCHEN EQUIPMT DON	1,200	1,200		
<b>Total</b>	<b>620,082</b>	<b>76,535</b>	<b>543,547</b>	

**SCHEDULE OF LAND, BUILDINGS & EQUIPMENT**

ATTACHMENT 5: PAGE 2 - 990 PAGE 4, PART IV, LINE 57

OPEN TO PUBLIC INSPECTION	For Calendar year 2007, or tax year period beginning 01-01-2007	and ending 12-31-2007.
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Name of Organization STRIVE FOUNDATION	Employer Identification Number 33-0411257
-------------------------------------------	----------------------------------------------

Category or Description of Property	Cost or Other Basis	Accumulated Depreciation	End of Year Book Value	Ending FML (990-PF Only)
KITCHEN UTENSILS DON	5,200	5,200		
LAND 9116 MAIN DON	54,050		54,050	
LAND 9124 MAIN DON	50,400		50,400	
LICENSES	31,984	6,120	25,864	
OTHER FURNITURE	2,917	419	2,498	
SECURITY GATES	1,500	36	1,464	
SECURITY SYSTEM	7,895	210	7,685	
SOFTWARE	750	750		
WINDOW IMPROVEMENTS				
<b>Total</b>	<b>154,696</b>	<b>12,735</b>	<b>141,961</b>	

**SCHEDULE OF OTHER ASSETS**

ATTACHMENT 6: PAGE 1 - 990 PAGE 4, PART IV, LINE 58

OPEN TO PUBLIC INSPECTION For calendar year 2007 or tax period beginning 01-01-2007, and ending 12-31-2007.

Name of Organization STRIVE FOUNDATION Employer Identification Number 33-0411257

Description of Other Assets	Beginning of Year	End of Year	EOY FMV (990-PF Only)
START-UP FEES	1,950	1,950	
Totals	1,950	1,950	

**SCHEDULE OF OTHER LIABILITIES**

ATTACHMENT 7: PAGE 1 - 990 PAGE 4, PART IV, LINE 65

OPEN TO PUBLIC INSPECTION	For calendar year 2007 or tax period beginning 01-01-2007, and ending 12-31-2007.
Name of Organization STRIVE FOUNDATION	Employer Identification Number 33-0411257

Description of Liability	Beginning of Year	End of Year
CREDIT CARDS PAYABLE	239	
<b>Totals</b>	<b>239</b>	

**CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

ATTACHMENT 8: PAGE 1 - 990 PAGE 5, PART V-A

OPEN TO PUBLIC INSPECTION For calendar year 2007, or tax period beginning 01-01-2007, and ending 12-31-2007.

Name of Organization STRIVE FOUNDATION Employer Identification Number 33-0411257

(A) Name and Address	(B) Title and Average Hrs. per Week	(C) Compensation (If not paid, enter 0)	(D) Cont. to Employee Ben. Plans & Def. Comp.	(E) Expense Account & Other Allowances
JIM TETREAU 9124 S MAIN STREET LOS ANGELES, CA 90003 SEE COMP. EXPL. #1	PRESIDENT, CEO 55.00	43,574	0	0
DONALD ANDERSON, JR 9124 S MAIN STREET LOS ANGELES, CA 90003 SEE COMP. EXPL. #2	VICE PRESIDENT 55.00	44,174	0	0
FR. PERRY LEIKER 114 W 87TH STREET LOS ANGELES, CA 90003	DIRECTOR 0.50	0	0	0
JOE HICKS 9124 S MAIN STREET LOS ANGELES, CA 90003	DIRECTOR 0.50	0	0	0
AUSTIN DRAGON 9124 S MAIN STREET LOS ANGELES, CA 90003	DIRECTOR 0.50	0	0	0
JANA NUNN 9124 S. MAIN ST. LOS ANGELES, CA 90003	CHAIRMAN 0.50	0	0	0
JORGE SANDOVAL 2029 AVENUE OF THE STARS CENTURY CITY, CA 90067	DIRECTOR 0.50	0	0	0
CINDY TRAN 9124 S. MAIN ST. LOS ANGELES, CA 90003	SECRETARY 0.50	0	0	0
GARY WILSON 9124 S. MAIN ST. LOS ANGELES, CA 90003	DIRECTOR 0.50	0	0	0
MARCIA MCADAMS 9124 S. MAIN ST. ALTADENA, CA 91003	DIRECTOR 0.50	0	0	0
CHRISTA REIFF 9124 S. MAIN ST. LOS ANGELES, CA 90003	DIRECTOR 0.50	0	0	0
DONALD ANDERSON, SR. 9124 S. MAIN ST. LOS ANGELES, CA 90003	DIRECTOR 0.50	0	0	0

# COMPENSATION EXPLANATION

ATTACHMENT 9: PAGE 1 - 990 PAGE 5, PART V-A, CURRENT OFFICER COMPENSATION EXPLANATION

OPEN TO PUBLIC INSPECTION	For Calendar year 2007, or tax year period beginning 01-01-2007	and ending 12-31-2007
Name of Organization STRIVE FOUNDATION	Employer Identification Number 33-0411257	

Name	Explanation
OFFICER COMP. EXPLN. #1 JIM TETREAU	JIM IS PRESIDENT & CEO OF STRIVE. STRIVE IS HIS MAIN SOURCE OF INCOME.
OFFICER COMP. EXPLN. #2 DONALD ANDERSON, JR	DON IS VICE PRESIDENT OF STRIVE. STRIVE IS HIS MAIN SOURCE OF INCOME.

