Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

A F	For the 201	05 calendar year, or tax year beginning	and er	nding_						
B (Check if upplicable	C Name of organization use IRS SOCIAL BETTERMENT PROPERTIES				D Emp	Employer identification number			
	Address	print or INTERNATIONAL				8	6-16	567526		
	Name Jchange	Number and street (or P.O. box if mail is not delivered to street address	ss)		Room/suite			<u> </u>		
	Initial return	Specific 6331 HOLLYWOOD BLVD	,				•	960-3500		
\vdash	Final return	Instruc- tions City or town, state or country, and ZIP + 4			<u> </u>		unting meth			
	Amended return					I ——	Other (specify)			
	Application		rusts	H an	d l are not app			tion 527 organizations.		
	po	must attach a completed Schedule A (Form 990 or 990-EZ).		ı	Is this a group r					
G V	Nebsite: D	N/A		, , ,	If "Yes," enter nu			/ _		
J (Organizati	on type (check only one) \blacktriangleright X 501(c) (3) (insert no) $4947(a)(1)$ or $[$	527	1 ''	Are all affiliates			VA Yes No		
K	Check here	If the organization's gross receipts are normally not more than \$25,00	0 The	H(4)	(If "No," attach a Is this a separat	•	n filad hi	zan or⇒		
(organizatio	in need not file a return with the IRS, but if the organization chooses to file a retur	n, be	II(u)	ganization cove			, , , , , , , , , , , , , , , , , , , ,		
	-	a complete return Some states require a complete return.	_	1	Group Exemption	n Num	ber 🕨	N/A		
				M	Check ► X	ıf the o	rganizat	ion is not required to attach		
<u>L</u> (ipts. Add lines 6b, 8b, 9b, and 10b to line 12 \blacktriangleright 1, 704, 8			Sch B (Form 99	90, 990	-EZ, or §	390-PF)		
Pa	art I F	Revenue, Expenses, and Changes in Net Assets or Fun	d Bala	nce	<u> </u>		,			
	1 (Contributions, gifts, grants, and similar amounts received	1	1		,				
	a I	Direct public support	<u>1a</u>			2 -				
	b I	Indirect public support	1b		1,548,4	96.				
	C (Government contributions (grants)	1c	<u> </u>				1 5 4 0 4 0 6		
		Total (add lines 1a through 1c) (cash $\$$ $1,548,496$ noncash	· 			_)	10	1,548,496.		
(1)	2 !	Program service revenue including government fees and contracts (from Part VII,	2							
SCANNIED DENNAMED	3 1	Membership dues and assessments					3	17 500		
	4 1	Interest on savings and temporary cash investments					4	17,593.		
急	5	Dividends and interest from securities	1 _	ŀ	120 7	71	5			
m	` 6 a (Gross rents SEE STATEMENT 1	<u>6a</u>		138,7	/1.				
		b Less rental expenses 6b						120 771		
							6c	138,771.		
2 Jan 1930	7	Other investment income (describe	<u> </u>		(B) (M))	-/-			
₹ 5	8 a (Gross amount from sales of assets other (A) Securities	-	 	(B) Other					
€	'	than inventory	<u>8a</u>	 						
<u></u>		Less cost or other basis and sales expenses	8b							
	G '	Gain or (loss) (attach schedule)	<u>8c</u>	<u> </u>			8d			
	" '	Net gain or (loss) (combine line 8c, columns (A) and (B)) Special events and activities (attach schedule). If any amount is from gaming , che	ock hara l	▶ ┌	_	;	Ou			
		Gross revenue (not including \$ of contributions	SUN HOIG I							
	;	reported on line 1a)	9a			:				
	1	Less direct expenses other than fundraising expenses	9b	_						
	1	Net income or (loss) from special events (subtract line 9b from line 9a)		<u> </u>			9c			
	!	Gross sales of inventory, less returns and allowances	10a							
	1	Less cost of goods sold	10b		· · ·					
	•	Gross profit or (loss) from spies of inventory (attach-schedule) (subtract line 10b		10a)	_		100			
	11 (Other revenue (from Part , VIII, line 103)	_	·			11			
	1	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)					12	1,704,860.		
		Program services (from Ine 44, column (B)), LIDE	_		_		13	1,613,690.		
ses		Management and general (from line 44, column (C))					14	1,634.		
Jen	15 I	Fundraising (from line 44, Ours De la					15	<u> </u>		
EX		Payments to affiliates (attach schedule)	•				16			
	17	Total expenses (add lines 16 and 44, column (A))	-			· <u>-</u>	17	1,615,324.		
	18	Excess or (deficit) for the year (subtract line 17 from line 12)	-				18	<u>89,536.</u>		
Net Assets	19 1	Net assets or fund balances at beginning of year (from line 73, column (A))					19	42,665,719.		
ASS		Other changes in net assets or fund balances (attach explanation)					20	<u> </u>		
	21 1	Net assets or fund balances at end of year (combine lines 18, 19, and 20)					21	42,755,255.		
5230 02-0	701 3-06 L	HA For Privacy Act and Paperwork Reduction Act Notice, see the separate in	nstruction	IS.				Form 990 (2005)		

For	rm 990 (2005) INTERNAT		AL		86-16	67526 Page 2
	art II Statement of All or	-	ions must complete column inizations and section 4947(• • • • • • • • • • • • • • • • • • • •	• •	501(c)(3)
	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)					
	(cash \$	벨				
	If this amount includes foreign grants, check here	22				
23	Specific assistance to individuals (attach					
	schedule) .	23				
24	Benefits paid to or for members (attach					
	schedule)	24				
25	Compensation of officers, directors, etc.	25	0.	0.	0 -	0.
26	Other salanes and wages	26				
27	Pension plan contributions	27				<u> </u>
28	Other employee benefits	28				
29	Payroll taxes	29				
30	Professional fundraising fees .	30		_		
31	Accounting fees .	31	10,217.	9,195.	1,022.	
32	Legal fees	32	596.	536.	60.	
33	Supplies	33				
34	Telephone	34		<u> </u>		
35	Postage and shipping	35	<872.>	<872.>	•	
36	Occupancy	36				
37	Equipment rental and maintenance	37				
	Printing and publications	38				
	Travel	39	<546.>	<546.	•	
40	Conferences, conventions, and meetings	40				
	Interest	41				
42	Depreciation, depletion, etc. (attach schedule)	42	1,525,613.	1,525,563.	50.	
	Other expenses not covered above (itemize):					
	OFFICE & ADMIN	43a	137.		137.	
b	PROPERTY TAX	43b	79,814.	79,814.		
C	BANK CHARGES	43c	365.		365.	
d	<u> </u>	43d				
e	<u></u>	43e				
f	<u> </u>	431				
u		43g				
44 4	Total functional expenses. Add lines 22					·
	through 43. (Organizations completing columns (B)-(D), carry these totals to lines					
	13-15)	144	1.615.324	1.613.690.	1.634	0 -

Form **990** (2005)

Yes X No

N/A

N/A

Joint Costs. Check ► _____ If you are following SOP 98-2.

If "Yes," enter (i) the aggregate amount of these joint costs \$

(iii) the amount allocated to Management and general \$

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

N/A

N/A

, (ii) the amount allocated to Program services \$_

, and (iv) the amount allocated to Fundraising \$

		•
Form	990	(2005)

INTERNATIONAL

86-1667526

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.

	at is the organization's prim	ary exempt purpose?		Program Service
All clie	organizations must describe	their exempt purpose achievements in a clear and concise manner. State led, etc. Discuss achievements that are not measurable. (Section 501(c)(3) onexempt charitable trusts must also enter the amount of grants and alloca	and (4)	(Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
а	EDUCATION		<u> </u>	<u> </u>
	SEE STATEMENT	7		
b	(Grants and allocations DETOX	\$) If this amount includes foreign grants, che	eck here	1,028,991.
	SEE STATEMENT	7		
_ C	(Grants and allocations MORALS	\$	eck here	415,496.
	SEE STATEMENT	7		
	(Grants and allocations HUMAN RIGHTS	\$) If this amount includes foreign grants, che	eck here	87,339.
•	SEE STATEMENT	7		
	(Grants and allocations	\$) If this amount includes foreign grants, che	eck here	81,864.
е	Other program services (at: (Grants and allocations	ach schedule) \$ If this amount includes foreign grants, che	ack here	
f		Expenses (should equal line 44, column (B), Program services)		1,613,690.
<u> </u>				Form 990 (2005)

Page 4

SOCIAL BETTERMENT PROPERTIES

Form 990 (2005)

INTERNATIONAL

Part IV Balance Sheets (See the instructions.) Note: Where required, attached schedules and amounts within the description column (B) Beginning of year End of year should be for end-of-year amounts only. 201,958. 10,305. 45 45 Cash - non-interest-bearing 385,229. 204,180. 46 46 Savings and temporary cash investments 47a 47 a Accounts receivable b Less: allowance for doubtful accounts 47b 47c Pledges receivable **48a** Less: allowance for doubtful accounts 48b 48c 49 49 Grants receivable 50 Receivables from officers, directors, trustees, 50 and key employees 51 a Other notes and loans receivable 51a Less: allowance for doubtful accounts 51b 51c 52 52 Inventories for sale or use **53** 53 Prepaid expenses and deferred charges 330,000. 450,000. ► X Cost STMT 4 54 54 Investments - securities Investments - land, buildings, and **55a** equipment: basis 55b 55c b Less: accumulated depreciation 56 56 Investments - other 45,237,752. 57a Land, buildings, and equipment: basis 3,074,240. 42,163,512. 42,016,319. 57c b Less: accumulated depreciation STMT 2 57b Other assets (describe 58 58 42,889,046. 42,872,457. 59 Total assets (must equal line 74). Add lines 45 through 58 60 60 Accounts payable and accrued expenses 61 Grants payable 62 62 Deferred revenue 63 63 Loans from officers, directors, trustees, and key employees 64a 64 a Tax-exempt bond liabilities 64b b Mortgages and other notes payable 206,738. 133,791. SEE STATEMENT 3 65 Other liabilities (describe 65 133,791. 206,738. Total liabilities. Add lines 60 through 65) Organizations that follow SFAS 117, check here and complete lines 67 through 69 and lines 73 and 74. und Balances 67 67 Unrestricted 68 68 Temporarily restricted 69 69 Permanently restricted Organizations that do not follow SFAS 117, check here 🕨 🗓 and complete lines 70 through 74. 0. 70 70 Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, building, and equipment fund 71 71 42,665,719. 42,755,255. 72 72 Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, 42,665,719. 73 42,755,255. column (A) must equal line 19, column (B) must equal line 21) 42,889,046. 42,872,457. 74 Total liabilities and net assets/fund balances. Add lines 66 and 73

