

~PAUL CARNEY CPA
148 E FOOTHILL BLVD STE 100
ARCADIA CA 91006
(626)358-4205

November 10, 2011

STRIVE FOUNDATION
9124 S MAIN STREET
Los Angeles CA 90003

Dear Jim,

Enclosed is a copy of your 2010 federal return, Form 990. You have elected to file this return electronically. Therefore, you do not need to sign and mail this return. Please review the return and retain this copy for your records.

The federal Form 990 does not show a refund or balance due. Your tax obligation is exactly met.

Enclosed is your 2010 California return, Form 199. The return should be signed and dated before filing. Please review the return and retain a copy for your records.

The California return does not show a refund or balance due. Your tax obligation is exactly met. Mail the return on or before November 15, 2011 to:

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

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

Sincerely,

PAUL CARNEY

PAUL CARNEY CPA
148 E FOOTHILL BLVD STE 100
ARCADIA CA 91006
(626)358-4205

November 10, 2011

STRIVE FOUNDATION
9124 S MAIN STREET
Los Angeles CA 90003

This is a letter of agreement regarding the services to be provided. The objective of this letter is to communicate the terms and conditions of the provided services.

The specific services to be provided are listed in the invoice accompanying this letter.

In order to complete the services, you will be asked to provide certain information. It is your responsibility to make sure the provided information is complete and accurate. The services do not include any verification of the information you provide. It is also your responsibility to maintain records of this information since you may need to satisfy tax authority inquiries.

The fees for these services are indicated on the invoice accompanying this letter. Please note that additional fees beyond those indicated may be necessary. You will be contacted for approval prior to the incurrence of additional fees.

If you agree to the terms and conditions, please sign and date this letter and return it with your payment. A separate copy of this letter is provided for your records.

Sincerely,

PAUL CARNEY

Enclosure

I agree to the terms and conditions set forth in this letter.

Jim

_____ DATE: _____

PAUL CARNEY CPA
148 E FOOTHILL BLVD STE 100
ARCADIA CA 91006-
626-358-4205

November 10, 2011

Invoice: CN00619

STRIVE FOUNDATION
9124 S MAIN STREET
Los Angeles, CA 90003

TEL: 323-779-1064

FOR PROFESSIONAL SERVICES RENDERED IN THE PREPARATION OF YOUR 2010 EXEMPT ORGANIZATION INFORMATION RETURN.

FEDERAL

Form 990	N/C
Schedule A	N/C
Schedule-B	N/C
Schedule D	N/C
Schedule O	N/C
Form 4562	N/C

CALIFORNIA STATE

CA Form 199	N/C
-------------	-----

AMOUNT DUE

\$0.00

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2010, or fiscal year beginning _____, 2010, & ending _____, 20__

▶ **Do not send to the IRS. Keep for your records.**

▶ **See instructions.**

2010

Department of the Treasury
Internal Revenue Service

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

Name and title of officer
JIM TETREAU PRESIDENT

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b	<u>307,458</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize PAUL CARNEY CPA to enter my PIN 91858 as my signature
ERO firm name **Enter five numbers, but do not enter all zeros**

on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 957778 91858
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2010 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ 11-10-2011

**ERO Must Retain This Form -- See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see the instructions.

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)

2010

Department of the Treasury
Internal Revenue Service

Open to Public Inspection

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

A For the 2010 calendar year, or tax year beginning , 2010, **and ending** , 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization STRIVE FOUNDATION		D Employer identification number 33-0411257
	Doing Business As		E Telephone number (323) 779-1064
	Number and street (or P.O. box if mail is not delivered to street address) Room/Suite 9124 S MAIN STREET		G Gross receipts \$ 307,458
	City or town, state or country, and ZIP + 4 Los Angeles CA 90003		
	F Name and address of principal officer: See attachment #1		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
J Website: WWW.STRIVE-LA.ORG		H(c) Group exemption number ▶	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1991	M State of legal domicile: CA

Part I Summary				
ACTIVITIES & GOVERNANCE	1	Briefly describe the organization's mission or most significant activities: See attachment #2		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	7
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	4
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	21
	6	Total number of volunteers (estimate if necessary)	6	22
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0
REVENUE	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	313,598	303,578
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,012	1,575
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,305
	12	Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	314,610	307,458
EXPENSES	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	180,323	182,764
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	4,409	3,615
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,615		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	136,067	137,716
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	320,799	324,095
19	Revenue less expenses. Subtract line 18 from line 12	-6,189	-16,637	
ASSETS OR FUNDS	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	853,309	838,008
	22	Net assets or fund balances. Subtract line 21 from line 20	1,835	3,172
			851,474	834,836

Part II Signature Block

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.

Sign Here	Signature of officer	Date
	JIM TETREAU Type or print name and title	PRESIDENT

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	PAUL CARNEY		11-10-2011		
	Firm's name ▶ PAUL CARNEY CPA	Firm's EIN ▶			
	Firm's address ▶ 148 E FOOTHILL BLVD STE 100	Phone no.			
	ARCADIA CA 91006	(626) 358-4205			

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission:
See attachment #3

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 256,217 including grants of \$) (Revenue \$)
See attachment #4

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► \$ 256,217

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Contains 20 main questions and sub-questions (a-f) regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 21 through 38 regarding grants, tax-exempt bonds, excess benefit transactions, and controlled entities.

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Table with columns for question number, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (7), 1b (4), 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed -> NONE
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: -> See attachment #5

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		INDIVIDUAL	DIRECTOR	INSTITUTIONAL	OFFICER	KEY EMPLOYEE	HIGHEST COMPENSATED	FORMER			
AUSTIN DRAGON DIRECTOR	0.50	X						0	0	0	
JANA NUNN CHAIRMAN	0.50	X						0	0	0	
JORGE SANDOVAL DIRECTOR	0.50	X						0	0	0	
CINDY TRAN DIRECTOR	0.50	X						0	0	0	
GARY WILSON DIRECTOR	0.50	X						0	0	0	
JIM TETREAU PRESIDENT	40.00	X			X	X		49,268	0	0	
DON ANDERSON, JR. VICE-PRESIDENT	40.00	X			X	X	X	51,018	0	0	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees(continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		INDIVIDUAL	DIRECTOR	TRUSTEE	INSTITUTIONAL	OFFICER	KEY EMPLOYEE			
1b Sub-total							100286	0	0	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							100286	0	0	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

