

Return of Organization Exempt From Income Tax

2005

Open to Public Inspection

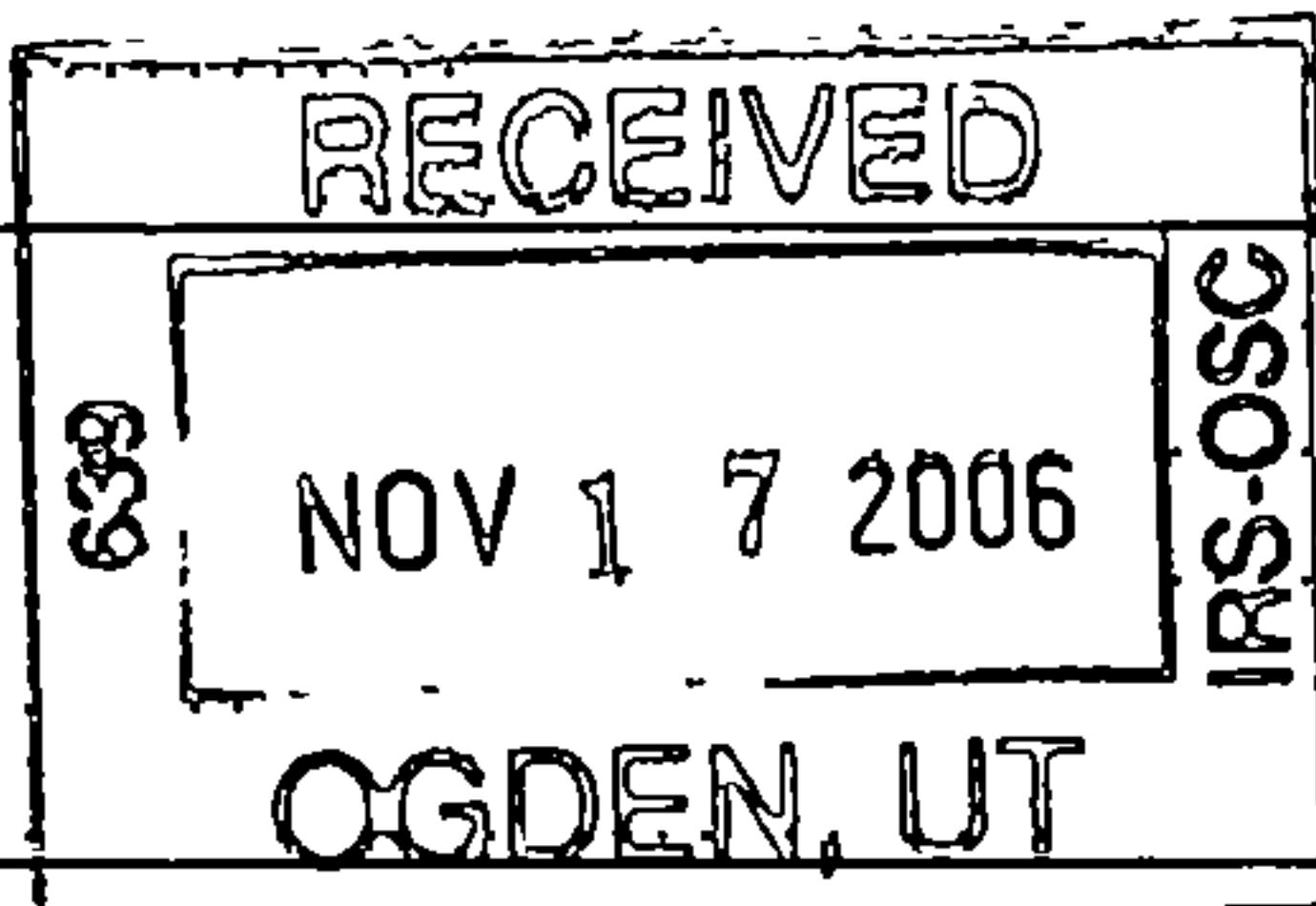
Department of the Treasury Internal Revenue Service

