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## Form **990-EZ**

Department of the Treasury Internal Revenue Service

# Short Form A 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

OMB No 1545-1150

private foundation)

Sponsoring organizations, and controlling organization as defined in section 512(b(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form

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

Open to Public

Ā	For th	ne 2006 calendar year, or tax year beginning and ending			
B	Check ii	O Name of organization	D Empl	over	identification number
_	applicat Addre	7. 0.000	D Ep.	0,01	
<u> </u>	cnanç	label or l	۱ ۵		054050
<u> </u>	Name Chang				851259
נַ	Initia retur	Hooff/suite			
	Final retur	n Instruct PO BOX 293	(7	<u> 707</u>	) 789-966 <b>4</b>
	Ame	nded trops City or town, state or country, and ZIP + 4	F Grou	ıp Exe	emption
	Apply pendi	PETALUMA, CA 94953	Num	ber 🕽	<b>&gt;</b>
	• Sec	ction 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed G Accou	nting me	thod:	Cash X Accrual
			(specify)	ightharpoons	
ī	Websi				the organization is not
					dule B (Form 990, 990-EZ, or 990-PF)
		If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally no			
		ed, but if the organization chooses to file a return, be sure to file a complete return.		тан ф	20,000,7770,077710
		les 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ		<b>\$</b>	53,248.
	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 47			tions.)
•	1	Contributions, gifts, grants, and similar amounts received	1	4	14,686.
	1		-	<u> </u>	38,562.
	2	Program service revenue including government fees and contracts	-	2	30,302.
	3	Membership dues and assessments	-	3	
	4	Investment income	-	4	
	5a	Gross amount from sale of assets other than inventory 5a			
	b	Less: cost or other basis and sales expenses			
_	C	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)		5c	
Revenue	6	Special events and activities (attach schedule). If any amount is from <b>gaming</b> , check here			
Ş.	a	Gross revenue (not including \$ of contributions			
æ		reported on line 1) 6a			
	b	Less: direct expenses other than fundraising expenses 6b			
	C	Net income or (loss) from special events and activities (line 6a less line 6b)	_	6c	
( <del>*</del> .73)	7a	Gross sales of inventory, less returns and allowances 7a			
<b>3</b>	b	Less: cost of goods sold 7b			
	C	Gross profit or (loss) from sales of inventory (line 7a less line 7b)		7c	
7	8	Other revenue (describe	٦) [	8	
(= -x,	9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	<b>▶</b> [	9	53,248.
	10			10	
	11	Benefits paid to or for members	3) [	11	
O &	12	Salaries, other compensation, and employee benefits	51 F	12	
VED penses	13	Professional fees and other payments to independent contractors	^	13	
2 8	14	Occupancy, rent, utilities, and maintenance	, [	14	2,446.
<b>Z</b> û	15	Printing, publications, postage, and shipping	<b>-</b>	15	3,776.
Ą	16	Other expenses (describe SEE STATEMENT	1 1	16	31,163.
SCANNED   Expenses	17	Total expenses (add lines 10 through 16)	<u>~</u> ′⊦	17	37,385.
⊌ —	18	Excess or (deficit) for the year (line 9 less line 17)		18	15,863.
əts	19	Net assets or fund balances at beginning of year (from line 27, column (A))			23,003.
188	'	(must agree with end-of-year figure reported on prior year's return)	-	19	-5,398.
Net Assets	20	Other changes in net assets or fund balances (attach explanation)	-	20	3,370.
ž	21	Net assets or fund balances at end of year (combine lines 18 through 20)		21 -	10,465.
	art II		orm 900		10,403.
	ai t ii	(See page 51 of the instructions.)  (A) Beginning of		<u>-LZ.</u>	(D) End of year
	<b>.</b> Δ		<u> </u>		(B) End of year
22		th, savings, and investments		. 22	10,465.
23		id and buildings		23	
24		er assets (describe)		24	10 465
2		al assets	0.	. 25	10,465.
20	Tot		398.		0.
27	Net	_ <del></del>	<u> 398</u>	. 27	10,465.
01-	3421 19-07	LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.			Form <b>990-EZ</b> (2006)