Part VIII		Statement of Revenue		(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
OTHER CONTRIBUTIONS SIMILAR AMOUNTS	1a Federated campaigns	1a						
	b Membership dues	1b	3,995					
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, & similar amounts not included above	1f	299,583					
	g Noncash contributions included in lines 1a-1f:		\$ 300					
	h Total. Add lines 1a-1f			303,578				
PROGRAM SERVICE REVENUE			Business Code					
	2a							
	b							
	c							
	d							
	e							
	f All other program service revenue							
g Total. Add lines 2a-2f								
OTHER REVENUE	3 Investment income (including dividends, interest, and other similar amounts)			1,575			1,575	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6a Gross Rents	(i) Real	300					
		(ii) Personal						
		b Less: rental expenses						
	c Rental income or (loss)		300					
	d Net rental income or (loss)			300	300			
	7a Gross amount from sales of assets other than inventory	(i) Securities						
		(ii) Other						
		b Less: cost or other basis and sales expenses						
	c Gain or (loss)							
	d Net gain or (loss)							
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18.	a						
		b Less: direct expenses						
c Net income or (loss) from fundraising events								
9a Gross income from gaming activities. See Part IV, line 19	a							
	b Less: direct expenses							
	c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a							
	b Less: cost of goods sold							
	c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
11a IN-HOUSE SALE OF SNACK		445290	1,702			1,702		
b RECYCLING		423930	303			303		
c								
d All other revenue								
e Total. Add lines 11a-11d			2,005					
12 Total revenue. See instructions			307,458	300		3,580		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	100,286	75,652	24,634	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	68,887	67,846	1,041	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	13,591	11,672	1,919	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	7,000		7,000	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	3,615			3,615
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	3,810		3,810	
14 Information technology	5,562		5,562	
15 Royalties				
16 Occupancy	12,694	7,502	5,192	
17 Travel	63		63	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	14,410	11,528	2,882	
23 Insurance	16,826	13,461	3,365	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a PROGRAM SERVICE	39,404	39,404		
b INDEPENDENT INSTRUCTORS	23,624	23,624		
c VEHICLE EXPENSE	6,321	3,160	3,161	
d REPAIRS	2,960	2,368	592	
e GARDENING & ANIMAL SUPPLIES	2,100		2,100	
f All other expenses #6.	2,942		2,942	
25 Total functional expenses. Add lines 1 through 24f	324,095	256,217	64,263	3,615
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)	
		Beginning of year		End of year	
A S S E T S	1 Cash -- non-interest bearing	180,715	1	157,897	
	2 Savings and temporary cash investments		2		
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net		4		
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501 (c)(9) voluntary employees' beneficiary organizations (see instructions)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges		9		
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a 803,964			
	b Less: accumulated depreciation	10b 135,290	663,368	10c	668,674
	11 Investments -- publicly traded securities	7,276	11	9,487	
	12 Investments -- other securities. See Part IV, line 11		12		
	13 Investments -- program-related. See Part IV, line 11		13		
	14 Intangible assets	1,950	14	1,950	
	15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)		853,309	16	838,008	
L I A B I L I T I E S	17 Accounts payable and accrued expenses	1,835	17	3,172	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities. Complete Part X of Schedule D.		25		
	26 Total liabilities. Add lines 17 through 25		1,835	26	3,172
F U N D A S S E T S O R S	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	851,474	27	834,836	
	28 Temporarily restricted net assets		28		
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	851,474	33	834,836	
	34 Total liabilities and net assets/fund balances	853,309	34	838,008	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	307,458
2	Total expenses (must equal Part IX, column (A), line 25)	2	324,095
3	Revenue less expenses. Subtract line 2 from line 1	3	-16,637
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	851,474
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	834,836

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		X
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits N/A		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2010

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Open to Public Inspection

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

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 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 exempt 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)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III-Functionally integrated
 - d Type III-Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		X
11g(ii)		X
11g(iii)		X

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	290,937	249,405	282,749	308,922	299,583	1,431,596
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	30,899		5,500	4,676	3,995	45,070
3 Gross receipts from activities that are not an unrelated trade or business under section 513			1,015			1,015
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	321,836	249,405	289,264	313,598	303,578	1,477,681
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						1,477,681

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	321,836	249,405	289,264	313,598	303,578	1,477,681
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,737	7,359	3,799	976	3,880	20,751
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	4,737	7,359	3,799	976	3,880	20,751
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	326,573	256,764	293,063	314,574	307,458	1,498,432

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	98.62 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	98.27 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	1.38 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	1.73 %

19a 33 1/3 % support tests -- 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3 % support tests -- 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2010

Name of the organization

STRIVE FOUNDATION

Employer identification number

33-0411257

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

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

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

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

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

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

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	CITIGROUP 3800 CITIBANK DR. G-3-4 TAMPA, FL 33610	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	THE CAROL JAMES COLLINS FOUNDATION 6101 W CENTINELA AVE. STE. 100 CULVER CITY, CA 90230	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	BANK OF AMERICA FOUNDATION 100 N. TRYON ST. CHARLOTTE, NC 28255	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	WILSON-THORNHILL FOUNDATION 2700 LONE OAK PARKWAY DEPT. A 1040 EAGAN, MN 55121	\$ 75,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	COMERICA BANK 2321 ROSECRANS 5TH FLOOR EL SEGUNDO, CA 90051	\$ 7,800	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	BAXTER CHARITABLE TRUST 1730 M ST. NW STE. 601 WASHINGTON, DC 20036	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	AUDREY & SYDNEY IRMAS FOUNDATIO 16830 VENTURA BLVD. STE. 364 ENCINO, CA 91436	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	CRAIL-JOHNSON FOUNDATION 461 W. 6TH ST. STE. 300 SAN PEDRO, CA 90731	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	MACDONALD FAMILY FOUNDATION PO BOX 64788 LOS ANGELES, CA 90064	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	DWIGHT STUART YOUTH FUND 9595 WILSHIRE BLVD STE. 212 BEVERLY HILLS, CA 90212-2502	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	THE LINCY FOUNDATION BOX 453067 4505 S MARYLAND PKWY LAS VEGAS NV 89154-3067	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	WILLAMETTA K. DAY 865 S FIGUEROA ST 700 LOS ANGELES, CA 90017-5472	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization STRIVE FOUNDATION Employer identification number 33-0411257

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	US BANK 800 NICOLLET MALL EP-MM-H21B MINNEAPOLIS, MN 55402	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	ROBERT A. DAY FOUNDATION 865 S FIGUEROA ST. STE. 700 LOS ANGELES, CA 90017	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	JB & EMILY VAN NUYS CHARITIES PO BOX 2946 PALOS VERDES PENNSULA, CA 90274	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

2010

Open to Public Inspection

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
- | | |
|--|--|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) | <input type="checkbox"/> Preservation of an historically important land area |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of a certified historic structure |
| <input type="checkbox"/> Preservation of open space | |
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
- | | Held at the End of the Tax Year |
|---|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register. | 2d |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- (ii) Assets included in Form 990, Part X ▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Term endowment _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Yes No

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		104,450		104,450
b Buildings		631,341	78,521	552,820
c Leasehold improvements				
d Equipment		46,501	35,097	11,404
e Other		21,672	21,672	

Total. Add lines 1a through 1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).) 668,674

Part VII Investments -- Other Securities. See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments -- Program Related. See Form 990, Part X, line 13.		
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.	
(a) Description	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.		
1. (a) Description of liability	(b) Amount	
Federal income taxes		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	307,458
2	Total expenses (Form 990, Part IX, column (A), line 25)	324,095
3	Excess or (deficit) for the year. Subtract line 2 from line 1	-16,637
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV.)	
9	Total adjustments (net). Add lines 4 through 8	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	-16,637

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	307,458
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments	2a
b	Donated services and use of facilities	2b
c	Recoveries of prior year grants	2c
d	Other (Describe in Part XIV.)	2d
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	307,458
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV.)	4b
c	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	307,458

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	324,095
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	2a
b	Prior year adjustments	2b
c	Other losses	2c
d	Other (Describe in Part XIV.)	2d 14,410
e	Add lines 2a through 2d	2e 14,410
3	Subtract line 2e from line 1	309,685
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV.)	4b 14,410
c	Add lines 4a and 4b	4c 14,410
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	324,095

Part XIV Supplemental Information
 Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

STRIVE FOUNDATION

Employer identification number

33-0411257

STRIVE POSTS ITS TAX RETURNS & AUDITED
FINANCIAL STATEMENTS ON ITS WEBSITE.