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

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

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)
1 Contributions, gifts, grants, and similar amounts received:
1a Direct public support 1,786,698.
1b Indirect public support
1c Government contributions (grants)
1d Total (add lines 1a through 1c) (cash \$ 1,786,698. noncash \$) 1,786,698.
2 Program service revenue including government fees and contracts (from Part VII, line 93)
3 Membership dues and assessments
4 Interest on savings and temporary cash investments
5 Dividends and interest from securities 72,212.
6a Gross rents
6b Less: rental expenses
6c Net rental income or (loss) (subtract line 6b from line 6a)
7 Other investment income (describe)
8a Gross amount from sales of assets other than inventory (A) Securities 282,517. (B) Other
8b Less cost or other basis and sales expenses 273,629.
8c Gain or (loss) (attach schedule) STATEMENT 1 8,888.
8d Net gain or (loss) (combine line 8c, columns (A) and (B)) 8,888.
9 Special events and activities (attach schedule) If any amount is from gaming, check here
9a Gross revenue (not including \$ of contributions reported on line 1a) 32,953.
9b Less: direct expenses other than fundraising expenses 19,973.
9c Net income or (loss) from special events (subtract line 9b from line 9a) STATEMENT 2 12,980.
10a Gross sales of inventory, less returns and allowances 6,683.
10b Less cost of goods sold 8,918.
10c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) STATEMENT 3 -2,235.
11 Other revenue (from Part VII, line 103) 54,523.
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 1,933,066.
13 Program services (from line 44, column (B)) 1,128,114.
14 Management and general (from line 44, column (C)) 237,293.
15 Fundraising (from line 44, column (D)) 141,619.
16 Payments to affiliates (attach schedule)
17 Total expenses (add lines 16 and 44, column (A)) 1,507,026.
18 Excess or (deficit) for the year (subtract line 17 from line 12) 426,040.
19 Net assets or fund balances at beginning of year (from line 73, column (A)) 1,879,785.
20 Other changes in net assets or fund balances (attach explanation)
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20) 2,305,825.

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715 18

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

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22				
23 Specific assistance to individuals (att sch)	23				
24 Benefits paid to or for members (att sch)	24				
25 Compensation of officers, directors, etc.	25	125,000.	100,000.	6,250.	18,750.
26 Other salaries and wages	26	473,568.	391,794.	33,658.	48,116.
27 Pension plan contributions	27	107,589.	92,798.	3,071.	11,720.
28 Other employee benefits	28	68,222.	56,052.	4,550.	7,620.
29 Payroll taxes	29	53,912.	44,294.	3,596.	6,022.
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33				
34 Telephone	34	11,460.	6,876.	2,292.	2,292.
35 Postage and shipping	35	12,691.	9,567.	1,562.	1,562.
36 Occupancy	36	58,528.	35,277.	17,438.	5,813.
37 Equipment rental and maintenance	37	32,790.	2,946.	28,862.	982.
38 Printing and publications	38	41,538.	41,538.		
39 Travel	39	36,322.	10,897.		25,425.
40 Conferences, conventions, and meetings	40	63,190.	63,190.		
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	16,520.		16,520.	
43 Other expenses not covered above (itemize):					
a SEE STATEMENT 4	43a	405,696.	272,885.	119,494.	13,317.
b -----	43b				
c -----	43c				
d -----	43d				
e -----	43e				
f -----	43f				
g -----	43g				
44 Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	1,507,026.	1,128,114.	237,293.	141,619.

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

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

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Part III Statement of Program Service Accomplishments

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

What is the organization's primary exempt purpose? ▶ <u>SEE STATEMENT 5</u> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
a <u>SEE STATEMENT 6</u> ----- ----- ----- ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	1,128,114.
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 (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) ▶	1,128,114.

Part IV Balance Sheets (See Instructions)