Pa	rt IV-A	instructions.)							
	Total reve	nue, gains, and other support per audited financial stateme	nts				a		N/A
		included on line a but not on Part I, line 12:				•		•	
1		lized gains on investments		b1					
2		services and use of facilities		b2					
		s of prior year grants	•	b3			1		
	Other (spe		• • •	b 4	<u>-</u>				
-	` '	b1 through b4	······································				1 b		
C		ine b from line a		,	-		C		
		included on Part I, line 12, but not on line a:	•	•				_	
1		nt expenses not included on Part I, line 6b		d1	1				
2	Other (spe			d2		•	1		
	` '	d1 and d2			<u> </u>		7 a 1		
e		enue (Part I, line 12) Add lines c and d	-				e		
_		Reconciliation of Expenses per Audited Fina	ncial Statements	Wit	h Expense	s per	Retu	ırn	
a	Total expe	enses and losses per audited financial statements	_				а		N/A
b	_	included on line a but not on Part I, line 17:							
1	Donated s	services and use of facilities		b1					
2	Prior year	adjustments reported on Part I, line 20		b2]		
3	Losses re	ported on Part I, line 20	-	b3					
4	Other (spe	ecify):		b4					
	Add lines	b1 through b4					Ь		
C	Subtract I	ine b from line a					C		
d	Amounts	included on Part I, line 17, but not on line a:						-	
1	Investmer	nt expenses not included on Part I, line 6b		<u>d1</u>]		
2	Other (spe	ecify):		d2					
	A			1					
	Add lines	d1 and d2					d		
	Total exp	enses (Part I, line 17). Add lines c and d	•				d		
	Total exp	enses (Part I, line 17). Add lines c and d Current Officers, Directors, Trustees, and Ke						, direc	tor, trustee,
	Total exp	enses (Part I, line 17). Add lines c and d	re not compensated.) (S	ee t	he instructions	n (D) c	officer	ions to	
	Total exp	enses (Part I, line 17). Add lines c and d Current Officers, Directors, Trustees, and Ke		See t		n (D)Co emp	officer	ions to enefit erred	(E) Expense account and
	Total exp	enses (Part I, line 17). Add lines c and d Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we	re not compensated.) (S (B) Title and average hour per week devoted to	See t	c) Compensations If not paid, ente	n (D)Co emp	officer	ons to	(E) Expense account and
	Total exp	enses (Part I, line 17). Add lines c and d Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we	re not compensated.) (S (B) Title and average hour per week devoted to	See t	c) Compensations If not paid, ente	n (D)Co emp	officer	ions to enefit erred	(E) Expense account and
Ρε	Total exp	enses (Part I, line 17). Add lines c and d Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we	re not compensated.) (S (B) Title and average hour per week devoted to	See t	c) Compensations If not paid, ente	n (D)Co emp plan comp	officer	ions to enefit erred	(E) Expense account and
Ρε	Total exp	enses (Part I, line 17). Add lines c and d Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	re not compensated.) (S (B) Title and average hour per week devoted to	See t	C) Compensations If not paid, enter-0)	n (D)Co emp plan comp	officer	ions to enefit erred n plans	(E) Expense account and
Ρε	Total exp	enses (Part I, line 17). Add lines c and d Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	re not compensated.) (S (B) Title and average hour per week devoted to	See t	C) Compensations If not paid, enter-0)	n (D)Co emp plan comp	officer	ions to enefit erred n plans	(E) Expense account and
Ρε	Total exp	enses (Part I, line 17). Add lines c and d Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	re not compensated.) (S (B) Title and average hour per week devoted to	See t	C) Compensations If not paid, enter-0)	n (D)Co emp plan comp	officer	ions to enefit erred n plans	(E) Expense account and
Ρε	Total exp	enses (Part I, line 17). Add lines c and d Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	re not compensated.) (S (B) Title and average hour per week devoted to	See t	C) Compensations If not paid, enter-0)	n (D)Co emp plan comp	officer	ions to enefit erred n plans	(E) Expense account and
Ρε	Total exp	enses (Part I, line 17). Add lines c and d Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	re not compensated.) (S (B) Title and average hour per week devoted to	See t	C) Compensations If not paid, enter-0)	n (D)Co emp plan comp	officer	ions to enefit erred n plans	(E) Expense account and
Ρε	Total exp	enses (Part I, line 17). Add lines c and d Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	re not compensated.) (S (B) Title and average hour per week devoted to	See t	C) Compensations If not paid, enter-0)	n (D)Co emp plan comp	officer	ions to enefit erred n plans	(E) Expense account and
Ρε	Total exp	enses (Part I, line 17). Add lines c and d Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	re not compensated.) (S (B) Title and average hour per week devoted to	See t	C) Compensations If not paid, enter-0)	n (D)Co emp plan comp	officer	ions to enefit erred n plans	(E) Expense account and
Ρε	Total exp	enses (Part I, line 17). Add lines c and d Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	re not compensated.) (S (B) Title and average hour per week devoted to	See t	C) Compensations If not paid, enter-0)	n (D)Co emp plan comp	officer	ions to enefit erred n plans	(E) Expense account and
Ρε	Total exp	enses (Part I, line 17). Add lines c and d Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	re not compensated.) (S (B) Title and average hour per week devoted to	See t	C) Compensations If not paid, enter-0)	n (D)Co emp plan comp	officer	ions to enefit erred n plans	(E) Expense account and
Ρε	Total exp	enses (Part I, line 17). Add lines c and d Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	re not compensated.) (S (B) Title and average hour per week devoted to	See t	C) Compensations If not paid, enter-0)	n (D)Co emp plan comp	officer	ions to enefit erred n plans	(E) Expense account and
Ρε	Total exp	enses (Part I, line 17). Add lines c and d Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	re not compensated.) (S (B) Title and average hour per week devoted to	See t	C) Compensations If not paid, enter-0)	n (D)Co emp plan comp	officer	ions to enefit erred n plans	(E) Expense account and
Ρε	Total exp	enses (Part I, line 17). Add lines c and d Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	re not compensated.) (S (B) Title and average hour per week devoted to	See t	C) Compensations If not paid, enter-0)	n (D)Co emp plan comp	officer	ions to enefit erred n plans	(E) Expense account and
Ρε	Total exp	enses (Part I, line 17). Add lines c and d Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	re not compensated.) (S (B) Title and average hour per week devoted to	See t	C) Compensations If not paid, enter-0)	n (D)Co emp plan comp	officer	ions to enefit erred n plans	(E) Expense account and
Pε	Total exp	enses (Part I, line 17). Add lines c and d Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	re not compensated.) (S (B) Title and average hour per week devoted to	See t	C) Compensations If not paid, enter-0)	n (D)Co emp plan comp	officer	ions to enefit erred n plans	(E) Expense account and
Pε	Total exp	enses (Part I, line 17). Add lines c and d Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	re not compensated.) (S (B) Title and average hour per week devoted to	See t	C) Compensations If not paid, enter-0)	n (D)Co emp plan comp	officer	ions to enefit erred n plans	(E) Expense account and
Pε	Total exp	enses (Part I, line 17). Add lines c and d Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	re not compensated.) (S (B) Title and average hour per week devoted to	See t	C) Compensations If not paid, enter-0)	n (D)Co emp plan comp	officer	ions to enefit erred n plans	(E) Expense account and
Pε	Total exp	enses (Part I, line 17). Add lines c and d Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	re not compensated.) (S (B) Title and average hour per week devoted to	See t	C) Compensations If not paid, enter-0)	n (D)Co emp plan comp	officer	ions to enefit erred n plans	(E) Expense account and
Pε	Total exp	enses (Part I, line 17). Add lines c and d Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	re not compensated.) (S (B) Title and average hour per week devoted to	See t	C) Compensations If not paid, enter-0)	n (D)Co emp plan comp	officer	ions to enefit erred n plans	(E) Expense account and
Pε	Total exp	enses (Part I, line 17). Add lines c and d Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	re not compensated.) (S (B) Title and average hour per week devoted to	See t	C) Compensations If not paid, enter-0)	n (D)Co emp plan comp	officer	ions to enefit erred n plans	(E) Expense account and
Pε	Total exp	enses (Part I, line 17). Add lines c and d Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	re not compensated.) (S (B) Title and average hour per week devoted to	See t	C) Compensations If not paid, enter-0)	n (D)Co emp plan comp	officer	ions to enefit erred n plans	(E) Expense account and

