

Amended

3.29

06/12

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2006

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

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

Form 990 header section including: A For the 2006 calendar year, or tax year beginning and ending; B Check if applicable; C Name of organization: AMERICAN AMERICAN MALE ACHIEVERS NETWORK; D Employer identification number: 95-4324132; E Telephone number: (310) 412-2680; F Accounting method: Accrual; G Website: WWW.AMAN.ORG; J Organization type: 501(c)(3); L Gross receipts: 539,361.

Part 1 Revenue, Expenses, and Changes in Net Assets or Fund Balances

Table with 21 rows and 3 columns: Description, (A) Securities, (B) Other. Includes revenue from contributions (493,017), program service revenue (347), and total revenue (493,416). Expenses total 545,358. Net assets at end of year: 124,027.

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**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
2a Grants paid from donor advised funds (attach schedule) (cash \$ 0, noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
2b Other grants and allocations (attach schedule) (cash \$ 0, noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	22b			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a	31,054.	27,948.	3,106.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c			
26 Salaries and wages of employees not included on lines 25a, b, and c	26	6,000.	5,400.	600.
27 Pension plan contributions not included on lines 25a, b, and c	27			
28 Employee benefits not included on lines 25a - 27	28			
29 Payroll taxes	29	669.	602.	67.
30 Professional fundraising fees	30			
31 Accounting fees	31	600.		600.
32 Legal fees	32			
33 Supplies	33	425.	425.	
34 Telephone	34	4,377.	3,939.	438.
35 Postage and shipping	35	3,255.	3,255.	
36 Occupancy	36	143,403.	129,063.	14,340.
37 Equipment rental and maintenance	37	639.	575.	64.
38 Printing and publications	38	3,096.	3,096.	
39 Travel	39			
40 Conferences, conventions, and meetings	40	3,273.		3,273.
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42	3,548.	3,193.	355.
43 Other expenses not covered above (itemize):				
a	43a			
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g <b>SEE STATEMENT 2</b>	43g	345,019.	301,244.	43,350.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	545,358.	478,740.	66,193.
				425.

Joint Costs. Check  if you are following SOP 98-2.  
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A; (ii) the amount allocated to Program services \$ N/A;  
 (iii) the amount allocated to Management and general \$ N/A; and (iv) the amount allocated to Fundraising \$ N/A

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

What is the organization's primary exempt purpose? ▶	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
<b>DEVELOP AND IMPLEMENT YOUTH INTERVENTION STRATEGIES</b>	
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
<b>a THE YEAR-ROUND INTERNATIONAL SCIENCE DISCOVERY AND LEARNING CENTER IS PROVIDED FOR STUDENTS AFTER SCHOOL, WEEKENDS AND DURING THE SUMMER FOR EXPOSURE TO VARIOUS SCIENCE, MATH AND COMPUTER APPLICATIONS.</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	478,740.
<b>b</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>c</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>d</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>e Other program services (attach schedule)</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>f Total of Program Service Expenses (should equal line 44, column (B), Program services)</b> ▶	478,740.

**Part IV Balance Sheets** (See the instructions.)

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

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	184,073.	45	1,701.
	46 Savings and temporary cash investments	3,057.	46	110,421.
	47 a Accounts receivable		47a	-
	b Less: allowance for doubtful accounts		47b	47c
	48 a Pledges receivable		48a	
	b Less: allowance for doubtful accounts		48b	48c
	49 Grants receivable		49	
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b	
	51 a Other notes and loans receivable		51a	
	b Less: allowance for doubtful accounts		51b	51c
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	11,614.
	54 a Investments - publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a
	b Investments - other securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b
55 a Investments - land, buildings, and equipment, basis		55a		
b Less: accumulated depreciation		55b	55c	
56 Investments - other		56		
57 a Land, buildings, and equipment: basis	77,640.	57a		
b Less: accumulated depreciation STMT 3	75,058.	57b		
58 Other assets, including program-related investments (describe SEE STATEMENT 4)	5,000.	58	5,000.	
59 Total assets (must equal line 74). Add lines 45 through 58	198,260.	59	131,318.	
Liabilities	60 Accounts payable and accrued expenses	1,791.	60	1,791.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees STMT 5	20,500.	63	5,500.
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe)		65	
66 Total liabilities. Add lines 60 through 65	22,291.	66	7,291.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	57,969.	67	124,027.
	68 Temporarily restricted	118,000.	68	0.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	175,969.	73	124,027.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	198,260.	74	131,318.	