SCHEDULE OF FAMILY OR BUSINESS RELATIONSHIPS

ATTACHMENT 10: PAGE 1 990 PAGE 6, PART V, LINE 75B

OPEN TO PUBLIC INSPECTION	For calendar year 2007 or tax period beginning	01-01-2007, and ending	12-31-2007.
Name of Organization STRIVE FOUNDATION			Employer Identification Number 33-0411257

First Party  
 Name of Individual ..... DON ANDERSON, JR.  
 or  
 Name of Business

Title or Roll Description ..... VICE PRESIDENT

Second Party  
 Name of Individual ..... DONALD ANDERSON, SR.  
 or  
 Name of Business

Title or Roll Description ..... DIRECTOR

Description of Relationship  
 DON ANDERSON, JR. IS THE SON OF DONALD ANDERSON, SR.

BOOKS ARE IN CARE OF

ATTACHMENT 11 - 990 PAGE 7, PART VI, LINE 91A

For calendar year 2007 or tax period beginning 01-01, and ending 12-31-2007.

Name of Organization STRIVE FOUNDATION	Employer Identification Number 33-0411257
-------------------------------------------	----------------------------------------------

Part VI - Line 91a

Individual Name ..... DON ANDERSON, JR.  
or  
Business Name:

Street Address ..... 9124 S. MAIN STREET

U.S. Address:

Zip code 90003 City LOS ANGELES State CA

or

Foreign Address

City .....

Province or State .....

Country .....

Postal code .....

Phone Number ..... (323) 779-1064

Fax Number ..... (323) 528-5691

**SCHEDULE OF OTHER REVENUE**

ATTACHMENT 12: PAGE 1 - 990 PAGE 8, PART VII, LINE 103

OPEN TO PUBLIC INSPECTION For calendar year 2007 or tax period beginning 01-01-2007, and ending 12-31-2007.

Name of Organization: STRIVE FOUNDATION  
 Employer Identification Number: 33-0411257

Item	Program Service Revenue	Unrelated business income		Excluded by section 512, 513 or 514		(e) Related or exempt function income (see instructions)
		(a) business code	(b) Amount	(c) Excl. code	(d) Amount	
A	GAIN ON SECURITY SALE			18	78	
		Totals			78	

**SCHEDULE OF RELATIONSHIP OF ACTIVITIES  
TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES**

ATTACHMENT 13: PAGE 1 990 PAGE 8, PART VIII

OPEN TO PUBLIC INSPECTION	For calendar year 2007 or tax period beginning	01-01-2007, and ending	12-31-2007.
Name of Organization STRIVE FOUNDATION			Employer Identification Number 33-0411257

Line Number	Briefly describe how the activity reported in column (E) of Part VII specifically contributed to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).
96	PORTFOLIO INCOME IS USED FOR FACILITY IMPROVEMENTS. PRINCIPAL WILL ALSO BE USED FOR IMPROVEMENTS
103B	GAINS FROM INVESTMENT SALES ARE USED TO IMPROVE FACILITIES

# Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury  
Internal Revenue Service

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return <b>STRIVE FOUNDATION</b>	Business or activity to which this form relates <b>FOR FORM 990</b>	Identifying number <b>33-0411257</b>
-----------------------------------------------------	------------------------------------------------------------------------	-----------------------------------------

**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	0
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	108,000
6 (a) Description of property (b) Cost (busn. use only) (c) Elected cost		
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 2006 Form 4562 . . . . .	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) . . . . .	11	108,000
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 2008. 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) and cellulosic biomass ethanol plant 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	

**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 2007 . . . . .	17	12,826
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 2007 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depr. (business/investment use only -- see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property	SEE STATEMENT					
b 5-year property						
c 7-year property						982
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	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
	SEE STATEMENT			MM	S/L	166

Section C -- Assets Placed in Service During 2007 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	1,775
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 instructions . . . . .	22	15,749
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.

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A -- Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support business/investment use claimed?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		24b If "Yes," is the evidence written?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Busn./ investment use percentage	(d) Cost or other basis	(e) Basis for depr. (busn./investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost	
25 Special allowance for qualified Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) . . . . .							25		
26 Property used more than 50% in a qualified business use:									
2002 DODGE	10-24-2002	100.0%	21,672	21,652	200DBMQ		1,775		
		%							
		%							
27 Property used 50% or less in a qualified business use:									
		%				S/L-			
		%				S/L-			
		%				S/L-			
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 . . . . .							28	1,775	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 . . . . .								29	

**Section B -- Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles) . . . . .	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	8227											
31 Total commuting miles driven during the year . . . . .												
32 Total other personal (noncommuting) miles driven . . . . .												
33 Total miles driven during the year. Add lines 30 through 32 . . . . .	8227											
34 Was the vehicle available for personal use during off-duty hours? . . . . .	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
		X										
35 Was the vehicle used primarily by a more than 5% owner or related person? . . . . .	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
		X										
36 Is another vehicle available for personal use? . . . . .	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
		X										

**Section C -- Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? . . . . .	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . . .		
39 Do you treat all use of vehicles by employees as personal use? . . . . .		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? . . . . .		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) . . . . .		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2007 tax year (see instructions):					
43 Amortization of costs that began before your 2007 tax year . . . . .					43
44 Total. Add amounts in column (f). See the instructions for where to report . . . . .					44

**7-YEAR ASSETS PLACED IN SERVICE DURING 2007  
USING GENERAL DEPRECIATION SYSTEM**

STRIVE FOUNDATION  
33-0411257

19c Asset Description	(b) Date in Service	(c) Basis	(d) Period	(e) Convention	(f) Method	(g) Depreciation
CLASSROOM DESKS	01-11-2007	1,000	7	HY	200 DB	143
CLASSROOM DESKS	01-24-2007	1,143	7	HY	200 DB	164
CLASSROOM DESKS	02-03-2007	1,000	7	HY	200 DB	143
CLASSROOM DESKS	02-13-2007	786	7	HY	200 DB	113
OTHER FURNITURE	07-01-2007	2,917	7	HY	200 DB	419
<b>Total</b>						<b>982</b>