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

		(A) Beginning of year		(B) End of year	
ASSETS	45 Cash – non-interest-bearing	271,787.	45	123,055.	
	46 Savings and temporary cash investments		46		
	47a Accounts receivable				
	b Less: allowance for doubtful accounts		47c		
	48a Pledges receivable				
	b Less: allowance for doubtful accounts		48c		
	49 Grants receivable	75,000.	49	163,075.	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50		
	51a Other notes & loans receivable (attach sch)				
	b Less: allowance for doubtful accounts		51c		
	52 Inventories for sale or use	8,918.	52		
	53 Prepaid expenses and deferred charges	14,742.	53	10,299.	
	54 Investments – securities (attach schedule) SEE ST 7 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	1,480,431.	54	1,958,402.	
	55a Investments – land, buildings, & equipment basis				
	b Less: accumulated depreciation (attach schedule)		55c		
	56 Investments – other (attach schedule)		56		
	57a Land, buildings, and equipment basis	473,470.			
	b Less: accumulated depreciation (attach schedule) STATEMENT 8	411,272.	42,995.	57c	62,198.
	58 Other assets (describe <input type="checkbox"/> SEE STATEMENT 9)	11,892.	58	9,061.	
59 Total assets (must equal line 74) Add lines 45 through 58	1,905,765.	59	2,326,090.		
LIABILITIES	60 Accounts payable and accrued expenses	8,569.	60	20,265.	
	61 Grants payable		61		
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64a Tax-exempt bond liabilities (attach schedule)		64a		
	b Mortgages and other notes payable (attach schedule)		64b		
	65 Other liabilities (describe <input type="checkbox"/>)	17,411.	65		
	66 Total liabilities. Add lines 60 through 65	25,980.	66	20,265.	
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	1,839,960.	67	1,880,825.	
	68 Temporarily restricted	39,825.	68	425,000.	
	69 Permanently restricted		69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
	70 Capital stock, trust principal, or current funds		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds		72		
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	1,879,785.	73	2,305,825.		
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	1,905,765.	74	2,326,090.		

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Form 990 (2005)

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

a	Total revenue, gains, and other support per audited financial statements		a	N/A
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	
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	

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

a	Total expenses and losses per audited financial statements		a	N/A
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	
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	

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 and deferred compensation plans	(E) Expense account and other allowances
KATE KINKADE 16130 VENTURA BLVD., SUITE 540 ENCINO, CA 91436	CHAIR/SEC/TREAS 5	0.	0.	0.
PATRICK RAMSEY 22764 CHAMERA LANE TOPANGA, CA 90290	DIRECTOR 3	0.	0.	0.
KIKANZA RAMSEY 833 SO. SERRANO LOS ANGELES, CA 90005	DIRECTOR 3	0.	0.	0.
GEORGIA HAYASHI 659 S. CEDROS AVE. SOLANO BEACH, CA 90275	DIRECTOR 3	0.	0.	0.
ERIC MANN 3780 WILSHIRE BLVD., #1200 LOS ANGELES, CA 90010	KEY EE/EXEC DIR 70	95,000.	79,912.	0.
ERIC MANN-DEFERRED COMP PAID 3780 WILSHIRE BLVD., #1200 LOS ANGELES, CA 90010	KEY EE/EXEC DIR 0	30,000.	0.	0.

Part VI Other Information <i>(continued)</i>		Yes	No
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82 a		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.)	82 b N/A		
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83 a	X	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83 b	X	
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84 a		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84 b	N/A	
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85 a	N/A	
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85 b	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	85 c	N/A	
d Section 162(e) lobbying and political expenditures	85 d	N/A	
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85 e	N/A	
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85 f	N/A	
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85 g	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?	85 h	N/A	
86 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86 a	N/A	
b Gross receipts, included on line 12, for public use of club facilities	86 b	N/A	
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders	87 a	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.)	87 b	N/A	
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX	88		X
89 a 501(c)(3) organizations. Enter. Amount of tax imposed on the organization during the year under section 4911 ▶ 0. ; section 4912 ▶ 0. , section 4955 ▶ 0.			
b 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction	89 b		X
c Enter. Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			0.
d Enter: Amount of tax on line 89c, above, reimbursed by the organization			0.
90 a List the states with which a copy of this return is filed ▶ CA			
b Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	90 b		11
91 a The books are in care of ▶ ERIC MANN Telephone number ▶ (213) 387-2800 Located at ▶ 3780 WILSHIRE BLVD #1200 LOS ANGELES CA, ZIP + 4 ▶ 90010			
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 ▶	91 b	Yes	No
			X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Statements			
c At any time during the calendar year, did the organization maintain an office outside of the United States? If 'Yes,' enter the name of the foreign country ▶	91 c		X
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here	92	N/A	<input type="checkbox"/>
and enter the amount of tax-exempt interest received or accrued during the tax year			N/A

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

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts					
96 Dividends & interest from securities			14	72,212.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					8,888.
101 Net income or (loss) from special events			1	12,980.	
102 Gross profit or (loss) from sales of inventory					-2,235.
103 Other revenue: a _____					
b REG FEES/CONFERENCE					10,041.
c UNREALIZED GAINS/INVS			18	44,482.	
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				129,674.	16,694.
105 Total (add line 104, columns (B), (D), and (E))					146,368.