**Part VI Other Information** (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c

If "Yes," enter the name of the foreign country **N/A**

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here

and enter the amount of tax-exempt interest received or accrued during the tax year 92   **N/A**

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	347.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
01 Net income or (loss) from special events			01		
02 Gross profit or (loss) from sales of inventory					
03 Other revenue:					
a <b>MISCELLANEOUS</b>			01	52.	
b _____					
c _____					
d _____					
e _____					
04 Subtotal (add columns (B), (D), and (E))		0.		399.	0.
05 Total (add line 104, columns (B), (D), and (E))					399.

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

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

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

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

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

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

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

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

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

**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). **N/A**

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
<b>Totals</b>				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
<b>Totals</b>				

08 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

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

Signature of officer: *Bettye D. Walker, Ph.D.* Date: *3/20/10*

**BETTYE D. WALKER, PH.D., PRESIDENT AND SECRETARY**  
Type or print name and title

Preparer's signature: *Quigley & Miron* Date: *3/20/10* Check if self-employed:  Preparer's SSN or PTIN (See Gen. Inst. X)

Firm's name (or yours if self-employed), address, and ZIP + 4: **QUIGLEY & MIRON, CPA'S**  
**3550 WILSHIRE BOULEVARD--SUITE 1660**  
**LOS ANGELES, CA 90010-2481**

EIN: Phone no. **(213) 639-3550**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

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

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

**Supplementary Information-(See separate instructions.)**

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

OMB No. 1545-0047

**2006**

Employer identification number

95 4324132

**AFRICAN AMERICAN MALE ACHIEVERS NETWORK**

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

(See page 2 of the instructions. List each one. If there are none, enter "None.")

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

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

0

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

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

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

0

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

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

Total number of other contractors receiving over \$50,000 for other services ▶

0

**Part III Statements About Activities** (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <b>SEE PART V-A, FORM 990</b>	X	
e Transfer of any part of its income or assets?		X
3 a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)		X
b Did the organization have a section 403(b) annuity plan for its employees?		X
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4 a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		X
b Did the organization make any taxable distributions under section 4966?		N/A
c Did the organization make a distribution to a donor, donor advisor, or related person?		N/A
d Enter the total number of donor advised funds owned at the end of the tax year ▶		N/A
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶		N/A
f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶		0.
g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year ▶		0.

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

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

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

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>total</b>					<input type="checkbox"/>

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

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.  
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	378,454.	202,048.	239,048.	664,678.	1,484,228.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	1,770.	4,931.	5,482.	2,991.	15,174.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	127.	172.	217.	3.	519.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	671.	2,207.	43.		2,921.
23 Total of lines 15 through 22	381,022.	209,358.	244,790.	667,672.	1,502,842.
24 Line 23 minus line 17	379,252.	204,427.	239,308.	664,681.	1,487,668.
25 Enter 1% of line 23	3,810.	2,094.	2,448.	6,677.	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24

26a	N/A
26b	N/A
26c	N/A
26d	N/A
26e	N/A
26f	N/A %

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts

c Total support for section 509(a)(1) test: Enter line 24, column (e)

d Add: Amounts from column (e) for lines: 18 \_\_\_\_\_ 19 \_\_\_\_\_ 22 \_\_\_\_\_ 26b \_\_\_\_\_

e Public support (line 26c minus line 26d total)

f Public support percentage (line 26e (numerator) divided by line 26c (denominator))

7 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:

(2005)	0.	(2004)	8,000.	(2003)	6,500.	(2002)	5,000.
--------	----	--------	--------	--------	--------	--------	--------

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:

(2005)	213,000.	(2004)	147,500.	(2003)	268,022.	(2002)	114,300.
--------	----------	--------	----------	--------	----------	--------	----------

c Add: Amounts from column (e) for lines: 15 1,484,228. 16 \_\_\_\_\_ 17 15,174. 20 \_\_\_\_\_ 21 \_\_\_\_\_

27c	1,499,402.
27d	762,322.
27e	737,080.
27f	1,502,842.
27g	49.0457%
27h	.0345%

d Add: Line 27a total 19,500. and line 27b total 742,822.

e Public support (line 27c total minus line 27d total)

f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)

g Public support percentage (line 27e (numerator) divided by line 27f (denominator))

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))

Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

**Part V Private School Questionnaire** (See page 9 of the instructions.) N/A  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? .....		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? .....		
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
.....			
.....			
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff? .....		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....		
d	Copies of all material used by the organization or on its behalf to solicit contributions? .....		
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
.....			
.....			
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges? .....		
b	Admissions policies? .....		
c	Employment of faculty or administrative staff? .....		
d	Scholarships or other financial assistance? .....		
e	Educational policies? .....		
f	Use of facilities? .....		
g	Athletic programs? .....		
h	Other extracurricular activities? .....		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
.....			
.....			
34 a	Does the organization receive any financial aid or assistance from a governmental agency? .....		
b	Has the organization's right to such aid ever been revoked or suspended? .....		
If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation .....		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 10 of the instructions.) N/A  
 (To be completed ONLY by an eligible organization that filed Form 5768)