990 PRINCIPAL OFFICER NAME AND ADDRESS

Attachment 1: Form 990 Page 1, Line F

Open to Public Inspection	For calendar year 2010, or tax period beginning	, and ending
---------------------------	---	--------------

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

990, Page 1, Line F

Principal officer name JIM TETREAU
or
Business Name:

Street Address 9124 S MAIN STREET

U.S. Address:

Zip code 90003 City Los Angeles State CA

or

Foreign Address

City

Province or State

Country

Postal code

990 PRIMARY EXEMPT PURPOSE

Attachment 2: Form 990 Page 1, Part I

Open to Public Inspection	For calendar year 2010 or tax period beginning	, and ending
Name of Organization STRIVE FOUNDATION	Employer Identification Number 33-0411257	

Primary Purpose

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

990 PRIMARY EXEMPT PURPOSE

Attachment 3: Form 990 Page 2, Part III

Open to Public Inspection	For calendar year 2010 or tax period beginning	, and ending
Name of Organization STRIVE FOUNDATION	Employer Identification Number 33-0411257	

Primary Purpose

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

990 PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

Attachment 4: Form 990 Page 2, Part III

Open to Public Inspection	For calendar year 2010, or tax period beginning	, and ending
Name of Organization STRIVE FOUNDATION	Employer Identification Number 33-0411257	

Part III - Statement of Program Service Accomplishments

Code: Expenses: 256,217 including Grants of: Revenue:

Exempt Purpose Achievements

IN AN ACADEMY-PAR LEARNING ENVIRONMENT, & FROM A CHARACTER-IS-PARAMOUNT PERSPECTIVE, STRIVE HELPS CHILDREN ACHIEVE READING, WRITING, ENGLISH-LANGUAGE FLUENCY & MATH SKILLS PROFICIENCY IN THEIR GRADE LEVEL. STRIVE'S BOTTOM LINE MISSION IS TO PROVIDE A SANCTUARY OF INSTRUCTOR, GUIDANCE & PROTEGE RESOURCES THAT BETTER EQUIP CHILDREN TO NAVIGATE THROUGH THE PROBLEMS THEY FACE IN THEIR CHALLENGING COMMUNITIES & BEYOND. STRIVE SERVES APPROXIMATELY 100 STUDENTS DAILY. IN 2010, IT ADDED MORE CLASS-ROOM SPACE. IT INCREASED TO 30 THE NUMBER OF STUDENTS THAT WENT ON THE BASS LAKE FIELD TRIP THE YEAR-END ASSESSMENT TESTS IMPROVED OVER THE PRIOR YEAR.

990 BOOKS ARE IN CARE OF

Attachment 5: Form 990 Page 6, Part VI, Section C, Line 20

Open to Public Inspection For calendar year 2010 or tax period beginning , and ending

Name of Organization STRIVE FOUNDATION Employer Identification Number 33-0411257

Part VI - Line 20

Individual Name or Business Name: STRIVE FOUNDATION

Street Address 9124 S. MAIN ST.

U.S. Address:

Zip code 90003 City Los Angeles State CA

Foreign Address

City

Province or State

Country

Postal code

Phone Number (323) 779-1064

Fax Number (323) 779-7501

Depreciation and Amortization (Including Information on Listed Property)

2010

Department of the Treasury
Internal Revenue Service (99)

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

Attachment
Sequence No. **67**

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

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 instructions)	1	
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
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	500,000
6 (a) Description of property	(b) Cost (busn. use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	500,000
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2011. 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 depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

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 2010	17	14,185
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 2010 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depr. (business/investment use only -- see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property		5,879	07	HY	200 DB	210
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property	12-2010	13,837	39 yrs.	MM	S/L	15
				MM	S/L	

Section C -- Assets Placed in Service During 2010 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	14,410
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

2010 Federal Depreciation Schedule

STRIVE FOUNDATION
33-0411257

11-10-2011

Description	Date	Method	Year	Cost	Land/ Other	§179	Spec Allow	Basis	Prior	Current
Form 990										
<u>Automobiles</u>										
2002 DODGE CARAVAN	10-24-02	S/LMQ	5	21,672	0	0	0	8,264	21,672	0
1 Asset			Subtotals:	21,672	0	0	0	8,264	21,672	0
<u>Improvements</u>										
BUILDING IMPROVEMENT	07-01-99	S/LMM	39	8,602	0	0	0	8,602	2,311	221
LICENSES	07-01-00	S/LMM	39	31,984	0	0	0	31,984	7,760	820
IMPRVMNTS BLDG 6 & 7	02-01-01	S/LMM	39	0	0	0	0	1	0	0
FLOOR TILES DONATED	04-25-01	200DBHY	10	0	0	0	0	1	0	0
HVAC UNITS	06-30-01	S/LMM	39	0	0	0	0	1	0	0
IMPRVMNTS BLDG 6 & 7	07-01-01	S/LMM	39	54,612	0	0	0	54,612	10,769	1,400
DRYWALL DONATED	06-01-02	S/LMM	39	0	0	0	0	1	0	0
AIR CONDITIONING IMP	07-01-02	S/LMM	39	17,821	0	0	0	17,821	3,409	457
DOORS, ROOF DONATED	07-01-03	200DBHY	7	3,525	0	0	0	3,525	3,253	272
IMPROVEMENTS	12-31-05	S/LMM	39	0	0	0	0	1	0	0
WINDOW IMPROVEMENTS	03-21-06	S/LMM	39	0	0	0	0	1	0	0
IMPROVEMNT 9116 MAIN	09-30-06	S/LMM	39	79,382	0	0	0	79,382	6,699	2,035
12 Assets			Subtotals:	195,926	0	0	0	195,932	34,201	5,205
<u>Computer Equipment</u>										
COMPUTERS DONATED	12-01-01	200DBHY	5	0	0	0	0	1	0	0
SOFTWARE	06-01-02	200DBMQ	3	750	0	0	0	750	750	0
COMPUTER & PERIPHRLS	07-01-02	200DBMQ	5	10,644	0	0	0	10,644	10,644	0
DONATED COMPUTERS	12-31-05	200DBHY	5	0	0	0	0	1	0	0
COMPUTER EQUIPMENT	05-23-09	200DBHY	5	3,113	0	0	0	3,113	623	996
5 Assets			Subtotals:	14,507	0	0	0	14,509	12,017	996
<u>Buildings</u>										
BLDG 9116 MAIN DONAT	07-01-94	S/LMM	39	0	0	0	0	0	0	0
BLDG 9124 MAIN DON	11-27-96	S/LMM	39	0	0	0	0	0	0	0
IMPROVEMENTS	07-01-04	S/LMM	39	5,300	0	0	0	5,300	3,010	136
IMPROVEMENTS CHALL	12-31-05	S/LMM	39	220,421	0	0	0	220,421	28,535	5,652
IMPROVMNT 9116 MAIN	01-01-06	S/LMM	39	1,000	0	0	0	1,000	52	0
SECURITY SYSTEM	07-19-06	S/LMM	39	7,895	0	0	0	7,895	614	202
ELECTRICAL IMPROVE	08-02-06	S/LMM	39	25,467	0	0	0	25,467	2,229	0
SECURITY GATES	01-04-07	S/LMM	39	1,500	0	0	0	1,500	112	38
BUILDING MATERIALS	01-15-07	S/LMM	39	1,190	0	0	0	1,190	92	31