**NONRESIDENTIAL RENTAL ASSETS PLACED IN SERVICE DURING 2007  
USING GENERAL DEPRECIATION SYSTEM**

STRIVE FOUNDATION  
33-0411257

19i Asset Description	(b) Date in Service	(c) Basis	(d) Period	(e) Convention	(f) Method	(g) Depreciation
BUILDING IMPROVMNTS	07-01-2007	728	39	MM	S/L	12
BUILDING MATERIALS	05-01-2007	1,500	39	MM	S/L	24
BUILDING MATERIALS	01-15-2007	1,190	39	MM	S/L	30
BUILDING MATERIALS	02-15-2007	1,778	39	MM	S/L	40
BUILDING MATERIALS	03-15-2007	1,170	39	MM	S/L	24
SECURITY GATES	01-04-2007	1,500	39	MM	S/L	36

Total

166

## 2007 Federal Depreciation Schedule

STRIVE FOUNDATION  
33-0411257

11-19-2008

Description	Date	Method	Year	Cost	Land/ Other	§179	Spec Allow	Basis	Prior	Current
<b>Form 990</b>										
<u>Land</u>										
LAND 9116 MAIN DON	07-01-94	S/L	0	0	54,050	0	0	0	0	0
LAND 9124 MAIN DON	11-27-96	S/L	0	0	50,400	0	0	0	0	0
2 Assets		Subtotals:		0	104,450	0	0	0	0	0
<u>Automobiles</u>										
2002 DODGE CARAVAN	10-24-02	200DBMQ	5	21,672	0	0	0	21,672	17,046	1,775
1 Asset		Subtotals:		21,672	0	0	0	21,672	17,046	1,775
<u>Improvements</u>										
BUILDING IMPROVEMENT	07-01-99	S/LMM	39	8,602	0	0	0	8,602	1,648	221
LICENSES	07-01-00	S/LMM	39	31,984	0	0	0	31,984	5,300	820
IMPRVMNTS BLDG 6 & 7	02-01-01	S/LMM	39	0	0	0	0	1	0	0
FLOOR TILES DONATED	04-25-01	200DBHY	10	0	0	0	0	1	0	0
HVAC UNITS	06-30-01	S/LMM	39	0	0	0	0	1	0	0
IMPRVMNTS BLDG 6 & 7	07-01-01	S/LMM	39	54,612	0	0	0	54,612	6,569	1,400
DRYWALL DONATED	06-01-02	S/LMM	39	0	0	0	0	1	0	0
AIR CONDITIONING IMP	07-01-02	S/LMM	39	17,821	0	0	0	17,821	2,038	457
DOORS, ROOF DONATED	07-01-03	200DBHY	7	3,525	0	0	0	3,525	1,621	544
IMPROVEMENTS	12-31-05	S/LMM	39	0	0	0	0	1	0	0
IMPROVEMNT 9116 MAIN	09-30-06	S/LMM	39	79,382	0	0	0	79,382	594	2,035
11 Assets		Subtotals:		195,926	0	0	0	195,931	17,770	5,477
<u>Computers</u>										
COMPUTERS DONATED	12-01-01	200DBHY	5	0	0	0	0	1	0	0
SOFTWARE	06-01-02	200DBMQ	3	750	0	0	0	750	646	104
COMPUTER & PERIPHRLS DONATED	07-01-02	200DBMQ	5	10,644	0	0	0	10,644	9,992	652
COMPUTERS	12-31-05	200DBHY	5	0	0	0	0	1	0	0
4 Assets		Subtotals:		11,394	0	0	0	11,396	10,638	756
<u>Buildings</u>										
BLDG 9116 MAIN DONAT	07-01-94	S/LMM	39	0	0	0	0	1	0	0
BLDG 9124 MAIN DON	11-27-96	S/LMM	39	0	0	0	0	1	0	0
IMPROVMNT 9116 MAIN	01-01-06	S/LMM	39	1,000	0	0	0	1,000	0	0
SECURITY GATES	01-04-07	S/LMM	39	1,500	0	0	0	1,500	0	36
BUILDING MATERIALS	01-15-07	S/LMM	39	1,190	0	0	0	1,190	0	30
BUILDING MATERIALS	02-15-07	S/LMM	39	1,778	0	0	0	1,778	0	40
BUILDING MATERIALS	03-15-07	S/LMM	39	1,170	0	0	0	1,170	0	24