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

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

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	SEE STATEMENT 11

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

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

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

- a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

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

Please Sign Here

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

Signature of officer: Kate Kinkade Date: 11/14/06

KATE KINKADE, CHAIR/SEC/TREAS
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: Leo Baefsky Date: 11-9-06 Check if self-employed: Preparer's SSN or PTIN (See General Instruction W): N/A

Firm's name (or yours if self-employed): LEO BAEFSKY, C.P.A. EIN: N/A

address, and ZIP + 4: 10801 NATIONAL BLVD. SUITE 300 Phone no: (310) 446-5421

LOS ANGELES, CA 90064

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

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

Supplementary Information — (See separate instructions.)

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

OMB No 1545-0047

2005

Name of the organization

LABOR/COMMUNITY STRATEGY CENTER

Employer identification number

95-4201669

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

(See instructions. List each one. If there are none, enter 'None')

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
GEOFF RAMSEY-RAY 833 S SERRANO LA 90005 ,	DVLP/MGMT COORD 58	56,096.	12,783.	0.
LIAN HURST MANN 1040 S LONGWOOD LA 90019 ,	PUB DIR/SCH ORG 55	51,200.	27,254.	0.
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 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	

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

Schedule A (Form 990 or 990-EZ) 2005

Part III Statements About Activities (See instructions)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ 14,184. (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.	X	
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.)		
SEE STATEMENT 12		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
SEE FORM 990, PART V		
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
e Transfer of any part of its income or assets?		X
3a Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments.)		X
b Do you have a section 403(b) annuity plan for your employees?		X
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		X
4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

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

The organization is not a private foundation because it is (Please check only **ONE** applicable box.)

- 5** A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6** A school Section 170(b)(1)(A)(ii). (Also complete Part V)
- 7** A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8** A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9** A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state **▶** _____
- 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11 a** An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11 b** A community trust Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A)
- 12** An organization that normally receives **(1) more than 33-1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc, functions – subject to certain exceptions, and **(2) no more than 33-1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)
- 13** An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in **(1)** lines 5 through 12 above; or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) Check the box that describes the type of supporting organization: Type 1 Type 2 Type 3

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

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

- 14** An organization organized and operated to test for public safety Section 509(a)(4) (See instructions)

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

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

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	1,220,177.	1,053,345.	1,058,663.	977,737.	4,309,922.
16 Membership fees received					0.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	41,891.	32,530.	43,519.	55,257.	173,197.
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	65,962.	39,411.	53,111.	55,318.	213,802.
19 Net income from unrelated business activities not included in line 18					0.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0.
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					0.
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					0.
23 Total of lines 15 through 22	1,328,030.	1,125,286.	1,155,293.	1,088,312.	4,696,921.
24 Line 23 minus line 17	1,286,139.	1,092,756.	1,111,774.	1,033,055.	4,523,724.
25 Enter 1% of line 23	13,280.	11,253.	11,553.	10,883.	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	26a	90,474.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	26b	2,125,107.
c Total support for section 509(a)(1) test. Enter line 24, column (e)	26c	4,523,724.
d Add: Amounts from column (e) for lines: 18 213,802. 19 22 2,125,107.	26d	2,338,909.
e Public support (line 26c minus line 26d total)	26e	2,184,815.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f	48.30 %

27 Organizations described on line 12: N/A	
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year. (2004) _____ (2003) _____ (2002) _____ (2001) _____	
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year. (2004) _____ (2003) _____ (2002) _____ (2001) _____	
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____	27c
d Add. Line 27a total _____ and line 27b total _____	27d
e Public support (line 27c total minus line 27d total)	27e
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)	27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See instructions)
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement)		

32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions?		
If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)		

33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities?		
If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement.)		

34a Does the organization receive any financial aid or assistance from a governmental agency?		
b Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b, please explain using an attached statement		
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation		

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

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	14,184.												
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37													
38	Total lobbying expenditures (add lines 36 and 37)	38 0.	14,184.												
39	Other exempt purpose expenditures	39	1,492,184.												
40	Total exempt purpose expenditures (add lines 38 and 39)	40 0.	1,506,368.												
41	Lobbying nontaxable amount Enter the amount from the following table – <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">If the amount on line 40 is –</td> <td style="width: 50%;">The lobbying nontaxable amount is –</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </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	225,318.
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														
42	Grassroots nontaxable amount (enter 25% of line 41).	42 0.	56,330.												
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43 0.	0.												
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44 0.	0.												