SOCIAL BETTERMENT PROPERTIES

	n 990 (200				86-16675	526	P	age 6
Pa	ert V-A	Current Officers, Directors, Trustees, and K	ey Employees (continu	red)	.		Yes	No
75 a	Enter th	e total number of officers, directors, and trustees permitted	to vote on organization bu	siness at board				
	meeting	S		<u> </u>				
b	Are any	officers, directors, trustees, or key employees listed in Forn	n 990, Part V-A, or highest o	compensated emp	loyees			
		Schedule A, Part I, or highest compensated professional ar	•		• • • • • • • • • • • • • • • • • • •			
		or II-B, related to each other through family or business related to each other through family or business related to the related to the second secon	ationships? If "Yes," attach	a statement that is	dentifies	754		v
	tne inai	riduals and explains the relationship(s)		- •		75b		
C	•	officers, directors, trustees, or key employees listed in Form		•	- t			
		Schedule A, Part I, or highest compensated professional ar	•					
		or II-B, receive compensation from any other organizations attion through common supervision or common control?	, whether tax exempt or tax	table, that are relat	ea to this	75c	:	x
	_	elated organizations include section 509(a)(3) supporting or	nanizations			700		
		ttach a statement that identifies the individuals, explains the relation		and the other organ	ization(s), and			
		the compensation arrangements, including amounts paid to each	· · · · · · · · · · · · · · · · · · ·	-				
d	Does th	e organization have a written conflict of interest policy?				75d		Х
Pε	ert V-B	Former Officers, Directors, Trustees, and Ko	ey Employees That F	Received Com	pensation o		her	
		Benefits (If any former officer, director, trustee, or key e	mployee received compens	sation or other ben	efits (described	l belo	w) dui	_
	 	the year, list that person below and enter the amount of co	mpensation or other bene		 			
		(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit	, v-	E) Expe ccount	_
		NONE	<u> </u>		plans & deferred compensation plan			
	_					-		
	 -							
		<u> </u>						
	· 							
	-				1			
		· · · · · · · · · · · · · · · · · · ·		-				
						<u> </u>		
	. _							
	. _							
			<u> </u>			+-		<u>_</u>
p,	ert VI	Other Information (See the Instructions)	<u>.l_ </u>	1.	<u></u>	<u> </u>	Yes	Nο
76	1	organization engage in any activity not previously reported	to the IRS? If "Yes." attach	a detailed				
		ion of each activity				76		X
77	•	y changes made in the organizing or governing documents	but not reported to the IRS	3?		77	X	
		attach a conformed copy of the changes.						
78 a	•	organization have unrelated business gross income of \$1,00	00 or more during the year	covered by this ret	urn?	78a		X
b		has it filed a tax return on Form 990-T for this year?		-	N/A	78b		
79	Was the	re a liquidation, dissolution, termination, or substantial conf	raction during the year? If	"Yes," attach a sta	tement	79	<u> </u>	X
80 a	Is the o	ganization related (other than by association with a statewi	de or nationwide organizati	on) through comm	on			
	membe	ship, governing bodies, trustees, officers, etc., to any other	exempt or nonexempt org	anızatıon?	-	80a	<u> </u>	<u>X</u>
b	If "Yes,"	enter the name of the organization N/A						
	 -		_ and check whether it is l	1 1	nonexempt			
81 a		rect or indirect political expenditures. (See line 81 instructio	ns.)	81a	0 -			v
	Did the	organization file Form 1120-POL for this year?				81b	000	(2005)
5231	61/02-03-06					rom	330	(2005)

SOCIAL BETTERMENT PROPERTIES

Forn	990 (2005) INTERNATIONAL		86-166	7526	P	age 7
F	rt VI Other Information (continued)	<u></u>			Yes	
82 a		charge or	at substantially			
	less than fair rental value?		•	82a		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.)	b	N/A			
83 a		olications?		83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions			83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		_	84a		X
	If "Yes," did the organization include with every solicitation an express statement that such contrib	utions or g	ıfts were not		-	
	tax deductible?		N/A	84b		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		N/A	85a		
b		_	N/A	85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the org	ganization	received a			
	waiver for proxy tax owed for the prior year.					į
C	Dues, assessments, and similar amounts from members	c	N/A			į.
d	Section 162(e) lobbying and political expenditures	đ	N/A	7		į
8		e	N/A	_		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	f	N/A	7		
Q	- · · · · · · · · · · · · · · · · · · ·		N/A	85g		
	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on	lıne 85f				
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for					
	following tax year?		N/A	85h		
86	501(c)(7) organizations. Enter. a Initiation fees and capital contributions included on					
	ine 12	a	N/A			
b	Gross receipts, included on line 12, for public use of club facilities	b	N/A			
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders 878	а	N/A			
b						
	against amounts due or received from them.)	ь	N/A			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corpora	ation or pai	tnership,			
	or an entity disregarded as separate from the organization under Regulations sections 301.7701-2	-	-			
	If "Yes," complete Part IX			88		X
89 a						
	section 4911 ► 0 • , section 4912 ► 0 • , section 4955 ►		0.			
b						
	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 yea	r under				
	sections 4912, 4955, and 4958		>			0.
đ	Enter: Amount of tax on line 89c, above, reimbursed by the organization					0.
90 a	List the states with which a copy of this return is filed $ ightharpoonup CA$					
b	Number of employees employed in the pay period that includes March 12, 2005		90b			0
91 a	The books are in care of ▶ EDYTH_QUILLIN	elephone no				<u>0</u>
	Located at ► 6331 HOLLYWOOD BLVD, LOS ANGELES		ZIP + 4 🔼	<u>9002</u>	8	
b	At any time during the calendar year, did the organization have an interest in or a signature or othe	r authority				
	over a financial account in a foreign country (such as a bank account, securities account, or other	financial			Yes	No
	account)?		-	91b		X
	If "Yes," enter the name of the foreign country $ ightharpoonup$ N/A		<u> </u>			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	gn Bank				
	and Financial Accounts.					
C	At any time during the calendar year, did the organization maintain an office outside of the United S	States?		91c		X
-	If "Yes," enter the name of the foreign country > N/A					
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here				> [
	and enter the amount of tax-exempt interest received or accrued during the tax year		92	N/	A _	

Form **990** (2005)

INTERNATIONAL

ndicated.	(A)	business income (B)	(C)	y section 512, 513, or 514 (D)	(E) Related or exempt
3 Program service revenue:	Business	Amount	Exclu- sion	Amount	function income
a		<u> </u>	code		
<u> </u>		<u> </u>			
d					
8					
Medicare/Medicaid payments					
Fees and contracts from government agencies		<u> </u>			
Membership dues and assessments					
Interest on savings and temporary cash investments			14	17,593.	
Dividends and interest from securities					
Net rental income or (loss) from real estate:					
a debt-financed property					
not debt-financed property .	<u></u>				138,771
Net rental income or (loss) from personal property					
Other investment income					
Gain or (loss) from sales of assets					
other than inventory	<u></u>	_			
Net income or (loss) from special events		<u> </u>		·	
Gross profit or (loss) from sales of inventory	<u> </u>				
Other revenue:					
	<u> </u>				
<u> </u>		· · · · · · · · · · · · · · · · · · ·			
	-				
	 	.			
				17,593.	138,771
Subtotal (add columns (B), (D), and (E))			U • [1/.595	1.30 - / / 1
	<u>L.</u>		<u> </u>	<u> </u>	
Total (add line 104, columns (B), (D), and (E))	unt on line 12		<u> </u>	— — — — — — — — — — — — — — — — — — —	
Total (add line 104, columns (B), (D), and (E)) te: Line 105 plus line 1d, Part I, should equal the amo		Part I.	L		156,364
Total (add line 104, columns (B), (D), and (E)) te: Line 105 plus line 1d, Part I, should equal the amo art VIII Relationship of Activities to the	Accomplis	Part I. hment of Exe	npt Purpo	ses (See the instruction	156,364 ons.)
Total (add line 104, columns (B), (D), and (E)) te: Line 105 plus line 1d, Part I, should equal the amo art VIII Relationship of Activities to the ne No. Explain how each activity for which income is repo	Accomplisorted in column (Part I. hment of Exer E) of Part VII contrib	npt Purpo	ses (See the instruction	156,364 ons.)
Total (add line 104, columns (B), (D), and (E)) te: Line 105 plus line 1d, Part I, should equal the amo art VIII Relationship of Activities to the ne No. Explain how each activity for which income is repo exempt purposes (other than by providing funds f	Accomplisorted in column (for such purpose	Part I. hment of Exer E) of Part VII contrib s)	npt Purpo	ses (See the instruction	156,364 ons.)
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Total (add line 104, columns (B), (D), and (E)) te: Line 105 plus line 1d, Part I, should equal the amount VIII Relationship of Activities to the exempt purposes (other than by providing funds for exempt purposes (other than of exempt purposes) Information Regarding Transfer (a) Did the organization, during the year, receive any funds, or the other than of the correct, and complete, Declaration of preparer (other than of exempt purposes).	Accomplish orted in column (for such purpose IPT ORGA) Subsidiarie st % % % % cs Associate directly or indirectly extractions)	hment of Exer E) of Part VII contrib s) NIZATION. s and Disregar (C) Nature of activities ed with Person thy, to pay premiums on a personal benefit accompanying schedules information of which pre-	rded Entite on a personal at contract?	ies (See the instruction (D) Total income Contracts (See the benefit contract?	156, 364 ons.) of the organization's (E) End-of-year assets instructions.) Yes X No. yes X No. ge and belief, it is true,
te: Line 105 plus line 104, columns (B), (D), and (E)) te: Line 105 plus line 1d, Part I, should equal the amo art VIII Relationship of Activities to the Explain how each activity for which income is report exempt purposes (other than by providing funds for the exempt purposes (other than by providing funds for the exempt purposes (other than by providing funds for the exempt purposes (other than by providing funds for the exempt purposes (other than by providing funds for the exempt purposes (other than by providing funds for the exempt purposes (other than by providing funds for the exempt purposes (a) (A) (B) Percentage of ownership interest of period the exempt purposes for the exempt purpose	Accomplish orted in column (for such purpose IPT ORGA) Subsidiarie St % % % % S Associate directly or indirectly extractions) is return, including a ficer) is based on all	hment of Exer E) of Part VII contrib s) NIZATION. s and Disrega (C) Nature of activities ed with Person thy, to pay premiums on a personal benef	rded Entite on a personal at contract?	ies (See the Instruction (D) Total Income Contracts (See the benefit contract?	156, 364 ons.) of the organization's (E) End-of-year assets instructions.) Yes X No. Yes X No. ge and belief, it is true,
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SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

523101/02-03-06

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),

501(n), or 4947(a)(1) Nonexempt Charitable Trust Supplementary Information-(See separate instructions.)