* Asset disposed this year

-C Carryover basis in like-kind exchange transaction

-B Excess basis in like-kind exchange transaction

2010 Federal Depreciation Schedule

STRIVE FOUNDATION
33-0411257

11-10-2011

Description	Date	Method	Year	Cost	Land/ Other	§179	Spec Allow	Basis	Prior	Current	
Form 990											
<u>Buildings</u>											
BUILDING MATERIALS	02-15-07	S/LMM	39	1,778	0	0	0	1,778	132	46	
BUILDING MATERIALS	03-15-07	S/LMM	39	1,170	0	0	0	1,170	84	30	
BUILDING MATERIALS	05-01-07	S/LMM	39	1,500	0	0	0	1,500	100	38	
BUILDING IMPROVMENTS	07-01-07	S/LMM	39	728	0	0	0	728	47	18	
IMPROVEMENTS	06-16-08	S/LMM	39	1,137	0	0	0	1,137	45	29	
IMPROVEMENTS	10-02-08	S/LMM	39	560	0	0	0	560	17	14	
DONATED IMPROVEMENTS	10-15-08	S/LMM	39	125	0	0	0	125	4	3	
IMPROVEMENTS	10-18-08	S/LMM	39	1,257	0	0	0	1,257	39	32	
BUILDING IMPROVEMENT	12-15-10	S/LMM	39	13,837	0	0	0	13,837	0	15	
18 Assets				Subtotals:	284,865	0	0	0	284,865	35,112	6,284
<u>Furniture & Fixtures</u>											
CLASSROOM DESKS	01-11-07	200DBHY	7	1,000	0	0	0	1,000	563	125	
CLASSROOM DESKS	01-24-07	200DBHY	7	1,143	0	0	0	1,143	644	143	
FURNITURE	02-01-07	200DBHY	7	108	0	0	0	108	61	13	
CLASSROOM DESKS	02-03-07	200DBHY	7	1,000	0	0	0	1,000	563	125	
FURNITURE	02-07-07	200DBHY	7	379	0	0	0	379	213	47	
CLASSROOM DESKS	02-13-07	200DBHY	7	786	0	0	0	786	442	98	
STOVES	03-20-07	200DBHY	7	747	0	0	0	747	421	93	
STOVES	03-20-07	200DBHY	7	750	0	0	0	750	422	94	
FURNITURE	04-13-07	200DBHY	7	215	0	0	0	215	122	27	
FURNITURE	05-04-07	200DBHY	7	107	0	0	0	107	61	13	
CASE-CHAIRS-OFFICE	07-01-07	200DBHY	7	388	0	0	0	388	219	48	
OFFICE FURNITURE	12-24-07	200DBHY	7	223	0	0	0	223	126	28	
KITCHEN FURNITURE	05-08-09	200DBHY	7	564	0	0	0	564	81	138	
DESKS & CHAIRS	11-01-10	200DBHY	7	5,879	0	0	0	5,879	0	210	
14 Assets				Subtotals:	13,289	0	0	0	13,289	3,938	1,202
<u>Equipment & Machinery</u>											
KITCHEN UTENSILS DON	07-01-99	200DBHY	7	0	0	0	0	1	0	0	
KITCHEN EQUIPMT DON	07-01-00	200DBHY	5	0	0	0	0	1	0	0	
KITCHEN EQUIPMNT DON	07-01-00	200DBHY	5	0	0	0	0	1	0	0	
KITCHEN EQUIPMNT DON	06-30-01	200DBHY	7	0	0	0	0	1	0	0	
KITCHEN EQUIPMENT	06-14-06	200DBMQ	7	0	0	0	0	1	0	0	
APPLIANCES	09-30-06	200DBMQ	7	2,141	0	0	0	2,141	1,472	191	
APPLIANCES	12-01-06	200DBMQ	7	325	0	0	0	325	224	29	
LEARNING EQUIPMENT	03-11-08	200DBHY	7	550	0	275	0	275	107	48	

* Asset disposed this year

-C Carryover basis in like-kind exchange transaction

-B Excess basis in like-kind exchange transaction

2010 Federal Depreciation Schedule

STRIVE FOUNDATION
33-0411257

11-10-2011

Description	Date	Method	Year	Cost	Land/ Other	§179	Spec Allow	Basis	Prior	Current
Form 990										
Equipment & Machinery										
CAMERA	07-11-08	200DBHY	5	502	0	251	0	251	130	48
EQUIPMENT										
APPLIANCES	11-03-09	200DBHY	7	1,662	0	0	0	1,662	237	407
10 Assets				Subtotals:	0	526	0	4,659	2,170	723
60 Assets				Totals:	0	526	0	521,518	109,110	14,410
60 Assets				Grand Totals:	0	526	0	521,518	109,110	14,410

* Asset disposed this year
 -C Carryover basis in like-kind exchange transaction
 -B Excess basis in like-kind exchange transaction

2010 Book Depreciation Schedule

STRIVE FOUNDATION
33-0411257

11-10-2011

Description	Date	Method	Year	Cost	Land/ Other	§179	Spec Allow	Basis	Prior	Current
Form 990										
<u>Automobiles</u>										
2002 DODGE CARAVAN	10-24-02	S/LMQ	5	21,672	0	0	0	8,264	21,672	0
1 Asset			Subtotals:	21,672	0	0	0	8,264	21,672	0
<u>Improvements</u>										
BUILDING IMPROVEMENT	07-01-99	S/LMM	39	8,602	0	0	0	8,602	2,311	221
LICENSES	07-01-00	S/LMM	39	31,984	0	0	0	31,984	7,760	820
IMPRVMNTS BLDG 6 & 7	02-01-01	S/LMM	39	0	0	0	0	0	0	0
FLOOR TILES DONATED	04-25-01	200DBHY	10	0	0	0	0	0	0	0
HVAC UNITS	06-30-01	S/LMM	39	0	0	0	0	0	0	0
IMPRVMNTS BLDG 6 & 7	07-01-01	S/LMM	39	54,612	0	0	0	54,612	10,769	1,400
DRYWALL DONATED	06-01-02	S/LMM	39	0	0	0	0	0	0	0
AIR CONDITIONING IMP	07-01-02	S/LMM	39	17,821	0	0	0	17,821	3,409	457
DOORS, ROOF DONATED	07-01-03	200DBHY	7	3,525	0	0	0	3,525	3,253	272
IMPROVEMENTS	12-31-05	S/LMM	39	0	0	0	0	0	0	0
WINDOW IMPROVEMENTS	03-21-06	S/LMM	39	0	0	0	0	0	0	0
IMPROVEMNT 9116 MAIN	09-30-06	S/LMM	39	79,382	0	0	0	79,382	6,699	2,035
12 Assets			Subtotals:	195,926	0	0	0	195,926	34,201	5,205
<u>Computer Equipment</u>										
COMPUTERS DONATED	12-01-01	200DBHY	5	4,000	0	0	0	4,000	4,000	0
SOFTWARE	06-01-02	200DBMQ	3	750	0	0	0	750	750	0
COMPUTER & PERIPHRLS	07-01-02	200DBMQ	5	10,644	0	0	0	10,644	10,644	0
DONATED COMPUTERS	12-31-05	200DBHY	5	500	0	0	0	500	500	0
COMPUTER EQUIPMENT	05-23-09	200DBHY	5	3,113	0	0	0	3,113	623	996
5 Assets			Subtotals:	19,007	0	0	0	19,007	16,517	996
<u>Buildings</u>										
BLDG 9116 MAIN DONAT	07-01-94	S/LMM	39	115,000	54,050	0	0	60,950	0	0
BLDG 9124 MAIN DON	11-27-96	S/LMM	39	140,000	50,400	0	0	89,600	0	0
IMPROVEMENTS	07-01-04	S/LMM	39	5,300	0	0	0	5,300	3,010	136
IMPROVEMENTS CHALL	12-31-05	S/LMM	39	220,421	0	0	0	220,421	28,535	5,652
IMPROVMNT 9116 MAIN	01-01-06	S/LMM	39	1,000	0	0	0	1,000	0	0
SECURITY SYSTEM	07-19-06	S/LMM	39	7,895	0	0	0	7,895	614	202
ELECTRICAL IMPROVE	08-02-06	S/LMM	39	25,467	0	0	0	25,467	0	0
SECURITY GATES	01-04-07	S/LMM	39	1,500	0	0	0	1,500	112	38
BUILDING MATERIALS	01-15-07	S/LMM	39	1,190	0	0	0	1,190	92	31