\* Asset disposed this year

-C Carryover basis in like-kind exchange transaction

-B Excess basis in like-kind exchange transaction

## 2007 Federal Depreciation Schedule

STRIVE FOUNDATION  
33-0411257

11-19-2008

Description	Date	Method	Year	Cost	Land/ Other	§179	Spec Allow	Basis	Prior	Current
<b>Form 990</b>										
<u>Buildings</u>										
BUILDING MATERIALS	05-01-07	S/LMM	39	1,500	0	0	0	1,500	0	24
BUILDING IMPROVMNTS	07-01-07	S/LMM	39	728	0	0	0	728	0	12
9 Assets	Subtotals:			8,866	0	0	0	8,868	0	166
<u>Furniture &amp; Fixtures</u>										
CLASSROOM DESKS	01-11-07	200DBHY	7	1,000	0	0	0	1,000	0	143
CLASSROOM DESKS	01-24-07	200DBHY	7	1,143	0	0	0	1,143	0	164
CLASSROOM DESKS	02-03-07	200DBHY	7	1,000	0	0	0	1,000	0	143
CLASSROOM DESKS	02-13-07	200DBHY	7	786	0	0	0	786	0	113
OTHER FURNITURE	07-01-07	200DBHY	7	2,917	0	0	0	2,917	0	419
5 Assets	Subtotals:			6,846	0	0	0	6,846	0	982
<u>Equipment &amp; Machinery</u>										
KITCHEN UTENSILS DON	07-01-99	200DBHY	7	0	0	0	0	1	0	0
KITCHEN EQUIPMNT DON	07-01-00	200DBHY	5	0	0	0	0	1	0	0
KITCHEN EQUIPMT DON	07-01-00	200DBHY	5	0	0	0	0	1	0	0
KITCHEN EQUIPMNT DON	06-30-01	200DBHY	7	0	0	0	0	1	0	0
4 Assets	Subtotals:			0	0	0	0	4	0	0
<u>Challenge Grant</u>										
IMPROVEMENTS	07-01-04	S/LMM	39	5,300	0	0	0	5,300	2,602	136
IMPROVEMENTS CHALL	12-31-05	S/LMM	39	220,421	0	0	0	220,421	11,579	5,652
WINDOW IMPROVEMENTS	03-21-06	S/LMM	39	0	0	0	0	1	0	0
KITCHEN EQUIPMENT	06-14-06	200DBMQ	7	0	0	0	0	1	0	0
SECURITY SYSTEM	07-19-06	S/LMM	39	7,895	0	0	0	7,895	8	202
ELECTRICAL IMPROVE	08-02-06	S/LMM	39	25,467	0	0	0	25,467	0	0
APPLIANCES	09-30-06	200DBMQ	7	2,141	0	0	0	2,141	306	524
FURNITURE	12-01-06	200DBMQ	7	325	0	0	0	325	47	79
8 Assets	Subtotals:			261,549	0	0	0	261,551	14,542	6,593
44 Assets	Totals:			506,253	104,450	0	0	506,268	59,996	15,749
44 Assets	Grand Totals:			506,253	104,450	0	0	506,268	59,996	15,749

\* Asset disposed this year

-C Carryover basis in like-kind exchange transaction

-B Excess basis in like-kind exchange transaction

## 2007 AMT Depreciation Schedule

STRIVE FOUNDATION  
33-0411257

11-19-2008

Description	Date	Method	Year	Basis	Prior	AMT	Regular	Adjust
<b>Form 990</b>								
<u>Land</u>								
LAND 9116 MAIN DON	07-01-94	S/L	0	0	0	0	0	0
LAND 9124 MAIN DON	11-27-96	S/L	0	0	0	0	0	0
2 Assets	Subtotals:			0	0	0	0	0
<u>Automobiles</u>								
2002 DODGE CARAVAN	10-24-02	150DBMQ	5	21,672	13,635	1,775	1,775	0
1 Asset	Subtotals:			21,672	13,635	1,775	1,775	0
<u>Improvements</u>								
BUILDING IMPROVEMENT	07-01-99	S/LMM	39	8,602	1,648	221	221	0
LICENSES	07-01-00	S/LMM	39	31,984	5,300	820	820	0
IMPRVMNTS BLDG 6 & 7	02-01-01	S/LMM	40	1	0	0	0	0
FLOOR TILES DONATED	04-25-01	150DBHY	10	1	0	0	0	0
HVAC UNITS	06-30-01	S/LMM	40	1	0	0	0	0
IMPRVMNTS BLDG 6 & 7	07-01-01	S/LMM	39	54,612	6,569	1,400	1,400	0
DRYWALL DONATED	06-01-02	S/LMM	40	1	0	0	0	0
AIR CONDITIONING IMP	07-01-02	S/LMM	39	17,821	2,038	457	457	0
DOORS, ROOF	07-01-03	150DBHY	10	3,525	1,621	544	544	0
DONATED IMPROVEMENTS	12-31-05	S/LMM	39	1	0	0	0	0
IMPROVEMNT 9116 MAIN	09-30-06	S/LMM	39	79,382	100	2,035	2,035	0
11 Assets	Subtotals:			195,931	17,276	5,477	5,477	0
<u>Computers</u>								
COMPUTERS DONATED	12-01-01	150DBHY	5	1	0	0	0	0
SOFTWARE	06-01-02	150DBMQ	3	750	646	104	104	0
COMPUTER & PERIPHRLS	07-01-02	150DBMQ	5	10,644	9,992	652	652	0
DONATED COMPUTERS	12-31-05	150DBHY	5	0	0	0	0	0
4 Assets	Subtotals:			11,395	10,638	756	756	0
<u>Buildings</u>								
BLDG 9116 MAIN DONAT	07-01-94	S/LMM	40	1	0	0	0	0
BLDG 9124 MAIN DON	11-27-96	S/LMM	40	1	0	0	0	0
IMPROVMNT 9116 MAIN	01-01-06	S/LMM	40	1,000	0	0	0	0
SECURITY GATES	01-04-07	S/LMM	40	1,500	0	36	36	0
BUILDING MATERIALS	01-15-07	S/LMM	40	1,190	0	30	30	0
BUILDING MATERIALS	02-15-07	S/LMM	39	1,778	0	40	40	0
BUILDING MATERIALS	03-15-07	S/LMM	39	1,170	0	24	24	0
BUILDING MATERIALS	05-01-07	S/LMM	39	1,500	0	24	24	0
BUILDING IMPROVMNTS	07-01-07	S/LMM	40	728	0	12	12	0
9 Assets	Subtotals:			8,868	0	166	166	0
<u>Furniture &amp; Fixtures</u>								
CLASSROOM DESKS	01-11-07	150DBHY	7	1,000	0	107	143	36
CLASSROOM DESKS	01-24-07	150DBHY	10	1,143	0	164	164	0
CLASSROOM DESKS	02-03-07	150DBHY	7	1,000	0	107	143	36
CLASSROOM DESKS	02-13-07	150DBHY	10	786	0	113	113	0
OTHER FURNITURE	07-01-07	150DBHY	10	2,917	0	419	419	0
5 Assets	Subtotals:			6,846	0	910	982	72
<u>Equipment &amp; Machinery</u>								
KITCHEN UTENSILS DON	07-01-99	150DBHY	10	0	0	0	0	0
KITCHEN EQUIPMNT DON	07-01-00	150DBHY	5	0	0	0	0	0
KITCHEN EQUIPMT DON	07-01-00	150DBHY	5	0	0	0	0	0
KITCHEN EQUIPMNT DON	06-30-01	150DBHY	10	0	0	0	0	0
4 Assets	Subtotals:			0	0	0	0	0
<u>Challenge Grant</u>								
IMPROVEMENTS	07-01-04	S/LMM	39	5,300	2,602	136	136	0
IMPROVEMENTS CHALL	12-31-05	S/LMM	40	220,421	11,579	5,511	5,652	141
WINDOW IMPROVEMENTS	03-21-06	S/LMM	40	0	0	0	0	0