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

2005

OMB No 1545-0047

Employer identification number SOCIAL BETTERMENT PROPERTIES Name of the organization 86 1667526 INTERNATIONAL Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I (See page 1 of the instructions List each one If there are none, enter "None") (e) Expense account and other (d) Contributions to (b) Title and average hours (a) Name and address of each employee paid employee benefit (c) Compensation per week devoted to plans & deferred more than \$50,000 position allowances compensation NONE Total number of other employees paid over \$50,000 Compensation of the Five Highest Paid Independent Contractors for Professional Services Part II-A (See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None") (c) Compensation (b) Type of service (a) Name and address of each independent contractor paid more than \$50,000 NONE Total number of others receiving over \$50,000 for professional services Compensation of the Five Highest Paid Independent Contractors for Other Services Part II-B (List each contractor who performed services other than professional services, whether individuals or firms If there are none, enter "None" See page 2 of the instructions) (b) Type of service (c) Compensation (a) Name and address of each independent contractor paid more than \$50,000 RENOVATIONS OF CONDAIRE MECHANICAL CONTRACTOR 63126 161,226. 1141 RECO DRIVE, SAINT LOUIS, MO MECH. SYSTEM Total number of other contractors receiving over \$50,000 for other services

SOCIAL BETTERMENT PROPERTIES

Schedule A (Form 990 or 990-EZ) 2005 INTERNATIONAL 86-1667526 Statements About Activities (See page 2 of the instructions) Yes 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) 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 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.) 2a a Sale, exchange, or leasing of property? 2b b Lending of money or other extension of credit? c Furnishing of goods, services, or facilities? **2c** d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? **2d** e Transfer of any part of its income or assets? **2e** 3 a Do you make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments) **3a** b Do you have a section 403(b) annuity plan for your employees? 3b c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)? 3c 4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? 4a b Do you provide credit counseling, debt management, credit repair, or debt negotiation services? 4b Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions) Part IV The organization is not a private foundation because it is (Please check only ONE applicable box) A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i) A school Section 170(b)(1)(A)(II) (Also complete Part V) A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii) A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v) A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) 10 (Also complete the Support Schedule in Part IV-A) X An organization that normally receives a substantial part of its support from a governmental unit or from the general public 11a Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A) A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A) 11b An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 12 receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.). 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes Type 1 Type 3 the type of supporting organization Type 2 Provide the following information about the supported organizations (See page 6 of the instructions) (b) Line number (a) Name(s) of supported organization(s) from above An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.) 14

Schedule A (Form 990 or 990-EZ) 2005

•		
Schedule A /Form	990 or 990-F7\ 2005	INTERNATIONAL

Pd	Note: You may use the	e <u>workshee</u> t in the inst	ructions for converting	from the accrual to the	e cash method o	of acco	unting
	ndar year (or fiscal year nning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001		(e) Total
15	Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	5,631,254.	38,889,654.	0.		0.	44,520,908.
<u> 16</u>	Membership fees received				<u> </u>		
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's chantable, etc., purpose						
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	360,080.	17,750.				377,830.
19	Net income from unrelated business	,					
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	5,991,334.	38,907,404.	0.		0.	44,898,738.
24	Line 23 minus line 17	5,991,334.	38,907,404.				44,898,738.
25	Enter 1% of line 23	59,913.	389,074.	<u> </u>	·		
26	Organizations described on lines 1	O or 11: a Enter 2% of	amount in column (e), lin	e 24		26a	897,975.
b	Prepare a list for your records to sho	ow the name of and amou	int contributed by each pe	erson (other than a govern	nmental		
	unit or publicly supported organizati	,	_	ded the amount shown in	line 26a		
	Do not file this list with your return					26b	44 000 730
C	Total support for section 509(a)(1) t	~	77 000			26c	44,898,738.
d	Add Amounts from column (e) for i	ines 18 <u>3</u>	77,830.	-			277 020
	D 11	22	26b			26d	377,830. 44,520,908.
9	Public support (line 26c minus line 2	•	. lina 96a (danaminatas)	- \		26e	99.1585%
27	Public support percentage (line 26) Organizations described on line 12		•	• • • • • • • • • • • • • • • • • • • •	licaualified person	26f	<u> </u>
27	records to show the name of, and to						
	such amounts for each year	N/A	acii year iroiii, cacii aisq	damod porson Do not in	io tillo hat with yo	u. 101u	in. Lintor the Saint of
	(2004)	(2003)	(2	002)	(200	11)	
b	For any amount included in line 17 to	` '	•		· · · · ·	•	to show the name of,
	and amount received for each year, t		•				
	described in lines 5 through 11b, as	well as individuals) Do n	ot file this list with your	return. After computing th	ne difference betw	een the	amount received and
	the larger amount described in (1) o	r (2), enter the sum of the	ese differences (the exces	s amounts) for each year	N/A		
	(2004)	(2003)	_ (2	002)	(200	11)	-
C	Add Amounts from column (e) for I	ines 15 <u> </u>		16		I !	1 /_
	17	20				27c	N/A
	Add Line 27a total	· · · · · · · · · · · · · · · · · · ·	nd line 27b total			27d	N/A
9	Public support (line 27c total minus	•		<u> </u>	-	27e	N/A
f	Total support for section 509(a)(2) t				N/A	07-	N/A %
_	Public support percentage (lin	_	_			27g	37/3
	Investment income percentag					27h	
	Unusual Grants: For an organization show, for each year, the name of the creturn. Do not include these grants in	ontributor, the date and a line 15	, or 12 that received any tomount of the grant, and a	brief description of the na	ature of the grant	Do not	file this list with your

NONE

523121 02-03-06

Does the organization receive any financial aid or assistance from a governmental agency?

Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc 75-50,

If you answered "Yes" to either 34a or b, please explain using an attached statement

1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation

Has the organization's right to such aid ever been revoked or suspended?

Private School Questionnaire (See page 7 of the instructions) N/A Part V (To be completed ONLY by schools that checked the box on line 6 in Part IV) Yes No 29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing 29 instrument, or in a resolution of its governing body? Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, 30 and other written communications with the public dealing with student admissions, programs, and scholarships? 30 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of 31 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 Records indicating the racial composition of the student body, faculty, and administrative staff? 32a Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 32b Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student 32c admissions, programs, and scholarships? 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 Students' rights or privileges? 33a 33b Admissions policies? Employment of faculty or administrative staff? 33c Scholarships or other financial assistance? 33d 33e Educational policies? 33f Use of facilities? **33g** Athletic programs? 33h Other extracurricular activities? if you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)

Schedule A (Form 990 or 990-EZ) 2005

34a

34b

35

Schedule A (Form 990 or 990-EZ) 200	5 INTERNATIO	ONAL			<u> </u>	5-1667526 Page
	_	cting Public Chari zation that filed Form 5768		ige 9 of th	ne instructions)	N/A
Check a if the organization	belongs to an affiliated of	group. Check	▶ b ☐ If	you chec	ked "a" and "limited contro	provisions apply
	s on Lobbying E	_			(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(Ineterm ex	xpenditures" means amo	unts paid or incurred.)	- " -	1		
26. Total labburga avecaditures to infl	luanca nublia aninian /a.	reeraste labbungs)		26	N/A	
36 Total lobbying expenditures to infl37 Total lobbying expenditures to infl	, , , , ,			36		<u> </u>
38 Total lobbying expenditures (add l	-	(unectionalying)		38		
39 Other exempt purpose expenditur	•	•		39		<u>-</u>
40 Total exempt purpose expenditure		•	•••	40		
41 Lobbying nontaxable amount Ent	,	ollowing table -	-		· ·	
If the amount on line 40 is -	The lobbying	g nontaxable amount is -				
Not over \$500,000	20% of the ame	ount on line 40	ገ			
Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess over \$500,00	ю			
Over \$1,000,000 but not over \$1,500,00	0 \$175,000 plus	10% of the excess over \$1,000,	000	41		·
Over \$1,500,000 but not over \$17,000,0	00 _ \$225,000 plus	5% of the excess over \$1,500,0	00			
Over \$17,000,000	\$1,000,000)			
42 Grassroots nontaxable amount (et	•	andra OC		42		
43 Subtract line 42 from line 36 Ente		•		43		
44 Subtract line 41 Home So Ente		iaii iiiie 30	•	1	 -	
Caution: If there is an amount	on either line 43 or lin	e 44. vou must file Form	4720			
		· · · · · · · · · · · · · · · · · · ·	enditures Durin	ng 4-Yea	r Averaging Period	N/A
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 200:		(d) 2002	(e) Total
45 Lobbying nontaxable amount						0.
46 Lobbying ceiling amount						
(150% of line 45(e))					••••	
47 Total lobbying						0.
expenditures 48 Grassroots nontaxable						
amount						0.
49 Grassroots ceiling amount						
(150% of line 48(e))						0.
50 Grassroots lobbying						
expenditures						0.
		ting Public Charitie not complete Part VI-A) (Se		he instru	ctions)	
During the year, did the organization at		· · · · · · · · · · · · · · · · · · ·	_ 		to	
influence public opinion on a legislative	•	•		, , ,	Yes No	Amount
a Volunteers					X	
b Paid staff or management (Include	e compensation in expen	ises reported on lines c thro	ough h .)		. X	_{
c Media advertisements					X	
d Mailings to members, legislators,	•				X	<u> </u>
e Publications, or published or broa		• •			X	
f Grants to other organizations for I	• •	anda and lacted to the			Y	
g Direct contact with legislators, the	ır staπs, government off	iciais, or a legislative body	•			<u> </u>

h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means

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

i Total lobbying expenditures (Add lines c through h.)