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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount	225,318.	197,925.			423,243.
46 Lobbying ceiling amount (150% of line 45(e))					634,865.
47 Total lobbying expenditures	14,184.	18,642.			32,826.
48 Grassroots non-taxable amount	56,330.	49,481.			105,811.
49 Grassroots ceiling amount (150% of line 48(e))					158,717.
50 Grassroots lobbying expenditures	14,184.	18,642.			32,826.

Part VI-B Lobbying Activity by Nonelecting Public Charities (See instructions.)
(For reporting only by organizations that did not complete Part VI-A)

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

- 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.)

Yes	No	Amount

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

Form **4562**

(Rev January 2006)

Department of the Treasury
Internal Revenue Service

**Depreciation and Amortization
(Including Information on Listed Property)**

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

OMB No 1545-0172

2005

Attachment
Sequence No **67**

Name(s) shown on return

LABOR/COMMUNITY STRATEGY CENTER

Identifying number

95-4201669

Business or activity to which this form relates

FORM 990/990-PF

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	\$105,000.
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	\$420,000.
4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business 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 2004 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2006 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 certain aircraft, certain property with a long production period, and qualified New York Liberty or GO Zone property (other than listed property) placed in service during the tax year (see instrs)	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 2005	17	12,627.
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 2005 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only – see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property		8,701.	3	HY	S/L	1,450.
b 5-year property		23,126.	5	HY	S/L	2,313.
c 7-year property						
d 10-year property						
e 15-year property		3,896.	15	HY	S/L	130.
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	
				MM	S/L	

Section C – Assets Placed in Service During 2005 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (see instructions)

21 Listed property. Enter amount from line 28	21	
22 Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations – see instructions	22	16,520.
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	

BAA For Paperwork Reduction Act Notice, see separate instructions.

FDIZ0812L 12/29/05

Form **4562** (2005) (Rev 1-2006)

LABOR/COMMUNITY STRATEGY CENTER

95-4201669

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

PUBLICLY TRADED SECURITIES

GROSS SALES PRICE: 282,517.
 COST OR OTHER BASIS: 273,629.

TOTAL GAIN (LOSS) PUBLICLY TRADED SECURITIES \$ 8,888.

TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$ 8,888.

STATEMENT 2
FORM 990, PART I, LINE 9
NET INCOME (LOSS) FROM SPECIAL EVENTS

<u>SPECIAL EVENTS</u>	<u>GROSS RECEIPTS</u>	<u>LESS CONTRI-BUTIONS</u>	<u>GROSS REVENUE</u>	<u>LESS DIRECT EXPENSES</u>	<u>NET INCOME (LOSS)</u>
FUNDRAISING EVENT	32,953.	0.	32,953.	19,973.	12,980.
TOTAL	\$ <u>32,953.</u>	\$ <u>0.</u>	\$ <u>32,953.</u>	\$ <u>19,973.</u>	\$ <u>12,980.</u>

STATEMENT 3
FORM 990, PART I, LINE 10
GROSS PROFIT (LOSS) FROM SALES OF INVENTORY

BOOKS, LITERATURE, VIDEOS	\$ 6,683.
GROSS SALES	\$ 6,683.
LESS RETURNS & ALLOWANCES	0.
NET SALES	\$ 6,683.
LESS COST OF GOODS SOLD	8,918.
GROSS PROFIT FROM SALES OF INVENTORY	\$ <u>-2,235.</u>

STATEMENT 4
FORM 990, PART II, LINE 43
OTHER EXPENSES

	<u>(A)</u> <u>TOTAL</u>	<u>(B)</u> <u>PROGRAM SERVICES</u>	<u>(C)</u> <u>MANAGEMENT & GENERAL</u>	<u>(D)</u> <u>FUNDRAISING</u>
ACCOUNTING & BOOKKEEPING	31,356.		31,356.	
ADVERTISING	700.	700.		
AUDIO VISUAL	5,160.	5,160.		
COMPUTER SUPPLIES & EXPENSE	51,584.	32,245.	15,471.	3,868.
DUES & SUBS-COMMUNITY OUTREACH	10,618.	10,618.		
DUES & SUBSCRIPTIONS-GENERAL	1,877.		1,877.	
INSURANCE - LIABILITY	6,225.		6,225.	
INSURANCE - WORKERS' COMP	24,604.	20,215.	1,641.	2,748.
MEETINGS & CONFERENCES - GEN'L	48,720.	48,720.		
OFFICE SUPPLIES & EXPENSE	89,215.	55,237.	27,277.	6,701.