* Asset disposed this year

-C Carryover basis in like-kind exchange transaction

-B Excess basis in like-kind exchange transaction

2010 Book Depreciation Schedule

STRIVE FOUNDATION
33-0411257

11-10-2011

Description	Date	Method	Year	Cost	Land/ Other	§179	Spec Allow	Basis	Prior	Current	
Form 990											
<u>Buildings</u>											
BUILDING MATERIALS	02-15-07	S/LMM	39	1,778	0	0	0	1,778	132	46	
BUILDING MATERIALS	03-15-07	S/LMM	39	1,170	0	0	0	1,170	84	30	
BUILDING MATERIALS	05-01-07	S/LMM	39	1,500	0	0	0	1,500	100	38	
BUILDING IMPROVMENTS	07-01-07	S/LMM	39	728	0	0	0	728	47	18	
IMPROVEMENTS	06-16-08	S/LMM	39	1,137	0	0	0	1,137	45	29	
IMPROVEMENTS	10-02-08	S/LMM	39	560	0	0	0	560	17	14	
DONATED IMPROVEMENTS	10-15-08	S/LMM	39	125	0	0	0	125	4	3	
IMPROVEMENTS	10-18-08	S/LMM	39	1,257	0	0	0	1,257	39	32	
BUILDING IMPROVEMENT	12-15-10	S/LMM	39	13,837	0	0	0	13,837	0	15	
18 Assets				Subtotals:	539,865	104,450	0	0	435,415	32,831	6,284
<u>Furniture & Fixtures</u>											
CLASSROOM DESKS	01-11-07	200DBHY	7	1,000	0	0	0	1,000	563	125	
CLASSROOM DESKS	01-24-07	200DBHY	7	1,143	0	0	0	1,143	644	143	
FURNITURE	02-01-07	200DBHY	7	108	0	0	0	108	61	13	
CLASSROOM DESKS	02-03-07	200DBHY	7	1,000	0	0	0	1,000	563	125	
FURNITURE	02-07-07	200DBHY	7	379	0	0	0	379	213	47	
CLASSROOM DESKS	02-13-07	200DBHY	7	786	0	0	0	786	442	98	
STOVES	03-20-07	200DBHY	7	747	0	0	0	747	421	93	
STOVES	03-20-07	200DBHY	7	750	0	0	0	750	422	94	
FURNITURE	04-13-07	200DBHY	7	215	0	0	0	215	122	27	
FURNITURE	05-04-07	200DBHY	7	107	0	0	0	107	61	13	
CASE-CHAIRS-OFFICE	07-01-07	200DBHY	7	388	0	0	0	388	219	48	
OFFICE FURNITURE	12-24-07	200DBHY	7	223	0	0	0	223	126	28	
KITCHEN FURNITURE	05-08-09	200DBHY	7	564	0	0	0	564	81	138	
DESKS & CHAIRS	11-01-10	200DBHY	7	5,879	0	0	0	5,879	0	210	
14 Assets				Subtotals:	13,289	0	0	0	13,289	3,938	1,202
<u>Equipment & Machinery</u>											
KITCHEN UTENSILS DON	07-01-99	200DBHY	7	5,200	0	0	0	5,200	5,200	0	
KITCHEN EQUIPMT DON	07-01-00	200DBHY	5	1,200	0	0	0	1,200	1,200	0	
KITCHEN EQUIPMT DON	07-01-00	200DBHY	5	1,375	0	0	0	1,375	1,375	0	
KITCHEN EQUIPMT DON	06-30-01	200DBHY	7	1,250	0	0	0	1,250	1,250	0	
KITCHEN EQUIPMENT	06-14-06	200DBMQ	7	0	0	0	0	0	0	0	
APPLIANCES	09-30-06	200DBMQ	7	2,141	0	0	0	2,141	1,472	191	
APPLIANCES	12-01-06	200DBMQ	7	325	0	0	0	325	224	29	
LEARNING EQUIPMENT	03-11-08	200DBHY	7	550	0	275	0	275	107	48	

* Asset disposed this year

-C Carryover basis in like-kind exchange transaction

-B Excess basis in like-kind exchange transaction

2010 Book Depreciation Schedule

STRIVE FOUNDATION
33-0411257

11-10-2011

Description	Date	Method	Year	Cost	Land/ Other	§179	Spec Allow	Basis	Prior	Current
Form 990										
Equipment & Machinery										
CAMERA	07-11-08	200DBHY	5	502	0	251	0	251	130	48
EQUIPMENT										
APPLIANCES	11-03-09	200DBHY	7	1,662	0	0	0	1,662	237	407
10 Assets			Subtotals:	14,205	0	526	0	13,679	11,195	723
60 Assets			Totals:	803,964	104,450	526	0	685,580	120,354	14,410
60 Assets			Grand Totals:	803,964	104,450	526	0	685,580	120,354	14,410

* Asset disposed this year
 -C Carryover basis in like-kind exchange transaction
 -B Excess basis in like-kind exchange transaction

2010 AMT Depreciation Schedule

STRIVE FOUNDATION
33-0411257

11-10-2011

Description	Date	Method	Year	Basis	Prior	AMT	Regular	Adjust
Form 990								
Automobiles								
2002 DODGE CARAVAN	10-24-02	S/LMQ	5	8,264	18,261	0	0	0
1 Asset				Subtotals:	8,264	18,261	0	0
Improvements								
BUILDING IMPROVEMENT	07-01-99	S/LMM	39	8,602	2,311	221	221	0
LICENSES	07-01-00	S/LMM	39	31,984	7,760	820	820	0
IMPRVMNTS BLDG 6 & 7	02-01-01	S/LMM	40	1	0	0	0	0
FLOOR TILES DONATED	04-25-01	150DBHY	10	1	0	0	0	0
HVAC UNITS	06-30-01	S/LMM	40	1	0	0	0	0
IMPRVMNTS BLDG 6 & 7	07-01-01	S/LMM	39	54,612	10,769	1,400	1,400	0
DRYWALL DONATED	06-01-02	S/LMM	40	1	0	0	0	0
AIR CONDITIONING IMP	07-01-02	S/LMM	39	17,821	3,409	457	457	0
DOORS, ROOF	07-01-03	150DBHY	7	3,525	2,656	216	272	56
DONATED IMPROVEMENTS	12-31-05	S/LMM	39	1	0	0	0	0
WINDOW IMPROVEMENTS	03-21-06	S/LMM	40	0	0	0	0	0
IMPROVEMNT 9116 MAIN	09-30-06	S/LMM	39	79,382	6,205	2,035	2,035	0
12 Assets				Subtotals:	195,931	33,110	5,149	5,205
Computer Equipment								
COMPUTERS DONATED	12-01-01	150DBHY	5	1	0	0	0	0
SOFTWARE	06-01-02	150DBMQ	3	750	750	0	0	0
COMPUTER & PERIPHRLS	07-01-02	150DBMQ	5	10,644	10,644	0	0	0
DONATED COMPUTERS	12-31-05	150DBHY	5	0	0	0	0	0
COMPUTER EQUIPMENT	05-23-09	150DBHY	5	3,113	467	794	996	202
5 Assets				Subtotals:	14,508	11,861	794	996
Buildings								
BLDG 9116 MAIN DONAT	07-01-94	S/LMM	40	0	0	0	0	0
BLDG 9124 MAIN DON	11-27-96	S/LMM	40	0	0	0	0	0
IMPROVEMENTS	07-01-04	S/LMM	39	5,300	3,010	136	136	0
IMPROVEMENTS CHALL	12-31-05	S/LMM	39	220,421	28,253	5,652	5,652	0
IMPROVMNT 9116 MAIN	01-01-06	S/LMM	39	1,000	50	26	0	-26
SECURITY SYSTEM	07-19-06	S/LMM	39	7,895	614	202	202	0
ELECTRICAL IMPROVE	08-02-06	S/LMM	39	25,467	2,176	653	0	-653
SECURITY GATES	01-04-07	S/LMM	40	1,500	112	38	38	0
BUILDING MATERIALS	01-15-07	S/LMM	39	1,190	90	31	31	0
BUILDING MATERIALS	02-15-07	S/LMM	39	1,778	132	46	46	0
BUILDING MATERIALS	03-15-07	S/LMM	39	1,170	84	30	30	0
BUILDING MATERIALS	05-01-07	S/LMM	39	1,500	100	38	38	0
BUILDING IMPROVMNTS	07-01-07	S/LMM	40	728	46	18	18	0
IMPROVEMENTS	06-16-08	S/LMM	39	1,137	45	29	29	0
IMPROVEMENTS DONATED	10-02-08	S/LMM	39	560	17	14	14	0
IMPROVEMENTS DONATED	10-15-08	S/LMM	39	125	4	3	3	0
IMPROVEMENTS	10-18-08	S/LMM	39	1,257	39	32	32	0
BUILDING IMPROVEMENT	12-15-10	S/LMM	39	13,837	0	15	15	0
18 Assets				Subtotals:	284,865	34,772	6,963	6,284
Furniture & Fixtures								
CLASSROOM DESKS	01-11-07	150DBHY	7	1,000	448	123	125	2
CLASSROOM DESKS	01-24-07	150DBHY	7	1,143	535	140	143	3
FURNITURE	02-01-07	150DBHY	7	108	49	13	13	0
CLASSROOM DESKS	02-03-07	150DBHY	7	1,000	448	123	125	2
FURNITURE	02-07-07	150DBHY	7	379	170	46	47	1
CLASSROOM DESKS	02-13-07	150DBHY	7	786	367	96	98	2
STOVES	03-20-07	150DBHY	7	747	340	92	93	1
STOVES	03-20-07	150DBHY	7	750	341	92	94	2
FURNITURE	04-13-07	150DBHY	7	215	98	26	27	1
FURNITURE	05-04-07	150DBHY	7	107	48	13	13	0