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable

86-1667526

		Exempt Organiz	zations (See page 12 of the instri	uctions)				
51	Dic	the reporting organization di	rectly or indirectly engage in any of t	the following with any other	organization described in section			
	50	1(c) of the Code (other than s	ection 501(c)(3) organizations) or in	section 527, relating to po	litical organizations?			
а			janization to a noncharitable exempt				Yes	No
) Cash		_		51a(i)		X
	•) Other assets				a(ii)		X
b	•	ner transactions			 -			
			ts with a noncharitable exempt organ	uzation		b(i)		X
	_	- -		ΠΖαίιστι	••	b(ii)		Y
			noncharitable exempt organization	-	•	b(iii)		Y
) Rental of facilities, equipme		•	-	 		V
	•) Reimbursement arrangemei	nts	-		b(iv)		N V
	•) Loans or loan guarantees			•	b(v)	·	A
	•	•	membership or fundraising solicitati		•	b(vi)		X
C	Sh	aring of facilities, equipment,	mailing lists, other assets, or paid er	nployees .	• •	C		<u> </u>
đ	If t	he answer to any of the above	is "Yes," complete the following sch	redule Column (b) should a	always show the fair market value of the			
	go	ods, other assets, or services	given by the reporting organization	If the organization received	l less than fair market value in any		_	
	tra	nsaction or sharing arrangem	ent, show in column (d) the value of	the goods, other assets, o	r services received	1	N/A	(
(a)	(b)	(£)		(d)			
Line	по	Amount involved	Name of noncharitable exe	empt organization	Description of transfers, transactions, and sh	arıng arr	angen	nents
							-	
							_	
					 			
		<u>-</u>				-		
		<u></u>						
								
				<u> </u>	 			
		· · · · · · · · · · · · · · · · · · ·			 		 	
								
					<u> </u>			
				<u> </u>				
52 a		•	-	one or more tax-exempt org	anizations described in section 501(c) of the	Yes	ΓŢ	No
h		de (other than section 501(c) Yes," complete the following s	· ··			162		J 140
<u> </u>			· <u> </u>	(b)	(c)			
		(a) Name of org		Type of organization	Description of relationship)		
			<u> </u>	· · · · · · · · · · · · · · · · · · ·		<u> </u>	<u>.</u>	
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Asset						Description of	f property		
Number		Date placed in service	Method/ IRC sec	Life or rate	Line No	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
	BU	ILDING	S						
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	*	990 PA	GE 2	TOTAL	FU	RNITURE & FIXT	URES		
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		112403	L	<u></u>	<u> </u>	800,000.			
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29	*******		ROVE	<u>IENTS</u>	بينجسجد	NAH	·······	······································	······································
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		JJU EE		1014		37,838,892.	0.	1,481,373.	1,375,010
6261 6-01-0 5			<u> </u>	.1	#	- Current year section 179	(D) · Asset dispos		

Asset						Description	of property		
Number		Date placed service	Method/ IRC sec	Life or rate	Line No	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
	ОТНІ								
			TION	IN PR	OGR	ESS - NN AH			
	ASSI	23103 ETS N		ACED	IN	8,666. SERVICE - NN	AH		<u> </u>
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	* 99	90 PA	GE 2	TOTAL		112.479.	0.	0 .	0.
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35		7 ₀ 1 ₀ 4	<u> </u>	40.00 OVEME	16 NTS	1,747,376. - CCHR		22,806.	43,684.
		21305	SL	40.00 TOTAT	16	1,540,825.			2,005.
	, y	11				HER 7,220,218.	0.	67,252.	143,989.
	* 99	90 PA	GE 2	TOTAL		7,220,218.	0.	67,252.	143,989.
	OTHI	ER							
46	PLAI			'T 		IPMENT	1	E	
	* 9	7 01 05	GE 2	TOTAL	16 01	66,163. HER	<u></u>	······································	0,010.
 	* 99	90 PA	GE 2	TOTAL		66,163.	0.	0.	6,616.
	* (2)	 	መረገጣ‡ እ ፻	990	ĐAC	66,163. E 2 DEPR	0.	0.	6,616.
			1011		FAG	45,237,752.	O.	1,548,625.	1,525,615.
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516261 05-01-05		<u> </u>		<u> </u>	#	+ - Current year section 17	9 (D) - Asset dispo	sed	

FORM 990 RE	NTAL INCOME		STATEMENT 1
KIND AND LOCATION OF PROPERTY		ACTIVITY NUMBER	GROSS RENTAL INCOME
DRUG REHAB CENTER IN OKLAHOMA		1	138,771.
TOTAL TO FORM 990, PART I, LINE 6	A		138,771.
FORM 990 DEPRECIATION OF ASS	ETS NOT HELD FOR	INVESTMENT	STATEMENT 2
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND - APS INT	800,000.	0.	800,000.
LAND - NN AH	2,850,000.	0.	2,850,000.
LAND - TWTH	750,000.	0.	750,000.
LAND - CCHR INT	2,200,000.	0.	2,200,000.
LAND IMPROVEMENTS - APS INT	2,143,000.	900,647.	1,242,353.
LAND IMPROVEMENTS - NN AH	874,000.	367,319.	506,681.
LAND IMPROVEMENTS - TWTH	2,500.	1,051.	1,449.
LAND IMPROVEMENTS - CCHR INT	60,500.	25,161.	35,339.
BUILDING - APS INT	14,547,000.	764,216.	13,782,784.
BUILDING - NN AH	7,206,000.	378,562.	6,827,438.
BUILDING - TWTH	3,437,500.	180,587.	3,256,913.
BUILDING - CCHR INT LAND IMPROVEMENT - NN AH	2,639,500. 11,085.	137,219. 370.	2,502,281.
CONSTRUCTION IN PROGRESS - NN	11,000.	370.	10,715.
AH	8,666.	0.	8,666.
ASSETS NOT PLACED IN SERVICE -			0,000.
NN AH	40,716.	0.	40,716.
LAND IMPROVEMENTS - APS INT	276,772.	88,007.	188,765.
LAND IMPROVEMENTS - NN AH	33,000.	12,100.	20,900.
BUILDINGS - NN AH	5,000.	684.	4,316.
BUILDING IMPROVEMENTS - APS			
INT	3,932,017.	142,746.	3,789,271.
BUILDING IMPROVEMENTS - NN AH	1,747,376.	66,490.	1,680,886.
FURNITURE	149.	75.	74.
BUILDING IMPROVEMENTS - CCHR	1,540,825.	2,005.	1,538,820.
LAND IMPROVEMENT - CCHR	2,886.	385.	2,501.
PLANT & TECHNICAL EQUIPMENT	66,163.	6,616.	59,547.
LAND IMPROVEMENT IN PROGRESS -	1E 220	^	AE 220
NN AH ASSETS NOT PLACED IN SERVICE -	45,338.	0.	45,338.
NN AH	17,759.	0.	17,759.
TOTAL TO FORM 990, PART IV, LN 57	45,237,752.	3,074,240.	42,163,512.

FORM 990	OTHER LIABILITIES		STATI	EMENT	3
DESCRIPTION			Al	4OUNT	
CONSTRUCTION PAYABLE DUE TO USIMT				61,206	
TOTAL TO FORM 990, PART IN	J, LINE 65, COLUMN B			133,79	1.
FORM 990	OTHER SECURITIES		STAT	EMENT	<u>4</u>
SECURITY DESCRIPTION		COST/FMV		THER JRITIES	
INVESTMENT SECURITIES		COST		330,000	0.
TO FORM 990, LINE 54, COL	B			330,000	0.
NAME AND ADDRESS	JSTEES AND KEY EMPLOYEES TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB		
THOMAS DEVOCHT 6331 HOLLYWOOD BLVD LOS ANGELES, CA 90028	FORMER DIR. & 0.50	PRESIDENT 0.	0.		0.
TRISTAN KORRINGA 6331 HOLLYWOOD BLVD LOS ANGELES, CA 90028	FORMER DIR & T 0.50	REASURER 0.	0.		0.
GORDON KIRK STEELE 6331 HOLLYWOOD BLVD LOS ANGELES, CA 90028	DIRECTOR & SEC 0.50	RETARY 0.	0.		0.
ERIC JARRY 6331 HOLLYWOOD BLVD LOS ANGELES, CA 90028	VICE PRESIDENT 0.50	0.	0.		0.
NANCY LEVIN 6331 HOLLYWOOD BLVD LOS ANGELES, CA 90028	ASSISTANT TREA 20.00	SURER 0.	0.		0.

SOCIAL BETTERMENT PROPERTIES	INTERNATION		. 86-16	567526
NEIL LEVIN 6331 HOLLYWOOD BLVD LOS ANGELES, CA 90028	ASSISTANT SECRETA	ARY 0.	0.	0.
CLAUDIA OLANDER 6331 HOLLYWOOD BLVD LOS ANGELES, CA 90028	FORMER DIRECTOR 0.50	0.	0.	0.
LYMAN SPURLOCK 6331 HOLLYWOOD BLVD LOS ANGELES, CA 90028	DIRECTOR & PRESIDO.50	OENT O.	0.	0.
EDYTH QUILLIN 6331 HOLLYWOOD BLVD LOS ANGELES, CA 90028	DIRECTOR 0.50	0.	0.	0.
GREG HUGHES 6331 HOLLYWOOD BLVD LOS ANGELES, CA 90028	TREASURER 0.50	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PA	ART V-A	0.	0.	0.

2005 FORM 990, PART III FEDERAL ID # 86-1667526 SOCIAL BETTERMENT PROPERTIES INTERNATIONAL

STATEMENT #6

WHAT IS THE ORGANIZATION'S PRIMARY EXEMPT PURPOSE?

SOCIAL BETTERMENT PROPERTIES INTERNATIONAL (SBPI) WAS FORMED TO ACQUIRE, DEVELOP AND MAINTAIN BUILDINGS AND OTHER REAL ESTATE UTILIZED BY SOCIAL BETTERMENT ORGANIZATIONS CARRYING OUT PROGRAMS THAT UTILIZE TECHNOLOGY AND METHODS DEVELOPED BY L. RON HUBBARD AND THAT ARE ASSOCIATED WITH AND SUPPORTED BY THE SCIENTOLOGY RELIGION.