\* Asset disposed this year

-C Carryover basis in like-kind exchange transaction

-B Excess basis in like-kind exchange transaction

## 2007 AMT Depreciation Schedule

STRIVE FOUNDATION  
33-0411257

11-19-2008

Description	Date	Method	Year	Basis	Prior	AMT	Regular	Adjust
<b>Form 990</b>								
Challenge Grant								
KITCHEN EQUIPMENT	06-14-06	150DBMQ	10	0	0	0	0	0
SECURITY SYSTEM	07-19-06	S/LMM	39	7,895	8	202	202	0
ELECTRICAL IMPROVE	08-02-06	S/LMM	40	25,467	0	0	0	0
APPLIANCES	09-30-06	150DBMQ	10	2,413	306	524	524	0
FURNITURE	12-01-06	150DBMQ	10	325	47	79	79	0
8 Assets	Subtotals:			261,821	14,542	6,452	6,593	141
44 Assets	Totals:			506,533	56,091	15,536	15,749	213
44 Assets	Grand Totals:			506,533	56,091	15,536	15,749	213

\* Asset disposed this year

~C Carryover basis in like-kind exchange transaction

~B Excess basis in like-kind exchange transaction

## 2007 AUTO EXPENSE WORKSHEET

STRIVE FOUNDATION  
33-0411257

Keep for Your Records

**VEHICLE INFORMATION**

1. Vehicle description .....	1. <u>2002 DODGE CARAVAN</u>	
2. Carried to form or schedule .....	2. <u>FORM 990</u>	
3. Date vehicle was placed in service .....	3. <u>10-24-2002</u>	
4. Odometer beginning mileage _____ ending mileage _____		

**CALCULATION OF BUSINESS USE PERCENTAGES**

5. Total business mileage driven during the year .....		5. <u>8,227</u>
6. Total commuting mileage driven during the year .....	6. _____	
7. Total other personal mileage driven during the year .....	7. _____	
8. Total mileage driven during the year .....	8. <u>8,227</u>	
9. Business use percentage (Line 5 divided by Line 8) .....	9. <u>100.00 %</u>	

**CALCULATION OF THE ACTUAL EXPENSE METHOD**

	Input		Deduction Allowed
10. Parking fees and tolls .....	_____	*10.	_____
11. Gasoline and oil .....	<u>3,340</u>	x Line 9	11. <u>3,340</u>
12. Repairs .....	<u>6,471</u>	x Line 9	12. <u>6,471</u>
13. Licensing fees .....	_____	x Line 9	13. _____
14. Registration fees .....	_____	x Line 9	14. _____
15. Insurance .....	_____	x Line 9	15. _____
16. Other expenses .....	_____	x Line 9	16. _____
17. Total automobile expenses (Line 10 through 16) (carries to auto expense line of form on Line 2) .....		17.	<u>9,811</u>
18. Property tax (carries to taxes line of form on Line 2) .....	_____	x Line 9	18. _____
19. Interest expense (carries to interest expense line of form on Line 2) .....	_____	x Line 9	19. _____
20. Lease payments .....	_____	x Line 9	20. _____
21. Inclusion amount .....	_____	x Line 9	21. _____
22. Total lease expense (Line 20 less Line 21) (carries to lease expense line of form on Line 2) .....		22.	_____
23. Section 179 expense deduction .....		*23.	_____
24. Current depreciation expense .....		**24.	<u>1,775</u>
25. Total depreciation expense (Lines 23 through 24) (carries to depreciation expense line of form on Line 2) .....		25.	<u>1,775</u>
26. Value of employer-provided vehicle .....	_____	x Line 9	26. _____
27. Total expenses using Actual Expense Method (total of Lines 17, 18, 19, 22, 25, and 26) .....		27.	<u>11,586</u>

\* Not subject to business use percentage.  
\*\* Already adjusted for business use percentage.

## NOTE #1

THE FILING TAX RETURN WAS DELAYED BECAUSE THE TAX PREPARATION SOFTWARE BECAME CORRUPT 11/17/08. THE TAX PREPARATION SOFTWARE VENDOR, TAXWORKS, SPENT APPROXIMATELY 4 HOURS ATTEMPTING TO REPAIR THE FILE. DATA WAS CONTIUALY LOST SO THE RETURN HAD TO BE RESTARTED 8/18. PLEASE WAIVE ANY PENALTIES ASSOCIATED WITH LATE FILING.