* Asset disposed this year

-C Carryover basis in like-kind exchange transaction

-B Excess basis in like-kind exchange transaction

2010 AMT Depreciation Schedule

STRIVE FOUNDATION
33-0411257

11-10-2011

Description	Date	Method	Year	Basis	Prior	AMT	Regular	Adjust		
Form 990										
Furniture & Fixtures										
CASE-CHAIRS-OFFICE	07-01-07	150DBHY	7	388	182	48	48	0		
OFFICE FURNITURE	12-24-07	150DBHY	7	223	105	27	28	1		
KITCHEN FURNITURE	05-08-09	150DBHY	7	564	60	108	138	30		
DESKS & CHAIRS	11-01-10	150DBHY	10	5,879	0	210	210	0		
14 Assets				Subtotals:		13,289	3,191	1,157	1,202	45
Equipment & Machinery										
KITCHEN UTENSILS DON	07-01-99	150DBHY	10	0	0	0	0	0		
KITCHEN EQUIPMT DON	07-01-00	150DBHY	5	0	0	0	0	0		
KITCHEN EQUIPMNT DON	07-01-00	150DBHY	5	0	0	0	0	0		
KITCHEN EQUIPMNT DON	06-30-01	150DBHY	10	0	0	0	0	0		
KITCHEN EQUIPMENT	06-14-06	150DBMQ	10	0	0	0	0	0		
APPLIANCES	09-30-06	150DBMQ	7	2,141	1,450	263	191	-72		
APPLIANCES	12-01-06	150DBMQ	7	325	218	40	29	-11		
LEARNING EQUIPMENT	03-11-08	150DBHY	7	275	112	41	48	7		
CAMERA EQUIPMENT	07-11-08	150DBHY	5	251	114	45	48	3		
APPLIANCES	11-03-09	150DBHY	7	1,662	178	318	407	89		
10 Assets				Subtotals:		4,654	2,072	707	723	16
60 Assets				Totals:		521,511	103,267	14,770	14,410	-360
60 Assets				Grand Totals:		521,511	103,267	14,770	14,410	-360

* Asset disposed this year

-C Carryover basis in like-kind exchange transaction

-B Excess basis in like-kind exchange transaction

ELECTION NOT TO DEDUCT 100% SPECIAL DEPRECIATION ALLOWANCE

STRIVE FOUNDATION

33-0411257

Taxpayer elects under IRC Sec. 168(k)(5) to not claim the additional 100% first-year special depreciation allowance for the following classes of property placed in service during the tax year ended December 31, 2010 :

3-Year Property

5-Year Property

7-Year Property

10-Year Property

15-Year Property

20-Year Property

Water Utility Property

Depreciable Computer Software

Qualified Leasehold Improvement Property

**ELECTION TO DEDUCT 50% SPECIAL DEPRECIATION ALLOWANCE
FOR PROPERTY OTHERWISE QUALIFIED FOR 100%**

STRIVE FOUNDATION

33-0411257

Taxpayer elects under Rev. Proc. 2011-26 to claim the additional 50% first-year special depreciation allowance for the following classes of property, otherwise qualified for the 100% allowance, placed in service during the tax year ended:
December 31, 2010

3-Year Property

5-Year Property

7-Year Property

10-Year Property

15-Year Property

20-Year Property

Water Utility Property

Depreciable Computer Software

Qualified Leasehold Improvement Property

2010 DETAIL STATEMENTS

STRIVE FOUNDATION
33-0411257

Page 1

STATEMENT #1 - Membership dues (990-EO PG 9 Line 1b)

STUDENT REGISTRATION FEES.....	3,995	
TOTAL CARRIED TO 990-EO PG 9 Line 1b.....		3,995

STATEMENT #2 - Investment income total rev (990 EO PG 9 Line 3)

DIVIDENDS.....	754	
INTEREST.....	821	
TOTAL CARRIED TO 990 EO PG 9 Line 3.....		1,575

STATEMENT #3 - Occupancy (990 EO PG 10 Line 16)

PROPERTY TAXES.....	997	
TAXES & LICENSES.....	75	
TELEPHONE.....	3,242	
UTILITIES & WASTE.....	8,380	
TOTAL CARRIED TO 990 EO PG 10 Line 16.....		12,694

STATEMENT #4 - Program occupancy (990 EO PG 10 Line 16b)

PROPERTY TAXES.....	798	
UTILITIES & WASTE.....	6,704	
TOTAL CARRIED TO 990 EO PG 10 Line 16b.....		7,502

STATEMENT #5 - Managment occupancy (990 EO PG 10 Line 16c)

PROPERTY TAXES.....	199	
TAXES & LICENSES.....	75	
TELEPHONE.....	3,242	
UTILITIES & WASTE.....	1,676	
TOTAL CARRIED TO 990 EO PG 10 Line 16c.....		5,192

STATEMENT #6 - Inv. pub. traded sec. end yr (990-EO PG 11 Line 11b)

	Beginning	Ending
JEFFRIES 26 SH.....	365	365
MICROSOFT 100SH.....	2,048	2,201
ARES 100 SH.....	708	708
FIFTH ST 100SH.....	831	831
GE 100 SH.....	1,302	1,302
PROSPECT 125SH.....	1,068	1,068
APOLLO 100SH.....	954	954
ANWORTH MORTGAGE ASSET 170SH.....	0	1,156

Continued On Page2

2010 DETAIL STATEMENTS

STRIVE FOUNDATION
33-0411257

CHIMERA INVESTMENT 210.....	0	902
TOTAL CARRIED TO 990-EO PG 11 Line 11b.....	7,276	9,487

STATEMENT #7 - Intangible assets end yr (990-EO PG 11 Line 14b)		
	Beginning	Ending
START UP FEES.....	1,950	1,950
TOTAL CARRIED TO 990-EO PG 11 Line 14b.....	1,950	1,950

STATEMENT #8 - Gross Income from Interest (SCH A, PG 2 Line 8(e))		
INTEREST & DIVIDENDS.....	1,575	
RENTAL INCOME.....	2,305	
TOTAL CARRIED TO SCH A, PG 2 Line 8(e).....		3,880

STATEMENT #9 - Amount included on Form 990 (SCH D PG 4 Line 2d)		
BOOK DEPRECIATION.....	14,410	
TOTAL CARRIED TO SCH D PG 4 Line 2d.....		14,410

STATEMENT #10 - Other (SCH D PG 4 Line 4b)		
TAX DEPRECIATION.....	14,410	
TOTAL CARRIED TO SCH D PG 4 Line 4b.....		14,410

STRIVE FOUNDATION
2010 TAX RETURN

PAUL CARNEY CPA
148 E FOOTHILL BLVD STE 100
ARCADIA CA 91006
(626)358-4205

STRIVE FOUNDATION
9124 S MAIN STREET
Los Angeles CA 90003

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN UT 84201-0027

TWF
TAXABLE YEAR **2010** **California Exempt Organization**
Annual Information Return

FORM
199

Calendar Year 2010 or fiscal year beginning month day year , and ending month day year .