Check  a  if the organization belongs to an affiliated group. Check  b  if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying) .....	37		
38 Total lobbying expenditures (add lines 36 and 37) .....	38		
39 Other exempt purpose expenditures .....	39		
40 Total exempt purpose expenditures (add lines 38 and 39) .....	40		
41 Lobbying nontaxable amount. Enter the amount from the following table -			
If the amount on line 40 is -	The lobbying nontaxable amount is -		
Not over \$500,000 .....	20% of the amount on line 40 .....		
Over \$500,000 but not over \$1,000,000 .....	\$100,000 plus 15% of the excess over \$500,000 .....		
Over \$1,000,000 but not over \$1,500,000 .....	\$175,000 plus 10% of the excess over \$1,000,000 .....	41	
Over \$1,500,000 but not over \$17,000,000 .....	\$225,000 plus 5% of the excess over \$1,500,000 .....		
Over \$17,000,000 .....	\$1,000,000 .....		
42 Grassroots nontaxable amount (enter 25% of line 41) .....	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....	44		

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount .....					0.
46 Lobbying ceiling amount (150% of line 45(e)) .....					0.
47 Total lobbying expenditures .....					0.
48 Grassroots nontaxable amount .....					0.
49 Grassroots ceiling amount (150% of line 48(e)) .....					0.
50 Grassroots lobbying expenditures .....					0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities** (For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.) N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers .....			
b Paid staff or management (Include compensation in expenses reported on lines c through h.) .....			
c Media advertisements .....			
d Mailings to members, legislators, or the public .....			
e Publications, or published or broadcast statements .....			
f Grants to other organizations for lobbying purposes .....			
g Direct contact with legislators, their staffs, government officials, or a legislative body .....			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....			
i Total lobbying expenditures (Add lines c through h.) .....			0.

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



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990

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	COMPUTERS AND VIDEO EQUIPMENT	063000	200DB	5.00	17	20,251.			20,251.	20,251.		0.
2	COMPUTERS AND VIDEO EQUIPMENT	010101	200DB	5.00	17	42,289.			42,289.	40,462.		1,827.
3	TRAVELING SPACE EXHIBIT	101104	200DB	5.00	17	15,100.		7,550.	7,550.	3,247.		1,721.
	* TOTAL 990 PAGE 2 DEPR					77,640.		7,550.	70,090.	63,960.	0.	3,548.

838102  
07-28-08

(D) - Asset disposed

\* IRC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 1

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
ANNUAL RECOGNITION DINNER	86,049.	40,104.	45,945.	45,945.	0.
FORM 990, PART I, LINE 9	86,049.	40,104.	45,945.	45,945.	0.

FORM 990 OTHER EXPENSES STATEMENT 2

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
BOOK CHARGES	1,575.		1,575.	
INSURANCE	9,402.	8,462.	940.	
DESCRIPTIONS	631.	631.		
CONTRACT LABOR	74,917.	67,426.	7,491.	
CONSULTING	65,217.	32,609.	32,608.	
COMPUTER SERVICES	5,240.	4,716.	524.	
TRANSPORTATION	1,270.	1,143.	127.	
ADVERTISING AND PROMOTION	425.			425.
PROGRAM EXPENSES	186,257.	186,257.		
COMMITMENTS AND FEES	85.		85.	
TOTAL TO FORM 990, LN 43	345,019.	301,244.	43,350.	425.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 3

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
COMPUTERS AND VIDEO EQUIPMENT	20,251.	20,251.	0.
COMPUTERS AND VIDEO EQUIPMENT	42,289.	42,289.	0.
TRAVELING SPACE EXHIBIT	15,100.	12,518.	2,582.
TOTAL TO FORM 990, PART IV, LN 57	77,640.	75,058.	2,582.

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AFRICAN AMERICAN MALE ACHIEVERS NETWORK

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FORM 990 OTHER ASSETS STATEMENT 4

DESCRIPTION	AMOUNT
LM SPRINGS TENNIS CLUB TIMESHARE INTEREST	5,000.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	5,000.