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2007 DETAIL STATEMENTS

STRIVE FOUNDATION  
33-0411257

PAGE 1

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STATEMENT #1 - TOTAL (990-EO PG 2 )

HEALTH INSURANCE.....	6,565	
TOTAL CARRIED TO 990-EO PG 2.....		6,565

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STATEMENT #2 - PROGRAM SERVICES (990-EO PG 2 )

HEALTH INSURANCE.....	5,252	
TOTAL CARRIED TO 990-EO PG 2.....		5,252

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STATEMENT #3 - MANAGEMENT & GENERAL (990-EO PG 2 )

HEALTH INSURANCE.....	1,313	
TOTAL CARRIED TO 990-EO PG 2.....		1,313

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STATEMENT #4 - TOTAL (990-EO PG 2 )

INSURANCE.....	7,656	
REPAIRS.....	6,334	
SECURITY.....	607	
UTILITIES.....	5,783	
MAINTENANCE.....	8,385	
TOTAL CARRIED TO 990-EO PG 2.....		28,765

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STATEMENT #5 - PROGRAM SERVICES (990-EO PG 2 )

INSURANCE.....	6,125	
REPAIRS.....	5,067	
SECURITY.....	486	
UTILITIES.....	4,626	
MAINTENANCE.....	8,385	
TOTAL CARRIED TO 990-EO PG 2.....		24,689

---

STATEMENT #6 - MANAGEMENT & GENERAL (990-EO PG 2 )

INSURANCE.....	1,531	
REPAIRS.....	1,267	
SECURITY.....	121	
UTILITIES.....	1,157	
TOTAL CARRIED TO 990-EO PG 2.....		4,076

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2007 DETAIL STATEMENTS

STRIVE FOUNDATION  
33-0411257

PAGE 2

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STATEMENT #7 - AMT EXCLUDE BY SEC 512,513,514 (990-EO PG 8 L 96(D))

FREMONT INTEREST INCOME.....	7,087
BANK OF AMERICA CHECKING INTEREST INCOME.....	2
BANK OF AMERICA BROKERAGE INTEREST INCOME.....	6
BANK OF AMERICA BROKERAGE DIVIDEND INCOME.....	264

TOTAL CARRIED TO 990-EO PG 8 L 96(D).....	7,359
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For calendar year 2007 or fiscal year beginning month 01 day 01 year 2007, and ending month 12 day 31 year 2007.

<b>IMPORTANT: Your number is required.</b>		A Final return? Check applicable box. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No • <input type="checkbox"/> Dissolved <input type="checkbox"/> Withdrawn <input type="checkbox"/> Merged/Reorganized (attach explanation) If a box is checked, enter date	
California corporation number <u>1700910</u>	Federal employer identification number (FEIN) <u>33-0411257</u>	B Check forms filed this year: State: <input type="checkbox"/> 109 <input type="checkbox"/> 100 <input type="checkbox"/> 100S <input type="checkbox"/> 100W Federal: <input checked="" type="checkbox"/> 990 <input type="checkbox"/> 990EZ <input type="checkbox"/> 990T <input type="checkbox"/> 990PF <input type="checkbox"/> 1041 <input type="checkbox"/> 1120H <input type="checkbox"/> 1120	
Corporation/Organization name <u>STRIVE FOUNDATION</u>		C If organization is exempt under R&TC Section 23701d and is a school, public charity, religious organization, or is controlled by a religious operation, check box. See General Instruction F. No filing fee is required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Address (including suite, room, or PMB no.) <u>9124 S. MAIN STREET</u>		D Is this a group filing? See General Instruction N <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
City <u>LOS ANGELES</u>	State <u>CA</u>	ZIP Code <u>90003</u>	E Accounting method used <u>ACCRUAL</u>
			F Type of organization <input checked="" type="checkbox"/> Exempt under Section 23701 <u>D</u> (insert letter) <input type="checkbox"/> IRC Section 4947(a)(1) trust

**Part I** Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues  (Enclose, but do not staple, any payment.)	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	•	1	7,437
	2	Gross dues and assessments from members and affiliates	•	2	
	3	Gross contributions, gifts, grants, and similar amounts received. See instructions	•	3	249,405
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$25,000, see General Instruction C.	•	4	256,842
	5	Cost of goods sold		5	
	6	Cost or other basis, and sales expenses of assets sold		6	
	7	Total costs. Add line 5 and line 6		7	
	8	Total gross income. Subtract line 7 from line 4		8	256,842
Ex-penses	9	Total expenses and disbursements. From Side 2, Part II, line 18		9	288,783
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8		10	-31,941
Filing Fee	11	Filing fee \$10 or \$25. See General Instruction F		11	
	12	Penalty for failure to file on time. See General Instruction L		12	
	13	Use tax. See "General Instruction M"	•	13	
	14	Balance due. Add line 11, line 12, and line 13		14	

- 15 If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If "Yes," complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations  Yes  No
- 16 Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If "Yes," complete an explanation and attach copies of revised documents  Yes  No
- 17 Is the organization exempt under R&TC Section 23701g?  Yes  No  
 If "Yes," enter amount of gross receipts from nonmember sources \$ \_\_\_\_\_
- 18 Did the organization file Form 100, Form 100S, Form 100W, or Form 109 to report taxable income?  Yes  No  
 If "Yes," enter amount of total income reported \$ \_\_\_\_\_
- 19 The financial records are in care of DON ANDERSON, JR. Daytime telephone (323) 779-1064  
 located at 9124 S. MAIN STREET LOS ANGELES CA 90003

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 taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer	Date	PRESIDENT	(323) 779-1064 Daytime telephone
Paid Preparer's Use Only	Paid Preparer's signature	Date	Check if self-employed <input checked="" type="checkbox"/>	Paid preparer's SSN or PTIN P00326648
	Firm's name (or yours, if self-employed) and address	PAUL CARNEY, CPA 148 E FOOTHILL BLVD STE 100 ARCADIA CA 91006		FEIN 95-4544901 Daytime telephone 626-358-4205

**Part II** Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts -- complete Part II or furnish substitute information. See Specific Line Instructions.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	1	
	2	Interest	2	7,095
	3	Dividends	3	264
	4	Gross rents	4	
	5	Gross royalties	5	
	6	Gross amount received from sale of assets	6	
	7	Other income. Attach schedule	7	78
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	7,437
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	9	474
	10	Disbursements to or for members	10	
	11	Compensation of officers, directors, and trustees. Attach schedule	11	87,748
	12	Other salaries and wages	12	66,843
	13	Interest	13	
	14	Taxes	14	15,781
	15	Rents	15	
	16	Depreciation and depletion	16	15,749
	17	Other. Attach schedule	17	102,188
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	288,783