A First Return Filed? Yes No **B** Type of organization Exempt under Section 23701 D (insert letter) **C** IRC Section 4947 (a)(1) trust **CORP #**
1700910

Corporation/Organization Name **STRIVE FOUNDATION** **FEIN**
33-0411257

Address
9124 S MAIN STREET

City **LOS ANGELES** State **CA** ZIP Code **90003**

C Amended Return? Yes No check box. See General Instruction F. No filing fee is required

D Are you a subordinate/affiliate in a group exemption? Yes No **H** Accounting method used (1) Cash (2) Accrual (3) Other

(a) Is this a group filing for affiliates? See General Instruction L Yes No **I** If exempt under R&TC Section 23701d, has the organization during the year: (1)

(b) If "Yes," enter the number of affiliates **(c)** Are all affiliates included? Yes No

(c) (If "No," attach a list. See Instructions.) **(d)** Is this a separate return filed by an organization covered by a

group ruling? Yes No **J** Did the organization have any changes in its activities, governing instrument,

(e) Federal Group Exemption Number **(f)** Is a roster of subordinates attached? Yes No

E Final return? Dissolved Surrendered (Withdrawn) Merged/Reorganized (attach explanation)

If a box is checked, enter date **K** Is the organization exempt under R&TC Section 23701g? Yes No

F Check the box if the organization filed the following federal forms or schedule:
(1) 990T (2) 990PF (3) (Schedule H) 990

G If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, **L** Is the organization under audit by the IRS or has the IRS audited in

a prior year? Yes No **M** Is the organization a Limited Liability Company? Yes No

N Did the organization file Form 100 or Form 109 to report taxable Income? Yes No

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

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	3,880
	2	Gross dues and assessments from members and affiliates	2	3,995
	3	Gross contributions, gifts, grants, and similar amounts received	3	299,583
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$25,000, see General Instruction B	4	307,458
	5	Cost of goods sold	5	
	6	Cost or other basis, and sales expenses of assets sold	6	
	7	Total costs. Add line 5 and line 6	7	
	8	Total gross income. Subtract line 7 from line 4	8	307,458
Ex-penses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	324,095
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-16,637
Filing Fee	11	Filing fee \$10 or \$25. See General Instruction F	11	
	12	Total payments	12	
	13	Penalties and Interest. See General Instruction J	13	
	14	Use tax. See General Instruction K	14	
	15	Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result	15	0

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

Signature of officer **PRESIDENT** Title Date Telephone **626-779-1064**

Preparer's signature Date **11-10-2011** Check if self-employed Preparer's PTIN/SSN **P00326648**

Firm's name (or yours, if self-employed) and address **PAUL CARNEY CPA** FEIN **95-4544901**

148 E FOOTHILL BLVD STE 100 Telephone **626-358-4205**

May the FTB discuss this return with the preparer shown above? See instructions Yes No

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

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	●	1	
	2	Interest	●	2	821
	3	Dividends	●	3	754
	4	Gross rents	●	4	300
	5	Gross royalties	●	5	
	6	Gross amount received from sale of assets (See Instructions)	●	6	
	7	Other income. Attach schedule	●	7	2,005
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		8	3,880
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	●	9	
	10	Disbursements to or for members	●	10	
	11	Compensation of officers, directors, and trustees. Attach schedule	●	11	100,287
	12	Other salaries and wages	●	12	68,886
	13	Interest	●	13	
	14	Taxes	●	14	14,663
	15	Rents	●	15	
	16	Depreciation and depletion (See Instructions)	●	16	14,410
	17	Other. Attach schedule	●	17	125,849
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	324,095

Schedule L Balance Sheets		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		180,715	●	157,897
2	Net accounts receivable			●	
3	Net notes receivable. Attach schedule			●	
4	Inventories			●	
5	Federal and state government obligations			●	
6	Investments in other bonds. Attach schedule			●	
7	Investments in stock. Attach schedule		7,276	●	9,487
8	Mortgage loans (number of loans _____)			●	
9	Other investments. Attach schedule			●	
10 a	Depreciable assets	784,248		803,964	
b	Less accumulated depreciation	(120,880)	663,368	(135,290)	668,674
11	Land			●	
12	Other assets. Attach schedule		1,950	●	1,950
13	Total assets		853,309		838,008
Liabilities and net worth					
14	Accounts payable		1,835	●	3,172
15	Contributions, gifts, or grants payable			●	
16	Bonds and notes payable. Attach schedule			●	
17	Mortgages payable			●	
18	Other liabilities. Attach schedule			●	
19	Capital stock or principle fund			●	
20	Paid-in or capital surplus. Attach reconciliation			●	
21	Retained earnings or income fund		851,474	●	834,836
22	Total liabilities and net worth		853,309		838,008

Schedule M-1 Reconciliation of income per books with income per return			
1	Net income per books	●	
2	Federal income tax	●	
3	Excess of capital losses over capital gains	●	
4	Income not recorded on books this year. Attach schedule	●	
5	Expenses recorded on books this year not deducted in this return. Attach schedule	●	
6	Total. Add line 1 through line 5		
7	Income recorded on books this year not included in this return. Attach schedule	●	
8	Deductions in this return not charged against book income this year. Attach schedule	●	
9	Total. Add line 7 and line 8		
10	Net income per return. Subtract line 9 from line 6		

2010 California Depreciation Schedule

STRIVE FOUNDATION
33-0411257

11-10-2011

Description	Date	Method	Year	Cost	Land/ Other	§179	Spec Allow	Basis	Prior	Current
Form 990										
<u>Automobiles</u>										
2002 DODGE CARAVAN	10-24-02	S/LMQ	5	21,672	0	0	0	8,264	20,596	0
1 Asset			Subtotals:	21,672	0	0	0	8,264	20,596	0
<u>Improvements</u>										
BUILDING IMPROVEMENT	07-01-99	S/LMM	39	8,602	0	0	0	8,602	2,090	221
LICENSES	07-01-00	S/LMM	39	31,984	0	0	0	31,984	6,940	820
IMPRVMNTS BLDG 6 & 7	02-01-01	S/LMM	39	1	0	0	0	1	1,724	0
FLOOR TILES DONATED	04-25-01	200DBHY	10	1	0	0	0	1	0	0
HVAC UNITS	06-30-01	S/LMM	39	1	0	0	0	1	0	0
IMPRVMNTS BLDG 6 & 7	07-01-01	S/LMM	39	54,612	0	0	0	54,612	9,369	1,400
DRYWALL DONATED	06-01-02	S/LMM	39	1	0	0	0	1	0	0
AIR CONDITIONING IMP	07-01-02	S/LMM	39	17,821	0	0	0	17,821	2,952	457
DOORS, ROOF DONATED	07-01-03	200DBHY	7	3,525	0	0	0	3,525	2,709	272
IMPROVEMENTS	12-31-05	S/LMM	39	1	0	0	0	1	0	0
WINDOW IMPROVEMENTS	03-21-06	S/LMM	39	11,452	0	0	0	11,452	294	0
IMPROVEMNT 9116 MAIN	09-30-06	S/LMM	39	79,382	0	0	0	79,382	4,664	2,035
12 Assets			Subtotals:	207,383	0	0	0	207,383	30,742	5,205
<u>Computer Equipment</u>										
COMPUTERS DONATED	12-01-01	200DBHY	5	1	0	0	0	1	0	0
SOFTWARE	06-01-02	200DBMQ	3	750	0	0	0	750	750	0
COMPUTER & PERIPHRLS	07-01-02	200DBMQ	5	10,644	0	0	0	10,644	10,644	0
DONATED COMPUTERS	12-31-05	200DBHY	5	1	0	0	0	1	0	0
COMPUTER EQUIPMENT	05-23-09	200DBHY	5	3,113	0	0	0	3,113	623	996
5 Assets			Subtotals:	14,509	0	0	0	14,509	12,017	996
<u>Buildings</u>										
BLDG 9116 MAIN DONAT	07-01-94	S/LMM	39	0	0	0	0	0	0	0
BLDG 9124 MAIN DON	11-27-96	S/LMM	39	0	0	0	0	0	0	0
IMPROVEMENTS	07-01-04	S/LMM	39	5,300	0	0	0	5,300	2,874	136
IMPROVEMENTS CHALL	12-31-05	S/LMM	39	220,421	0	0	0	220,421	22,883	5,652
IMPROVMNT 9116 MAIN	01-01-06	S/LMM	39	1,000	0	0	0	1,000	26	0
SECURITY SYSTEM	07-19-06	S/LMM	39	7,895	0	0	0	7,895	412	202
ELECTRICAL IMPROVE	08-02-06	S/LMM	39	25,467	0	0	0	25,467	618	0
SECURITY GATES	01-04-07	S/LMM	39	1,500	0	0	0	1,500	74	38
BUILDING MATERIALS	01-15-07	S/LMM	39	1,190	0	0	0	1,190	61	31