LABOR/COMMUNITY STRATEGY CENTER

95-4201669

STATEMENT 4 (CONTINUED)
FORM 990, PART II, LINE 43
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
PARKING & MILEAGE REIMBURSMT	11,474.	6,299.	5,175.	
PROFESSIONAL SERVICES	26,157.	671.	25,486.	
SCHL/ORGANIZERS - HSG, SUPPS	27,853.	27,853.		
STORAGE RENTAL	3,603.		3,603.	
TAXES & LICENSES	123.		123.	
TRANSP CONF/CLEAN AIR CAMPAIGN	65,167.	65,167.		
UTILITIES	1,260.		1,260.	
TOTAL	\$ 405,696.	\$ 272,885.	\$ 119,494.	\$ 13,317.

STATEMENT 5
FORM 990, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

EDUCATION OF THE LOW-INCOME COMMUNITY AROUND THEIR SPECIAL ECONOMIC NEEDS AND EDUCATION ON URBAN ENVIRONMENTAL PROBLEMS AS THEY IMPACT ON LOW-INCOME COMMUNITIES.

STATEMENT 6
FORM 990, PART III, LINE A
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
<p>THE PROGRAM SERVICE IS THAT OF COMMUNITY AND LABOR EDUCATION ON THE SOCIAL AND ECONOMIC NEEDS OF THE LOS ANGELES AREA. IT INCLUDES REVIEW OF THE HAZARDS OF THE WORKPLACE AND CONDITIONS OF PUBLIC HEALTH AS WELL AS EDUCATIONAL WORK IN LOW-INCOME AND MINORITY COMMUNITIES. IT INTEGRATES THE ENVIRONMENT WITH THE COMMUNITY AROUND THE SPECIFIC ISSUE OF A HEALTHY WORKPLACE AND A HEALTHY FAMILY ENVIRONMENT.</p> <p>THE PROGRAM INCLUDES THE TRAINING OF ORGANIZERS FOR COMMUNITY SERVICE. STUDENT ORGANIZERS ARE HOUSED AND PAID A STIPEND, AS THEY LEARN AND PARTICIPATE IN COMMUNITY SERVICE AND EDUCATIONAL ACTIVITIES.</p> <p>2005 CONTINUED THE PROGRAM OF MASS TRANSIT ADVOCACY IN LOS ANGELES. THE ORGANIZATION ORGANIZED BUS RIDERS OF ALL RACES AND CLASSES AROUND THE NEED FOR A FIRST-CLASS, CLEAN-FUEL, BUS-CENTERED PUBLIC TRANSPORTATION SYSTEM IN LOS ANGELES, INCLUDING THE FOLLOWING:</p> <ol style="list-style-type: none"> 1) A PRICE REDUCTION FOR BUS PASSES. 2) AN OVERCROWDING REDUCTION PLAN. 3) NEW BUS LINES FOCUSED ON INCREASING MOBILITY FOR LOW-INCOME COMMUNITIES, IN ORDER TO REACH OUTLYING LABOR 		

LABOR/COMMUNITY STRATEGY CENTER

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STATEMENT 6 (CONTINUED)
FORM 990, PART III, LINE A
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
CENTERS.		
4) PURCHASE OF HUNDREDS OF NEW CLEAN-FUEL BUSES TO REPLACE OLD BUSES AND REDUCE OVERCROWDING.		
5) OVERTURN MAJOR CUTS IN NIGHT BUS SERVICE		
IT APPEARS TO BE AN ONGOING STRUGGLE TO IMPROVE PUBLIC TRANSPORTATION STANDARDS IN LOS ANGELES.		
IN 2005 THE LABOR/COMMUNITY STRATEGY CENTER SPONSORED A THREE-DAY MAJOR CONFERENCE, "THE FUTURE OF TRANSPORTATION." IT WAS ATTENDED BY MORE THAN 300 SCHOLARS, STUDENTS AND COMMUNITY LEADERS AND ACTIVISTS, REPRESENTING A WIDE SPECTRUM OF ORGANIZATIONS. THEY WERE TACKLING THE ISSUE OF URBAN TRANSPORTATION NEEDS AND ITS RELATIONSHIP TO AN URBAN CLEAN AIR ENVIRONMENT.		1,128,114.
INCLUDES FOREIGN GRANTS: NO		
	<u>\$ 0.</u>	<u>\$ 1,128,114.</u>