Schedule L Balance Sheets		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
<b>Assets</b>					
1	Cash		210,493		179,412
2	Net accounts receivable		70,000		
3	Net notes receivable. Attach schedule				
4	Inventories				
5	Federal and state government obligations				
6	Investments in other bonds. Attach schedule				
7	Investments in stock. Attach schedule				
8	Mortgage loans (number of loans _____)				
9	Other investments. Attach schedule				
10	a Depreciable assets	655,616		670,328	
	b Less accumulated depreciation	( 73,522 )	582,094	( 89,270 )	581,058
11	Land		104,450		104,450
12	Other assets. Attach schedule		1,950		1,950
13	Total assets		968,987		866,870
<b>Liabilities and net worth</b>					
14	Accounts payable		772		835
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable. Attach schedule				
17	Mortgages payable				
18	Other liabilities. Attach schedule		70,239		
19	Capital stock or principle fund				
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund		897,976		866,035
22	Total liabilities and net worth		968,987		866,870

Schedule M-1 Reconciliation of income per books with income per return			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000			
1	Net income per books	7	Income recorded on books this year not included in this return. Attach schedule
2	Federal income tax	8	Deductions in this return not charged against book income this year. Attach schedule
3	Excess of capital losses over capital gains	9	Total. Add line 7 and line 8
4	Income not recorded on books this year. Attach schedule	10	Net income per return. Subtract line 9 from line 6
5	Expenses recorded on books this year not deducted in this return. Attach schedule		
6	Total. Add line 1 through line 5		

TWF  
 MAIL TO:  
 Registry of Charitable Trusts  
 P.O. Box 903447  
 Sacramento, CA 94203-4470  
 Telephone: (916) 445-2021

## ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code  
 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

WEB SITE ADDRESS:  
<http://ag.ca.gov/charities/>

State Charity Registration Number <u>CT084511</u> <hr/> Name of Organization <u>STRIVE FOUNDATION</u> Address (Number and Street) <u>9124 S. MAIN STREET</u> City or Town, State and ZIP Code <u>LOS ANGELES CA 90003</u>	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report <hr/> Corporate or Organization No. <u>1700910</u> <hr/> Federal Employer I.D. No. <u>33-0411257</u>
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**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)**  
 Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between 100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

**PART A -- ACTIVITIES**

For your most recent full accounting period (beginning 01-01-2007 ending 12-31-2007) list:  
 Gross annual revenue \$ 256,842 Total assets \$ 866,870

**PART B -- STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

Note: If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?		X
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.		X
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.		X
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.		X
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		X
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?		X

Organization's area code and telephone number (323) 779-1064  
 Organization's e-mail address JIM@STRIVE-LA.ORG

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

PRESIDENT

\_\_\_\_\_  
 Signature of authorized officer                      Printed Name                      Title                      Date

## 2007 California Depreciation Schedule

STRIVE FOUNDATION  
33-0411257

11-19-2008

Description	Date	Method	Year	Cost	Land/ Other	§179	Spec Allow	Basis	Prior	Current
<b>Form 990</b>										
<u>Land</u>										
LAND 9116 MAIN DON	07-01-94	S/L	0	1	54,050	0	0	0	0	0
LAND 9124 MAIN DON	11-27-96	S/L	0	1	50,400	0	0	0	0	0
2 Assets		Subtotals:		2	104,450	0	0	0	0	0
<u>Automobiles</u>										
2002 DODGE CARAVAN	10-24-02	200DBMQ	5	21,672	0	0	0	21,672	15,388	1,775
1 Asset		Subtotals:		21,672	0	0	0	21,672	15,388	1,775
<u>Improvements</u>										
BUILDING IMPROVEMENT	07-01-99	S/LMM	39	8,602	0	0	0	8,602	1,648	221
LICENSES	07-01-00	S/LMM	39	31,984	0	0	0	31,984	5,300	820
IMPRVMNTS BLDG 6 & 7	02-01-01	S/LMM	39	1	0	0	0	1	1,724	0
FLOOR TILES DONATED	04-25-01	200DBHY	10	1	0	0	0	1	0	0
HVAC UNITS	06-30-01	S/LMM	39	1	0	0	0	1	0	0
IMPRVMNTS BLDG 6 & 7	07-01-01	S/LMM	39	54,612	0	0	0	54,612	6,569	1,400
DRYWALL DONATED	06-01-02	S/LMM	39	1	0	0	0	1	0	0
AIR CONDITIONING IMP	07-01-02	S/LMM	39	17,821	0	0	0	17,821	2,038	457
DOORS, ROOF DONATED	07-01-03	200DBHY	7	3,525	0	0	0	3,525	1,621	544
IMPROVEMENTS	12-31-05	S/LMM	39	1	0	0	0	1	0	0
IMPROVEMNT 9116 MAIN	09-30-06	S/LMM	39	79,382	0	0	0	79,382	594	2,035
11 Assets		Subtotals:		195,931	0	0	0	195,931	19,494	5,477
<u>Computers</u>										
COMPUTERS DONATED	12-01-01	200DBHY	5	1	0	0	0	1	0	0
SOFTWARE	06-01-02	200DBMQ	3	750	0	0	0	750	646	104
COMPUTER & PERIPHRLS	07-01-02	200DBMQ	5	10,644	0	0	0	10,644	9,992	652
DONATED COMPUTERS	12-31-05	200DBHY	5	1	0	0	0	1	0	0
4 Assets		Subtotals:		11,396	0	0	0	11,396	10,638	756
<u>Buildings</u>										
BLDG 9116 MAIN DONAT	07-01-94	S/LMM	39	1	0	0	0	1	0	0
BLDG 9124 MAIN DON	11-27-96	S/LMM	39	1	0	0	0	1	0	0
IMPROVMNT 9116 MAIN	01-01-06	S/LMM	39	1,000	0	0	0	1,000	0	0
SECURITY GATES	01-04-07	S/LMM	39	1,500	0	0	0	1,500	0	36
BUILDING MATERIALS	01-15-07	S/LMM	39	1,190	0	0	0	1,190	0	30
BUILDING MATERIALS	02-15-07	S/LMM	39	1,778	0	0	0	1,778	0	40
BUILDING MATERIALS	03-15-07	S/LMM	39	1,170	0	0	0	1,170	0	24