STATEMENT #7

DESCRIPTION OF PROGRAM SERVICES

L. RON HUBBARD, THE FOUNDER OF THE SCIENTOLOGY RELIGION, ALSO DEVELOPED WORKABLE TECHNOLOGIES AND METHODS FOR ADDRESSING THE MAJOR ILLS OF SOCIETY, DRUGS, ILLITERACY, CRIMINALITY AND IMMORALITY AND THROUGH HIS WRITINGS AND TEACHINGS ADVOCATED EDUCATION CONCERNING AND PROTECTION OF HUMAN RIGHTS. ORGANIZATIONS WITH THE PURPOSE OF HANDLING EACH OF THESE AREAS OF CONCERN WERE FORMED OVER THE YEARS AND NOW CARRY ON THEIR SOCIAL BETTERMENT ACTIVITIES INTERNATIONALLY. SBPI WAS FORMED TO SUPPORT AND ASSIST THOSE ORGANIZATIONS AND THEIR PROGRAMS BY HOLDING TITLE TO, MAINTAINING AND IMPROVING BUILDINGS AND PROPERTIES USED IN CARRYING OUT THESE PROGRAMS.

SBPI HAS RECEIVED GRANTS AND RENOVATED PROPERTIES THAT ARE NOW IN USE BY THESE ORGANIZATIONS.

THESE SPECIFIC PROPERTIES ARE:

- 1. THE INTERNATIONAL TRAINING FACILITY AT SPANISH LAKE NEAR ST. LOUIS, MISSOURI, UTILIZED BY APPLIED SCHOLASTICS INTERNATIONAL, ALSO A TAX EXEMPT SECTION 501(C)(3) ORGANIZATION THAT PROMOTES AND DISSEMINATES THE SUCCESSFUL PROGRAM DEVELOPED BY L. RON HUBBARD TO ASSIST LEARNING AND COMBAT ILLITERACY. (EDUCATION)
- 2. THE INTERNATIONAL TRAINING, DETOXIFICATION AND DRUG REHABILITATION FACILITY NARCONON ARROWHEAD, LOCATED IN CANADIAN, OKLAHOMA AND RUN BY NARCONON OF OKLAHOMA, WHICH

IS A TAX EXEMPT SECTION 501(C)(3) ORGANIZATION THAT USES THE TECHNOLOGY DEVELOPED BY MR. HUBBARD FOR DRUG USE REHABILITATION (DETOX) AND DRUG EDUCATION.

- 3. THE INTERNATIONAL HEADQUARTERS FOR THE WAY TO HAPPINESS FOUNDATION, A TAX EXEMPT SECTION 501(C)(3) ORGANIZATION THAT USES THE NON-RELIGIOUS MORAL CODE BY L. RON HUBBARD FOUND IN THE BOOK *THE WAY TO HAPPINESS* TO IMPROVE MORALITY WITHIN SOCIETY. (MORALS)
- 4. THE BUILDING HOUSING THE ACTIVITIES OF CITIZENS COMMISSION ON HUMAN RIGHTS INTERNATIONAL (CCHR) IN LOS ANGELES, CALIFORNIA. CCHR IS A TAX EXEMPT SECTION 501(C)(3) ORGANIZATION THAT INVESTIGATES AND EXPOSES HUMAN RIGHTS VIOLATIONS IN THE AREA OF ABUSIVE AND DANGEROUS PSYCHIATRIC PRACTICES AND EDUCATES THE PUBLIC AND TAKES ACTIONS TO PROTECT INDIVIDUALS FROM SUCH VIOLATIONS.

(Rev January 2006) Department of the Treasury Internal Revenue Service

Name(s) shown on return

Depreciation and Amortization (Including Information on Listed Property)

See separate instructions.

Attach to your tax return. Business or activity to which this form relates

990

OMB No 1545-0172

Attachment Sequence No 67

Identifying number

SOCIAL BETTERMENT PROP	PERTIES							
INTERNATIONAL			FOR	M 99	0 P	AGE 2	<u>.</u>	86-1667526
Part Election To Expense Certain Proper	ty Under Section 17	9 Note: If you	have any lis	ted pro	perty, c	omplete Part	V before yo	ou complete Part I.
1 Maximum amount. See the instructions	for a higher limit	or certain bus	inesses				1	105,000.
2 Total cost of section 179 property place	ed in service (see	instructions)	-				2	
3 Threshold cost of section 179 property	before reduction	in limitation					3	420,000.
4 Reduction in limitation. Subtract line 3 to	rom line 2. If zero	or less, enter -	·O-			-	4	
5 Dollar limitation for tax year Subtract line 4 from line	1 If zero or less, enter			-		-	5	······································
6 (a) Description of pro	perty		(b) Cost (busine	ess use o	nly)	(c) Electe	d cost	
	·		_					
								
,				-				
			<u>-</u>	· · ·				
7 Listed property. Enter the amount from					7			
8 Total elected cost of section 179 prope	_	in column (c),	lines 6 and	1		-	8	
9 Tentative deduction. Enter the smaller		104 Fame 4500		•			9	 -
10 Carryover of disallowed deduction from	•			سرا مم امر	F		10	
11 Business income limitation. Enter the se12 Section 179 expense deduction. Add li		-		_	ie 5	•	11 12	·
13 Carryover of disallowed deduction to 26	•			• • • · · · · · · · · · · · · · · · · ·	13		12	······································
Note: Do not use Part II or Part III below for		•	· · · · · · · · · · · · · · · · · · ·					
Part II Special Depreciation Allowa		<u>-</u>		de liste	d prope	ertv.)	<u> </u>	
14 Special allowance for certain aircraft, certain		-			_ •			
property (other than listed property) placed i					-		14	
15 Property subject to section 168(f)(1) ele	_		-				15	
16 Other depreciation (including ACRS)							16	1,525,615.
Part III MACRS Depreciation (Do no	t include listed pr	operty.) (See ir	nstructions.)				
		Sect	ion A			•		
17 MACRS deductions for assets placed i	n service ın tax ye	ars beginning	before 2005	5			17	
18 If you are electing to group any assets placed in serv	ice during the tax year	nto one or more ge	neral asset acc	ounts, che	ck here			
Section B - Assets	Placed in Servic	e During 2005	Tax Year l	Jsing t	he Ger	eral Depreci	ation Syste	em
(a) Classification of property	(b) Month and year placed in service	(c) Basis for de (business/inve only - see ins	stment use		ecovery eriod	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property								
b 5-year property								
c 7-year property								
d 10-year property			_					
e 15-year property		<u> </u>	<u> </u>		<u> </u>			
f 20-year property							_	<u></u>
g 25-year property				25	yrs.	<u> </u>	S/L_	<u></u>
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	
<u> </u>				<u> </u>		<u> </u>		
Section C - Assets P	laced in Service	During 2005	ax Year Us	sing the	e Alter	native Depre	<u> </u>	tem
20a Class life	_		<u>_</u>			 	S/L	· · · ·
b 12-year				<u> </u>	yrs.		S/L	<u> </u>
c 40-year				40	yrs.	MM	S/L	
Part IV Summary (see Instructions)						<u> </u>		
21 Listed property. Enter amount from line		. 40 00	I	. • •		•	21	
22 Total. Add amounts from line 12, lines								1,525,615.
Enter here and on the appropriate lines	_		-	tions • s	see inst	r	22	1,020,010.
23 For assets shown above and placed in portion of the basis attributable to sect		cunent year,	CHIEL TUG		23	1.684	,056.	
haltiali al the pasis attributable to sect	TOTI ECON COSTS	<u> </u>			20		. , 000 0	