STATEMENT 7
FORM 990, PART IV, LINE 54
INVESTMENTS - SECURITIES

OTHER PUBLICLY TRADED SECURITIES	VALUATION METHOD	AMOUNT
SECURITIES	MARKET VALUE	\$ 1,958,402.
	TOTAL	\$ 1,958,402.
TOTAL INVESTMENTS - SECURITIES		<u>\$ 1,958,402.</u>

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

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
FURNITURE AND FIXTURES	\$ 116,391.	\$ 76,749.	\$ 39,642.
MACHINERY AND EQUIPMENT	69,081.	59,686.	9,395.
IMPROVEMENTS	17,811.	4,650.	13,161.
MISCELLANEOUS	270,187.	270,187.	0.
TOTAL	<u>\$ 473,470.</u>	<u>\$ 411,272.</u>	<u>\$ 62,198.</u>

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

DEPOSITS - RENT, WORKERS COMP	\$	6,561.
MISCELLANEOUS RECEIVABLES		<u>2,500.</u>
TOTAL	\$	<u><u>9,061.</u></u>

**STATEMENT 10
FORM 990, PART V-A, LINE 75B
COMPENSATION PAID TO RELATED INDIVIDUALS**

NAME AND RELATIONSHIP _____

ERIC MANN & LIAN HURST MANN
HUSBAND & WIFE

**STATEMENT 11
FORM 990, PART VIII
RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES**

LINE #	EXPLANATION OF ACTIVITIES
100	RECORDING REALIZED GAINS ON SALE OF SECURITIES. INVESTMENT INCOME IS SOLELY TO CARRY OUT THE EDUCATION PROGRAM OF THE LABOR/COMMUNITY STRATEGY CENTER.
102	SALE OF BOOKS, PAMPHLETS AND VIDEOS: THE MATERIAL ATTEMPTS TO EDUCATE THE PUBLIC ON COMMUNITY ECONOMIC AND SOCIAL NEEDS AND ADVANCE PUBLIC AWARENESS THEREIN.
103B	CONFERENCE REGISTRATION FEES ON TRANSPORTATION-CLEAN AIR CAMPAIGN.

**STATEMENT 12
SCHEDULE A, PART III, LINE 2
TRANSACTIONS WITH TRUSTEES, DIRECTORS, ETC.**

THE EXECUTIVE DIRECTOR-KEY EMPLOYEE, ERIC MANN, IS PAID FOR SERVICES ONLY IN HIS CAPACITY AS PRIME FUNDRAISER AND LEADING ORGANIZER FOR THE EDUCATION SERVICE PROGRAM.

THE PUBLICATION DIRECTOR AND SCHOOL ORGANIZER, LIAN HURST MANN, IS PAID FOR SERVICES ONLY. SHE IS THE WIFE OF EXECUTIVE DIRECTOR-KEY EMPLOYEE, ERIC MANN.