FORM 990 LOANS PAYABLE TO OFFICER'S, DIRECTOR'S, ETC. STATEMENT 5

BORROWER'S NAME AND TITLE			ORIGINAL LOAN AMOUNT	
FRITZ DAVIS-WALKER, PH.D., PRESIDENT & SECRETARY			20,500.	
DATE OF NOTE	MATURITY DATE	TERMS OF REPAYMENT	INTEREST RATE	
02/05		DEMAND	.00%	
SECURITY PROVIDED BY BORROWER		PURPOSE OF LOAN		
NONE		WORKING CAPITAL		
DESCRIPTION OF CONSIDERATION			FMV OF CONSIDERATION	BALANCE DUE
NONE			0.	5,500.
TOTAL TO FORM 990, PART IV, LINE 63, COLUMN B				5,500.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 6

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
EDRETH WALKER, JR. 19 SOUTH LA TIJERA BOULEVARD, SUITE 920 LOS ANGELES, CA 90045	CHAIRMAN 40.00	0.	0.	0.
PHYLLIS DAVIS-WALKER, PH.D. 19 SOUTH LA TIJERA BOULEVARD, SUITE 920 LOS ANGELES, CA 90045	PRESIDENT & SECRETARY 40.00	26,168.	0.	0.
JAMES A. KENNEDY, PH.D. 19 SOUTH LA TIJERA BOULEVARD, SUITE 920 LOS ANGELES, CA 90045	DIRECTOR 1.00	0.	0.	0.
WILLIAM C. BACON 19 SOUTH LA TIJERA BOULEVARD, SUITE 920 LOS ANGELES, CA 90045	DIRECTOR 1.00	0.	0.	0.
WILLIAM COLLIER 19 SOUTH LA TIJERA BOULEVARD, SUITE 920 LOS ANGELES, CA 90045	TREASURER 4.00	2,080.	0.	0.
WILLIAM GOODSON, ESQ. 19 SOUTH LA TIJERA BOULEVARD, SUITE 920 LOS ANGELES, CA 90045	DIRECTOR 1.00	0.	0.	0.
ROYD J. CAWTHON, DDS 19 SOUTH LA TIJERA BOULEVARD, SUITE 920 LOS ANGELES, CA 90045	DIRECTOR 1.00	0.	0.	0.
ERNEST HARTZOG 19 SOUTH LA TIJERA BOULEVARD, SUITE 920 LOS ANGELES, CA 90045	DIRECTOR 1.00	0.	0.	0.
LIAM NIKKEL 19 SOUTH LA TIJERA BOULEVARD, SUITE 920 LOS ANGELES, CA 90045	DIRECTOR 1.00	0.	0.	0.

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AFRICAN AMERICAN MALE ACHIEVERS NETWORK

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ELISON WALKER 109 SOUTH LA TIJERA BOULEVARD, SUITE 920 LOS ANGELES, CA 90045	DIRECTOR 1.00	2,806.	0.	0.
BERNARD A. WARD 109 SOUTH LA TIJERA BOULEVARD, SUITE 920 LOS ANGELES, CA 90045	DIRECTOR 1.00	0.	0.	0.
WILLIAM WESTLEY 109 SOUTH LA TIJERA BOULEVARD, SUITE 920 LOS ANGELES, CA 90045	DIRECTOR 1.00	0.	0.	0.
BERNARD A. HARRIS, JR., M.D. 109 SOUTH LA TIJERA BOULEVARD, SUITE 920 LOS ANGELES, CA 90045	DIRECTOR 1.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		<u>31,054.</u>	<u>0.</u>	<u>0.</u>

FORM 990	EXPLANATION OF RELATIONSHIP PART V-A, LINE 75B	STATEMENT	7
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<u>DIVIDUAL'S NAME</u>	<u>TITLE OR ROLE</u>
TTYE DAVIS-WALKER, PH.D.	PRESIDENT & SECRETARY

<u>DIVIDUAL'S NAME</u>	<u>TITLE OR ROLE</u>
LISON WALKER	DIRECTOR

PLANATION OF RELATIONSHIP  
 THER-DAUGHTER

<u>DIVIDUAL'S NAME</u>	<u>TITLE OR ROLE</u>
LDRETH WALKER, JR.	CHAIRMAN

<u>DIVIDUAL'S NAME</u>	<u>TITLE OR ROLE</u>
TTYE DAVIS-WALKER, PH.D.	PRESIDENT & SECRETARY

PLANATION OF RELATIONSHIP  
 SBAND-WIFE

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AFRICAN AMERICAN MALE ACHIEVERS NETWORK

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SCHEDULE A OTHER INCOME STATEMENT 8

DESCRIPTION	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT
SCCELLANEOUS	671.	2,207.	43.	0.
TOTAL TO SCHEDULE A, LINE 22	671.	2,207.	43.	0.