\* Asset disposed this year

-C Carryover basis in like-kind exchange transaction

-B Excess basis in like-kind exchange transaction

## 2007 California Depreciation Schedule

STRIVE FOUNDATION  
33-0411257

11-19-2008

Description	Date	Method	Year	Cost	Land/ Other	§179	Spec Allow	Basis	Prior	Current
<b>Form 990</b>										
<u>Buildings</u>										
BUILDING MATERIALS	05-01-07	S/LMM	39	1,500	0	0	0	1,500	0	24
BUILDING IMPROVMNTS	07-01-07	S/LMM	39	728	0	0	0	728	0	12
9 Assets		Subtotals:		8,868	0	0	0	8,868	0	166
<u>Furniture &amp; Fixtures</u>										
CLASSROOM DESKS	01-11-07	200DBHY	7	1,000	0	0	0	1,000	0	143
CLASSROOM DESKS	01-24-07	200DBHY	7	1,143	0	0	0	1,143	0	164
CLASSROOM DESKS	02-03-07	200DBHY	7	1,000	0	0	0	1,000	0	143
CLASSROOM DESKS	02-13-07	200DBHY	7	786	0	0	0	786	0	113
OTHER FURNITURE	07-01-07	200DBHY	7	2,917	0	0	0	2,917	0	419
5 Assets		Subtotals:		6,846	0	0	0	6,846	0	982
<u>Equipment &amp; Machinery</u>										
KITCHEN UTENSILS DON	07-01-99	200DBHY	7	1	0	0	0	1	0	0
KITCHEN EQUIPMNT DON	07-01-00	200DBHY	5	1	0	0	0	1	0	0
KITCHEN EQUIPMT DON	07-01-00	200DBHY	5	1	0	0	0	1	0	0
KITCHEN EQUIPMNT DON	06-30-01	200DBHY	7	1	0	0	0	1	0	0
4 Assets		Subtotals:		4	0	0	0	4	0	0
<u>Challenge Grant</u>										
IMPROVEMENTS	07-01-04	S/LMM	39	5,300	0	0	0	5,300	2,602	136
IMPROVEMENTS CHALL	12-31-05	S/LMM	39	220,421	0	0	0	220,421	11,579	5,652
WINDOW IMPROVEMENTS	03-21-06	S/LMM	39	11,452	0	0	0	11,452	0	294
KITCHEN EQUIPMENT	06-14-06	200DBMQ	7	1	0	0	0	1	0	0
SECURITY SYSTEM	07-19-06	S/LMM	39	7,895	0	0	0	7,895	8	202
ELECTRICAL IMPROVE	08-02-06	S/LMM	39	25,467	0	0	0	25,467	0	0
APPLIANCES	09-30-06	200DBMQ	7	2,141	0	0	0	2,141	306	524
FURNITURE	12-01-06	200DBMQ	7	325	0	0	0	325	95	79
8 Assets		Subtotals:		273,002	0	0	0	273,002	14,590	6,887
44 Assets		Totals:		517,721	104,450	0	0	517,719	60,110	16,043
44 Assets		Grand Totals:		517,721	104,450	0	0	517,719	60,110	16,043

\* Asset disposed this year

-C Carryover basis in like-kind exchange transaction

-B Excess basis in like-kind exchange transaction

2007 DETAIL STATEMENTS

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STATEMENT #1 - OTHER ASSETS BEGINNING YEAR (CA1992 SCH L, L12)

START UP FEES.....	1,950	
TOTAL CARRIED TO CA1992 SCH L, L12.....		1,950

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STATEMENT #2 - OTHER ASSETS YEAR END (CA1992 SCH L, L12)

START UP FEES 12/03.....	1,950	
TOTAL CARRIED TO CA1992 SCH L, L12.....		1,950

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STATEMENT #3 - OTHER LIABILITIES BEG. YEAR (CA1992 SCH L, L18)

DEFERRED REVENUE.....	70,000	
CREDIT CARDS PAYABLE.....	239	
TOTAL CARRIED TO CA1992 SCH L, L18.....		70,239

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STATEMENT #4 - TAXES (CA1992 P-2, LN14)

PERMITS.....	105	
PAYROLL TAXES.....	14,013	
PROPERTY TAXES.....	1,594	
OTHER TAXES.....	69	
TOTAL CARRIED TO CA1992 P-2, LN14.....		15,781

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STATEMENT #5 - OTHER (CA1992 P-2, LN17)

ACCOUNTING.....	12,665	
AUTO.....	9,811	
BANK FEES.....	25	
DUES & SUBSCRIPTIONS.....	406	
GARDENING.....	292	
HEALTH INSURANCE.....	6,565	
INSURANCE.....	7,656	
INTERNET/WEBSITE.....	2,237	
MAINTENANCE.....	8,385	
POSTAGE.....	978	
PRINTING & REPRODUCTION.....	1,506	
PROGRAM SERVICES.....	26,895	
REPAIRS & MAINTENANCE.....	6,334	
SECURITY.....	607	
SUPPLIES.....	3,892	
TELEPHONE.....	3,059	
TRAVEL.....	1,552	
UTILITIES.....	5,783	
PAYROLL PROCESSING.....	450	

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WORKERS COMPENSATION INSURANCE.....	2,575	
HIRING COSTS.....	515	
TOTAL CARRIED TO CA1992 P-2, LN17.....		102,188

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