SOCIAL BETTERMENT PROPERTIES

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment,

Form 4562 (2005) (Rev. 1-2006) INTERNATIONAL

86-1667526 Page 2

Part	recreation, or a Note: For any v	amusement.)						•		-					
	through (c) of S		-	_		_	•								
Section	A - Depreciation a	nd Other In	formation (C	aution:	See the	instructi	ons for l	mits fo	or passeng	er autor	nobiles.)	l			 ,
24a Do	you have evidence to s	41.1	siness/investr	<u>nent use cl</u>	laimed?	<u> </u>	es	No	24b If "Y	es," is t	ne evide	nce writt	ten?	_ Yes ∟	No
	(a) ype of property st vehicles first)	(b) Date placed in service	Business investment use percenta	it o	(d) Cost or ther basis	(bus	(e) sis for depr siness/inve use only	stment	(f) Recovery period	Me	(g) thod/ ention	Depre	h) eciation action	section	(i) cted on 179 ost
25 Spec	cial allowance for certai	ın aırcraft, cerl	tain property w	ith a long	productio	on period,	, and qua	lified N	YL or GO Zo	ne					
prop	erty placed in service o	during the tax	year and used	more than	50% in a	a qualified	d busines	s use	<u>.</u>		25			<u> </u>	************
26 Pro	perty used more tha	n 50% in a c	qualified busi	ness use:	:	 , _			,			,			
	<u> </u>			%				•	_	<u> </u>				<u> </u>	
				%	<u> </u>					ļ		ļ		<u> </u>	
		<u> </u>		%			 :								
27 Pro	perty used 50% or le	ess in a qual	<u>Ified busines:</u>	s use:					I	 			-		'*
		·	 	<u>%</u>	•					S/L -		<u> </u>		-	
		<u> </u>		%						S/L -			<u> </u>	-	
			1	<u>%</u>					<u></u>	S/L -		<u> </u>		1	
	l amounts in column	• •	_				, page 1			-	28			<u> </u>	
29 Add	l amounts in column	(I), line 26. E	·	Section						<u>-</u>	 .		29	<u> </u>	
•	te this section for verovided vehicles to yencles.		-	ver the q	uestions	ın Secti	on C to		you meet	an excer	otion to	completi	_		
00 T-4-	1 h				(a)		(b)		(c)	1	d)		e)	1	r)
	I business/investment		•	vei	<u>hicle</u>	vei	hicle	 	<u>/ehicle</u>	<u>vei</u>	ncle	ver	ncle	ven	ııcle
•	(do not include com	,				<u> </u>				 		<u> </u>		<u> </u>	
	al commuting miles o	_	-								_		<u></u>		
	al other personal (no	ncommuting	g) miles												
driv		a +ba vaar	-	}				 		 					
	al miles driven during I lines 30 through 32	-													
	s the vehicle availab		al uco	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	ing off-duty hours?	de loi person	iai use	163	'10	163	'10	1 6	110	163	110	163	140	163	110
	s the vehicle used p	nmanly by a	more							 		-			
	n 5% owner or relate	• -	111010												
	nother vehicle availa	_	onal			· 	 	†		<u> </u>					
use															
		Section C	- Questions	for Emp	loyers V	Nho Pro	vide Ve	hicles	for Use b	y Their	Employe	es			
Answer	these questions to			_	_								re not n	nore than	15%
	or related persons.					•									
•	you maintain a writte bloyees?	en policy sta	tement that p	orohibits a	all perso	nal use	of vehicl	es, Inc	iuding co	mmuting	, by you	r		Yes	No
38 Do y	you maintain a writte	en policy stat	tement that p	prohibits i	persona	l use of v	vehicles,	excep	ot commut	ling, by	our/				
emp	oloyees? See the ins	structions for	r vehicles use	ed by con	porate o	fficers, c	directors	, or 1%	6 or more	owners					
39 Do y	you treat all use of v	ehicles by ei	mployees as	personal	use?										
40 Do :	you provide more th	an five vehic	les to your e	mployees	s, obtain	ınforma	tion fron	ı your	employee	s about					
the	use of the vehicles,	and retain th	ne information	receive	d?										
41 Do	you meet the require	ements conc	ernıng qualıfi	ed auton	nobile de	emonstra	ation use	∍?	•						
Not	e: If your answer to	37, 38, 39,	40, or 41 is "\	es," do r	not com	olete Se	ction B t	or the	covered v	ehicles.					
Part '	VI Amortization				-,										
	(a) Description of	f costs	Da	(b) te amortization begins		(c) Amortizal amoun	_		(d) Code section		(e) Amortiza penod or per			(f) mortization or this year	
42 Am	ortization of costs th	at begins du	iring your 200	-	ar:		_				· · · · · · · · · · · · · · · · · · ·				
				•											
43 Amo	ortization of costs th	at began be	fore your 200)5 tax yea	ar						_	43			
44 Tota	al. Add amounts in d	column (f). Se	ee the instruc	ctions for	where t	o report						44			

SBPI FILINGS

990 page 6 - Part VI - question 77

There were changes to the articles and bylaws so this question has to be answered YES and attach a conformed copy of them.

Attached is a conformed copy per the 990 instructions.

RESTATED

ENDORSED - FILED in the office of the Secretary of State of the State of California

FEB - 8 2005

ARTICLES OF INCORPORATION

KEVIN SHELLEY

OF

sefetary of State

SOCIAL BETTERMENT PROPERTIES INTERNATIONAL

Tom DeVocht and Gordon K. Steele certify that:

- 1. They are the President and Secretary, respectively, of SOCIAL BETTERMENT PROPERTIES INTERNATIONAL, a California corporation.
- 2. The Articles of Incorporation of this corporation are amended and restated to read as follows:

ARTICLE ONE

Name of the Corporation

The name of the Corporation shall be Social Betterment Properties International.

ARTICLE TWO

Initial Agent for Service of Process

The name and address in the State of California of this Corporation's initial agent for service of process is:

> Guy Maisnik Jeffer, Mangels, Butler & Marmaro, LLP 1900 Avenue of the Stars, Seventh Floor Los Angeles, CA 90067

ARTICLE THREE

Purpose of the Corporation

The Corporation is a nonprofit public benefit corporation and is not organized for the private gain of any person. It is organized under the California Nonprofit Public Benefit

Corporation Law for charitable purposes. Specifically, the Corporation is organized to support Church of Scientology International by owning and managing real property used in Church of Scientology International's charitable public benefit program.

ARTICLE FOUR

Powers of the Corporation and Limitations Thereon

In the conduct of its activities and the accomplishment of its purposes, the Corporation shall have, shall enjoy, and may exercise, to their fullest extent, all powers which nonprofit corporations are permitted by law to have and to enjoy; PROVIDED HOWEVER, that at all times, and notwithstanding merger, consolidation, reorganization, termination, dissolution, or winding up of the Corporation (whether voluntary or involuntary or by operation of law), or any other provisions of these Articles of Incorporation:

- A. The Corporation shall not possess or exercise any power or authority, whether expressly, by interpretation or by operation of law, that would pose a substantial risk of preventing it at any time from qualifying and continuing to qualify as a corporation described in section 501(c)(3) of the Internal Revenue Code of 1986 (hereinafter referred to as the "Code"), its Regulations or the corresponding section of any future federal tax code, contributions to which are deductible for federal income tax purposes under section 170(c)(2) of such Code and Regulations, nor shall the Corporation engage directly or indirectly in any activity that would pose a substantial risk of causing the loss of such qualification under section 501(c)(3) of the Code.
- B. At no time shall the Corporation engage in any activities that are unlawful under the laws of the United States, the State of California, or any other jurisdiction where it may carry on any activities.
- C. No part of the assets or net earnings of the Corporation shall ever by used, nor shall the Corporation ever be organized or operated, for purposes that are not exclusively charitable within the meaning of section 501(c)(3) of the Code.
- D. The Corporation shall never be operated for the primary purpose of carrying on a trade or business for profit.
- E. The Corporation shall not carry on propaganda or otherwise attempt to influence legislation to an extent that would disqualify it for tax exemption under section 501(c)(3) of the Code by reason of attempting to influence legislation. Nor shall the Corporation, directly or indirectly, participate in or intervene in (including the publishing or distributing of statements) any political campaign on behalf of or in opposition to any candidate for public office.

- F. No solicitation of contributions to the Corporation shall be made, and no gift, bequest, or devise to the Corporation shall be accepted, upon any condition or limitation that would pose a substantial risk of causing the Corporation to lose its federal income tax exemption.
- G. Pursuant to the prohibition contained in section 501(c)(3) of the Code, no part of the net earnings, current or accumulated, of the Corporation shall ever inure to the benefit of or be distributable to its Directors or Officers or other private persons, except that the Corporation shall be authorized and empowered to pay reasonable compensation for services rendered (including reimbursement of actual and reasonable expenses incurred in connection with the administration of the affairs of the Corporation).
- H. The Corporation shall never be controlled, directly or indirectly, by one or more disqualified persons with respect to the Corporation (as defined in section 4946 of the Code) other than foundation managers.
- I. The Corporation shall not carry on any activities not permitted to be carried on by an organization described in section 509(a)(3) of the Code.
- J. Notwithstanding any other provision of these Articles, if at any time or times the Corporation is a private foundation within the meaning of section 509 of the Code, then during such time or times:
- (1) The Corporation shall distribute its income for each taxable year at such time and in such manner as not to subject the Corporation to tax under section 4942 of the Code;
- (2) The Corporation shall not engage in any act of self-dealing as defined in section 4941(d) of the Code;
- (3) The Corporation shall not retain any excess business holdings as defined in section 4943(c) of the Code;
- (4) The Corporation shall not make any investments in such manner as to subject the Corporation to tax under section 4944 of the Code; and
- (5) The Corporation shall not make any taxable expenditures as defined in section 4945(d) of the Code.
- K. The property of the Corporation is irrevocably dedicated to charitable purposes and no part of the net income or assets of the Corporation shall inure to the benefit of private persons.

ARTICLE FIVE

Sole Member

In accordance with this Corporation's status as an integrated auxiliary of Church of Scientology International, Church of Scientology International shall be the Sole Member of this Corporation.

ARTICLE SIX

Directors of the Corporation

Directors shall be appointed by the Sole Member as provided in the Bylaws of the Corporation. The number of the Corporation's Directors may not be increased above five (5) nor decreased below three (3), with the exact number of Directors to be fixed by resolution of the Sole Member.

ARTICLE SEVEN

Disposition of the Corporation's Assets Upon Dissolution

Upon dissolution or winding up of the Corporation in any manner or for any reason, voluntary or involuntary, its assets, if any, remaining after the payment or provision for payment of all debts and liabilities of the Corporation shall be distributed to, and only to, a nonprofit fund, foundation or corporation that is organized and operated exclusively for charitable purposes meeting the requirements for exemption provided by section 214 of the Revenue and Taxation Code and which has established its tax exempt under section 501(c)(3) of the Code.

ARTICLE EIGHT

Amendment of the Corporation's Articles of Incorporation

Except as provided in sections 5812 and 5813.5 of the California Nonprofit Public Benefit Corporation Law, the articles of incorporation of the Corporation may be amended only upon the majority vote of all the Directors of the Corporation then incumbent and approval of the Corporation's Sole Member.

- 3. The foregoing amendment and restatement of the Articles of Incorporation has been duly approved by the Corporation's Board of Directors.
- 4. The foregoing amendment and restatement of the Articles of Incorporation has been duly approved by the required vote of the Corporation's Sole Member.