* Asset disposed this year

-C Carryover basis in like-kind exchange transaction

-B Excess basis in like-kind exchange transaction

2010 California Depreciation Schedule

STRIVE FOUNDATION
33-0411257

11-10-2011

Description	Date	Method	Year	Cost	Land/ Other	§179	Spec Allow	Basis	Prior	Current
Form 990										
<u>Buildings</u>										
BUILDING MATERIALS	02-15-07	S/LMM	39	1,778	0	0	0	1,778	86	46
BUILDING MATERIALS	03-15-07	S/LMM	39	1,170	0	0	0	1,170	54	30
BUILDING MATERIALS	05-01-07	S/LMM	39	1,500	0	0	0	1,500	62	38
BUILDING IMPROVMENTS	07-01-07	S/LMM	39	728	0	0	0	728	31	18
IMPROVEMENTS	06-16-08	S/LMM	39	1,137	0	0	0	1,137	16	29
IMPROVEMENTS	10-02-08	S/LMM	39	560	0	0	0	560	3	14
DONATED IMPROVEMENTS	10-15-08	S/LMM	39	125	0	0	0	125	1	3
IMPROVEMENTS	10-18-08	S/LMM	39	1,257	0	0	0	1,257	7	32
BUILDING IMPROVEMENT	12-15-10	S/LMM	39	13,837	0	0	0	13,837	0	15
18 Assets				Subtotals:	0	0	0	284,865	27,208	6,284
<u>Furniture & Fixtures</u>										
CLASSROOM DESKS	01-11-07	200DBHY	7	1,000	0	0	0	1,000	388	125
CLASSROOM DESKS	01-24-07	200DBHY	7	1,143	0	0	0	1,143	444	143
FURNITURE	02-01-07	200DBHY	7	108	0	0	0	108	42	13
CLASSROOM DESKS	02-03-07	200DBHY	7	1,000	0	0	0	1,000	388	125
FURNITURE	02-07-07	200DBHY	7	379	0	0	0	379	147	47
CLASSROOM DESKS	02-13-07	200DBHY	7	786	0	0	0	786	305	98
STOVES	03-20-07	200DBHY	7	747	0	0	0	747	290	93
STOVES	03-20-07	200DBHY	7	750	0	0	0	750	291	94
FURNITURE	04-13-07	200DBHY	7	215	0	0	0	215	84	27
FURNITURE	05-04-07	200DBHY	7	107	0	0	0	107	42	13
CASE-CHAIRS-OFFICE	07-01-07	200DBHY	7	388	0	0	0	388	151	48
OFFICE FURNITURE	12-24-07	200DBHY	7	223	0	0	0	223	87	28
KITCHEN FURNITURE	05-08-09	200DBHY	7	564	0	0	0	564	81	138
DESKS & CHAIRS	11-01-10	200DBHY	7	5,879	0	0	0	5,879	0	210
14 Assets				Subtotals:	0	0	0	13,289	2,740	1,202
<u>Equipment & Machinery</u>										
KITCHEN UTENSILS DON	07-01-99	200DBHY	7	1	0	0	0	1	0	0
KITCHEN EQUIPMT DON	07-01-00	200DBHY	5	1	0	0	0	1	0	0
KITCHEN EQUIPMNT DON	07-01-00	200DBHY	5	1	0	0	0	1	0	0
KITCHEN EQUIPMNT DON	06-30-01	200DBHY	7	1	0	0	0	1	0	0
KITCHEN EQUIPMENT	06-14-06	200DBMQ	7	1	0	0	0	1	0	0
APPLIANCES	09-30-06	200DBMQ	7	2,141	0	0	0	2,141	1,205	191
APPLIANCES	12-01-06	200DBMQ	7	325	0	0	0	325	183	29
LEARNING EQUIPMENT	03-11-08	200DBHY	7	550	0	275	0	275	40	48

* Asset disposed this year

-C Carryover basis in like-kind exchange transaction

-B Excess basis in like-kind exchange transaction

2010 California Depreciation Schedule

STRIVE FOUNDATION
33-0411257

11-10-2011

Description	Date	Method	Year	Cost	Land/ Other	§179	Spec Allow	Basis	Prior	Current
Form 990										
Equipment & Machinery										
CAMERA	07-11-08	200DBHY	5	502	0	251	0	251	50	48
EQUIPMENT										
APPLIANCES	11-03-09	200DBHY	7	1,662	0	0	0	1,662	237	407
10 Assets				Subtotals:	0	526	0	4,659	1,715	723
60 Assets				Totals:	0	526	0	532,969	95,018	14,410
60 Assets				Grand Totals:	0	526	0	532,969	95,018	14,410

* Asset disposed this year
 -C Carryover basis in like-kind exchange transaction
 -B Excess basis in like-kind exchange transaction

STATEMENT #1 - Taxes (CA 199 PG 2 PT 2 LN 14)

PAYROLL TAXES.....	13,591	
PROPERTY TAXES.....	997	
TAXES & LICENSES.....	75	
TOTAL CARRIED TO CA 199 PG 2 PT 2 LN 14.....		14,663

STATEMENT #2 - Other (CA 199 PG 2 PT 2 LN 17)

ACCOUNTING.....	7,000	
FUNDRAISING.....	3,615	
OFFICE.....	3,810	
COMPUTER EXPENSES.....	5,562	
OCCUPANCY.....	11,622	
TRAVEL.....	63	
INSURANCE.....	16,826	
PROGRAM SERVICE.....	39,404	
INDEPENDENT INSTRUCTORS.....	23,624	
VEHICLE EXPENSES.....	6,321	
REPAIRS.....	2,960	
GARDENING & ANIMAL SUPPLIES.....	2,100	
EMPLOYMENT COSTS.....	1,814	
POSTAGE.....	1,049	
DUES.....	50	
BANK CHARGES.....	29	
TOTAL CARRIED TO CA 199 PG 2 PT 2 LN 17.....		125,849

STATEMENT #3 - Beginning: Other Assets (CA 199 PG 2 SCH L LN12)

START UP FEES.....	1,950	
TOTAL CARRIED TO CA 199 PG 2 SCH L LN12.....		1,950

STATEMENT #4 - Year End: Other Assets (CA 199 PG 2 SCH L LN12)

START UP FEES.....	1,950	
TOTAL CARRIED TO CA 199 PG 2 SCH L LN12.....		1,950

STRIVE FOUNDATION
9124 S MAIN STREET
Los Angeles CA 90003

FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0700