LABOR/COMMUNITY STRATEGY CENTER

95-4201669

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT.	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 990/990-PF																
FURNITURE AND FIXTURES																
2	FURNITURE & EQUIPMENT	7/01/97		12,567							12,567	12,567	S/L HY	5		0
3	FURNITURE & EQUIPMENT	7/01/97		9,289							9,289	9,289	S/L HY	5		0
4	FURNITURE & EQUIPMENT	7/01/98		10,152							10,152	10,152	S/L HY	5		0
5	FURNITURE & EQUIPMENT	7/01/99		8,634							8,634	8,634	S/L HY	5		0
6	FURNITURE & EQUIPMENT	7/01/00		18,740							18,740	16,867	S/L HY	5	.10000	1,873
7	FURNITURE & EQUIPMENT	4/01/01		1,749							1,749	1,225	S/L HY	5	20000	350
8	FURNITURE & EQUIPMENT	10/01/01		10,477							10,477	6,809	S/L MQ	5	.20000	2,095
18	FURNITURE & EQUIPMENT	7/01/05		23,126							23,126		S/L HY	5	.10000	2,313
TOTAL FURNITURE AND FIXTURE IMPROVEMENTS																
94,734 0 0 0 0 0 0 0 0 0 94,734 65,543 6,631																
IMPROVEMENTS																
1	LEASEHOLD IMPROVEMENTS	3/01/93		8,665							8,665	3,728	S/L MM	27.5	.03636	315
13	LEASEHOLD IMPROVEMENTS	7/01/03		5,250							5,250	286	S/L MM	27.5	.03636	191
17	LEASEHOLD IMPROVEMENTS	10/01/05		3,896							3,896		S/L HY	15	.03330	130
TOTAL IMPROVEMENTS																
17,811 0 0 0 0 0 0 0 0 0 17,811 4,014 636																
MACHINERY AND EQUIPMENT																
9	OFFICE EQUIPMENT DONATED	7/01/94		44,366							44,366	44,366	S/L HY	7		0
12	OFFICE EQUIPMENT	6/01/02		12,054							12,054	6,027	S/L HY	5	.20000	2,411
14	COMPUTER EQUIPMENT	8/01/03		9,601							9,601	2,880	S/L HY	5	20000	1,920
15	COMPUTER EQUIPMENT	7/01/04		13,999							13,999	1,400	S/L HY	5	.20000	2,800
16	SMALL EQUIPMENT	7/01/04		2,015							2,015	336	S/L HY	3	33330	672

LABOR/COMMUNITY STRATEGY CENTER

95-4201669

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC BAL DEPR.	SALVAG /BASIS REDUCT.	DEPR BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.	
19	SMALL EQUIPMENT	7/01/05		8,701							8,701		S/L	HY	3	.16670	1,450
	TOTAL MACHINERY AND EQUIPME			90,736		0	0	0	0	0	90,736	55,009					9,253
	MISCELLANEOUS																
10	VIDEO - VOICES/FROTLINE	7/01/97		36,365							36,365	36,365	S/L	HY	3		0
11	VIDEO - BUS RIDERS UNION	10/01/99		233,822							233,822	233,822	S/L	HY	3		0
	TOTAL MISCELLANEOUS			270,187		0	0	0	0	0	270,187	270,187					0
	TOTAL DEPRECIATION			473,468		0	0	0	0	0	473,468	394,753					16,520
	GRAND TOTAL DEPRECIATION			473,468		0	0	0	0	0	473,468	394,753					16,520

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

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

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

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

Type or print File by the extended due date for filing the return See instructions.	Name of Exempt Organization LABOR/COMMUNITY STRATEGY CENTER	Employer identification number 95-4201669
	Number, street, and room or suite number If a P O box, see instructions 3780 WILSHIRE BLVD., SUITE 1200	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions LOS ANGELES, CA 90010	

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

- Form 990
- Form 990-BL
- Form 990-EZ
- Form 990-PF
- Form 990-T (section 401(a) or 408(a) trust)
- Form 990-T (trust other than above)
- Form 1041-A
- Form 4720
- Form 5227
- Form 6069
- Form 8870

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

- The books are in care of **ERIC MANN**
Telephone No **(213) 387-2800** FAX No. _____
- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organizations four digit Group Exemption Number (GEN) _____ . If this is for the **whole group**, check this box . If it is **part** of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- 4** I request an additional 3-month extension of time until 11/15, 2006.
- 5** For calendar year 2005, or other tax year beginning _____, 20____, and ending _____, 20____.
- 6** If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 7** State in detail why you need the extension: ADDITIONAL TIME IS NEEDED TO RESEARCH AND RECONCILE BALANCE SHEET ACCOUNTS, IN ORDER TO PREPARE AN ACCURATE TAX RETURN. AN ADDITIONAL EXTENSION OF TIME TO PREPARE THE RETURN IS RESPECTFULLY REQUESTED.
- 8a** If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____
- b** If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____
- c Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ _____

Signature and Verification

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

Signature Leo Baefsky Title CPA Date 8/9/06

Notice to Applicant – To be Completed by the IRS

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

Director _____ By _____ Date _____

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

Type or print	Name LEO BAEFSKY, C.P.A.
	Number and street (include suite, room, or apartment number) or a P.O. box number 10801 NATIONAL BLVD. SUITE 300
	City or town, province or state, and country (including postal or ZIP code) LOS ANGELES, CA 90064

EXTENSION APPROVED
AUG 22 2006
FIELD DIRECTOR,
SUBMISSION PROCESSING, OGDEN