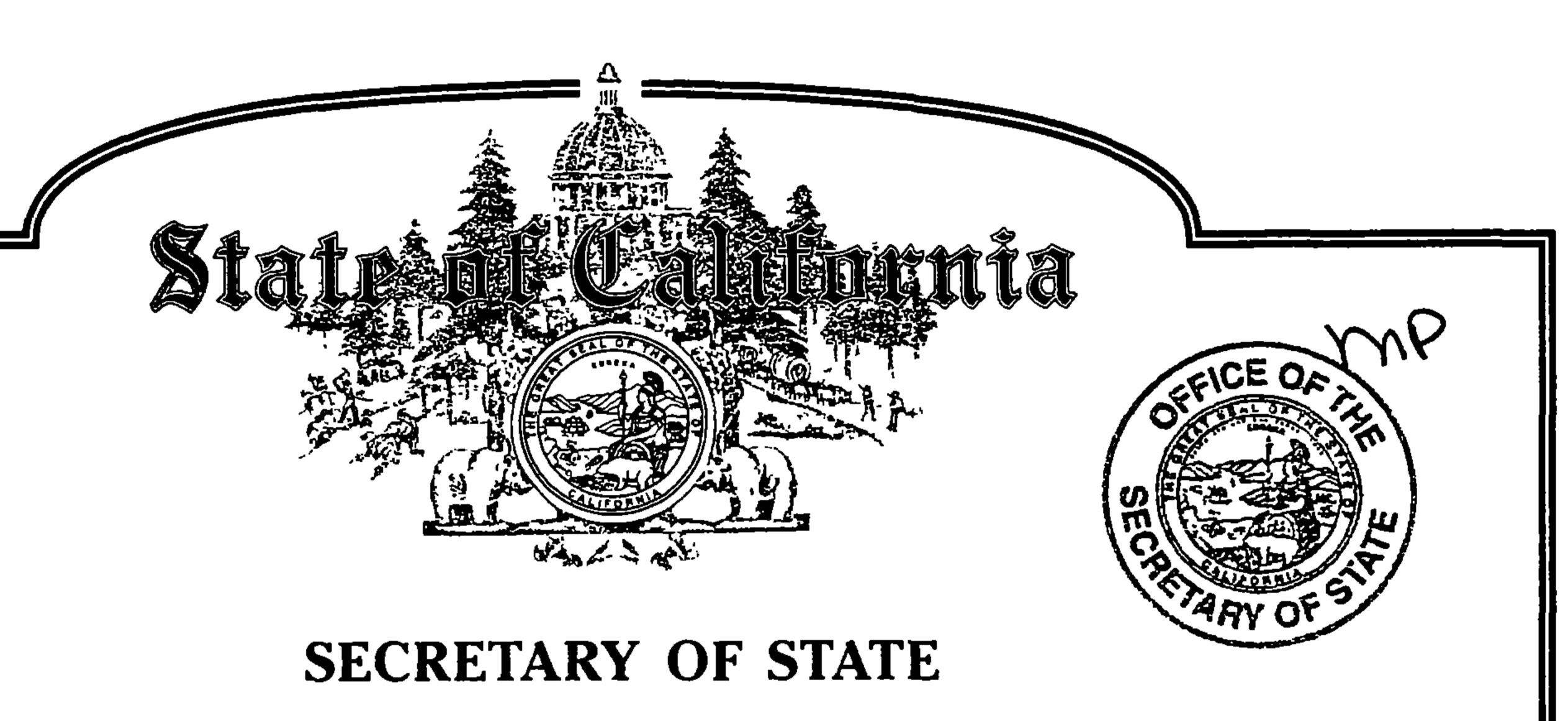
We further declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct and of our own knowledge.

Executed in Los Angeles, California.

Tom DeVocht, President

feele Date: 22 October, 2004

Gordon K. Steele, Secretary



I, Kevin Shelley, Secretary of State of the State of California, hereby certify:

That the attached transcript of \mathcal{L} page(s) has been compared with the record on file in this office, of which it purports to be a copy, and that it is full, true and correct.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of

FEB 8 2005

Secretary of State

Sec/State Form CE-107 (rev 1/03)

Form **8868**

(Rev. December 2004) Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Internal R	levenue Service	► File a separate application for each return.							
-	•	omatic 3-Month Extension, complete only Part I and check this box	nis form).						
Do not	complete Part II un	less you have already been granted an automatic 3-month extension on a previous	y filed Form 8868.						
Part	Automati	c 3-Month Extension of Time - Only submit original (no copies needed)							
Form 8	990-T corporations	requesting an automatic 6-month extension - check this box and complete Part I only	y						
All othe returns	er corporations (include Partnerships, REMI	ding Form 990-C filers) must use Form 7004 to request an extension of time to file ind Cs, and trusts must use Form 8736 to request an extension of time to file Form 1065	come tax , 1066, or 1041.						
below extens	(6 months for corpora	orm 8868 can be filed electronically if you want a 3-month automatic extension of ting ate Form 990-T filers). However, you cannot file it electronically if you want the addition to submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the complete of the submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the complete of the submit the fully completed signed page 2 (Part II) of Form 8868.	onal (not automatic) 3-month						
Type o	•	ot Organization SETTERMENT PROPERTIES	Employer identification number						
print		INTERNATIONAL							
File by the	Number, street, 6331 HOI	and room or suite no. If a P.O. box, see instructions.							
instructio		ost office, state, and ZIP code. For a foreign address, see instructions.							
Check	type of return to be	filed (file a separate application for each return):							
X F	Form 990		14720						
L	Form 990-BL		3 5227						
	Form 990-EZ		n 6069						
F	Form 990-PF	Form 1041·A	1 8870						
• The	books are in the care	e of NANCY LEVIN							
		23)960-3500 FAX No. ►							
		not have an office or place of business in the United States, check this box							
	_	\mathbf{um} , enter the organization's four digit Group Exemption Number (GEN) If of the group, check this box \blacktriangleright and attach a list with the names and EINs of							
	•		GUST 15, 2006 .						
	file the exempt organizedX calendar year	anization return for the organization named above. The extension is for the organizat $^{2005}_{ ext{or}}$	ion's return for:						
)		nning, and ending	<u> </u>						
2	f this tax year is for le	ess than 12 months, check reason: Initial return	Change in accounting period						
3a li	f this application is fo	or Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any							
r	onrefundable credits	s. See instructions	<u>\$</u>						
b I	f this application is fo	or Form 990-PF or 990-T, enter any refundable credits and estimated							
t	ax payments made. I	Include any prior year overpayment allowed as a credit	. <u>\$</u>						
		ct line 3b from line 3a. Include your payment with this form, or, if required, deposit w							
C	oupon or, if required	, by using EFTPS (Electronic Federal Tax Payment System). See instructions	\$ N/A						
Cautio	n. If you are going to	make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and For	rm 8879-EO for payment instructions.						
LHA	For Privacy Act and	d Paperwork Reduction Act Notice, see instructions.	Form 8868 (Rev. 12-2004)						



Form 886	8 (Rev. 12-2004)	Page 2
• If you	are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check th	nis box
	ly complete Part II if you have already been granted an automatic 3-month extention on the president	
• If you	are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)	
Part II	Additional (not automatic) 3-Month Extension of Time - Must file Origin	nal and One Copy.
Type or	Name of Exempt Organization	Employer identification number
print.	SOCIAL BETTERMENT PROPERTIES	
	INTERNATIONAL	86-1667526
File by the extended	Number, street, and room or suite no. If a P.O. box, see instructions.	For IRS use only
due date for filing the	6331 HOLLYWOOD BLVD	
return See Instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LOS ANGELES, CA 90028	
	pe of return to be filed (File a separate application for each return):	
Fo	m 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A	Form 5227 Form 8870
Fo	m 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720	Form 6069
STOP: D	o not complete Part II if you were not already granted an automatic 3-month extension on a pro	eviously filed Form 8868.
• The b	ooks are in the care of NANCY LEVIN	
Telepi	none No. ► <u>(323)960~3500</u> FAX No. ►	
If the	organization does <mark>not</mark> have an office or place of business in the United States, check this box	>
		. If this is for the whole group, check this
	. If it is for part of the group, check this box	of all members the extension is for.
	equest an additional 3-month extension of time until NOVEMBER 15, 2006.	
	calendar year 2005, or other tax year beginning	
	his tax year is for less than 12 months, check reason: L Initial return Final return	Change in accounting period
	Ite in detail why you need the extension	NTPODMANTON NO ETTE A
	ODITIONAL TIME IS NEEDED TO OBTAIN THE NECESSARY IN OMPLETE AND ACCURATE TAX RETURN.	NFORMATION TO FILE A
	nis application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	
	nrefundable credits. See instructions	<u>\$</u>
tax	nis application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated payments made. Include any prior year overpayment allowed as a credit and any amount paid eviously with Form 8868	\$
c Ba	lance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit upon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	with FTD \$ N/A
	Signature and Verification	
	alties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and orrect, and complete, and that I am authorized to prepare this form.	
Signature	Title C / A	Date > 8/15/06
	Notice to Applicant - To Be Completed by the IRS	
(X) We	have approved this application. Please attach this form to the organization's return.	
∕☐☐ We	have not approved this application. However, we have granted a 10-day grace period from the later	of the date shown below or the due
dat	e of the organization's return (including any prior extensions). This grace period is considered to be a	a valid extension of time for elections
	erwise required to be made on a timely return. Please attach this form to the organization's return.	
We	have not approved this application. After considering the reasons stated in item 7, we cannot grant	your request for an extension of time to
	We are not granting a 10-day grace period.	
	cannot consider this application because it was filed after the extended due date of the return for v	vhich an extension was requested.
Oth	ner	
	8v.	
Director	Оу	Date
Alternate	Mailing Address - Enter the address if you want the copy of this application for an additional 3-mother than the one entered above. Name NSBN T.T.P	nth extension returned to address
	Name	EXTENSION APTIVO
	NSBN LLP	2006
Type or print	Number and street (include suite, room, or apt. no.) or a P.O. box number 9454 WILSHIRE BLVD., 4TH FLOOR	alla 3 I coa
502020	City or town, province or state, and country (including postal or ZIP code)	Form 8868 (Rev. 12-2004)
523832 05-01-05	BEVERLY HILLS, CA 90212-2907	VETIBAISSION PROV-
		Form 8868 (Rev. 12-2004)