	n 990-EZ (2006) DAILY ACTS ORGANIZATION			20-	385	1259		Page 2
Pa	art III Statement of Program Service Accomplishme	ents (See page 51 of the instr	uctions.)			Expense	s	
Wha	at is the organization's primary exempt purpose? SEE STATEME	NT 3			(Requ	iired for 50 1) organiza	1(c)(	3)
	cribe what was achieved in carrying out the organization's exempt purposes. In		escribe the service	es	4947	á)(1) trust		
	vided, the number of persons benefited, or other relevant information for each p	program title.			for ot	ners.)		-
28	SEE STATEMENT 2	<u> </u>						
		<del></del>				2.0		
	(Grants \$ ) If this amount includes foreign	grants, check here		<u> </u>	28a	32	4,6	33.
29								
	<del></del>	<del></del>						
	(Grants \$ ) If this amount includes foreign	grants check here			29a			
30	) if this amount includes foreign	grants, check field			230	-		
•								
	(Grants \$ ) If this amount includes foreign	grants, check here			30a			
31	Other program services (attach schedule)							
	(Grants \$ ) If this amount includes foreign	grants, check here		<b></b>	31a			
	Total program service expenses (add lines 28a through 31a)			<u> </u>	32	32	6,1	<u>33.</u>
Pa	art IV List of Officers, Directors, Trustees, and Key	Employees (List each one e	ven if not compensat				ns)	
		(B) Title and average hours	(C) Compensation		ontribut employe		Ехре	ense
	(A) Name and address	per week devoted to	(If not paid, ent	1 .0 .	fit plans		ount	
		position	-0)	1	eferred		allow	ances
				com	pensati	on		
	SEE STATEMENT 4	_						
	DEE STATEMENT 4							·
				-		<u> </u>		
		1						
Pa	art V Other Information (Note the statement requirement in	General Instruction V)					Yes	No
33	Did the organization engage in any activity not previously reported to the IRS'	? If "Yes," attach a detailed descripti	on of each activity			33		X
34	Were any changes made to the organizing or governing documents but not re	eported to the IRS? If "Yes," atta	ch a conformed copy	of the char	nges	34		X
35	If the organization had income from business activities, such as those	-		•	oŧ			
	reported on Form 990-T, attach a statement explaining your reason t	for not reporting the income	on Form 990-T					
	Did the organization have unrelated business gross income of \$1,000 or mor	e or 6033(e) notice, reporting, a	and proxy tax requ	urements	?	35a		Х
	If "Yes," has it filed a tax return on Form 990-T for this year?					35b	N/	
36	Was there a liquidation, dissolution, termination, or substantial contraction du				_	36		Х
	Enter amount of political expenditures, direct or indirect, as described in the i	nstructions.	37a		0	<b>-</b>		4,5
	Did the organization file Form 1120-POL for this year?	truoton or kou condense a con-	ro onu ovek leves			37b		Х
od a	Did the organization borrow from, or make any loans to, any officer, director, year and still unpaid at the start of the period covered by this return?	trustee, or key employee or we	re any such loans	made in a	a prior	20-		v
h	If "Yes," attach the schedule specified in the line 38 instructions and enter the	amount involved	38ь	N/A		38a		Х
ս 39	501(c)(7) organizations. Enter:	מוווטטווג וווייטוייכט	200	TA\W		$\dashv$		
	Initiation fees and capital contributions included on line 9		39a	N/A				
	Gross receipts, included on line 9, for public use of club facilities		39b	N/A		<b>-</b>		

Form **990-EZ** (2006)

orn	n 990-E	Z (2006)	DAILY	ACTS	ORG	ANIZ	ATION					20-	-385	1259	F	Page 3
Pa	art V	Other	nformatio	n (Note	the stat	tement re	equirement	ın General	Instruction V	) (Continu	ıed)			_		
40 a	501(		ations. Enter a		•											
	sectio	n 4911 ► _		0.	; sectioi	n 4912 <b>▶</b>	·	0	.; section 49	955 🛌		0	•			
b	501(0	c)(3) and (4)	organizations	s. Did the or	rganızatı	on engage	e in any sect	on 4958 exc	ess benefit trar	nsaction du	ring the yea	ar or did it	_		Yes	No
	becor	ne aware of ar	n excess benef	fit transaction	on from a	a prior ye	ar? If "Yes," a	attach an exp	lanation					40b		X
C	Enter	amount of tax	imposed on o	organizatior	n manage	ers or disc	qualified per	sons during t	he year under							
	sectio	ns 4912, 495	5, and 4958								<b>•</b>		0.			
d	Enter	amount of tax	on line 40c re	embursed t	y the or	ganızatıor	n				<b>•</b>		0.			
е	All or	ganızatıons.	At any time di	uring the ta:	x year, w	as the org	ganization a	party to a pro	hibited tax she	elter transac	ction?	<u>-</u>		40e		X
<b>1</b> 1	List th	e states with	which a copy	of this retur	n is filed	. <b>►</b> <u>CA</u>	<u> </u>									
12a	The b	ooks are in ca	re of 🟲 <u>TH</u>	E ORG	ANIZ	ATIO	N				Telephone	no. <b>▶</b> ( '	707)	789	-96	64
	Locat	ed at ► <u>PO</u>	BOX 2	<u>93, P</u>	ETAL	, AMU	CA					ZIP +	4 🕨	495	3	
þ	At any	time during t	he calendar ye	ear, did the	organiza	ition have	an interest i	n or a signati	ire or other aut	thority						
	over a	financial acc	ount in a foreig	gn country (	(such as	a bank a	ccount, secu	rities accoun	t, or other finar	ncial					Yes	No
	accou	nt)?												42b		X
	If "Yes	s," enter the na	ame of the fore	aign country	y: ▶											
	See th	e instructions	for exception	is and filing	requiren	nents for	Form TD F 9	90-22.1.								
C	At any	time during t	the calendar ye	ear, did the	organiza	ition main	itain an offici	e outside of tl	ne U.S.?					42c		X_
	If "Yes	s," enter the na	ame of the fore	aign country	y: ▶_				<u>-</u>							
13									rm 1041 - Che	ck here						
	and e		nt of tax-exen									▶ 43		N/A		
	ase	correct, and c	es of perjury, i de omplete Declari	tion of prepa	ave examı rer (other t	ned this ret than officer)	turn, including ) is based on a	accompanying Il information of	schedules and st which preparer h	atements, an as any know	d to the best ledge	of my knowl	edge and t	oelief, it is	true,	
Sigi Her		Signature	acher!	PC K-N	<u> </u>							Date	.8.0g			
	•		1.1	lack.		9	T. 7.	Dice	Too			Date				
		Type or p	rint name and tit	KC LMS	$\Delta$	LYLL	MIJYE	Ville	001							
1-1-		Preparer's si						Doto		Check if se		Preparer's S	SSN	·		
Paid Pren	arer's	riepaiei 5 Si	ynature				<del> </del>	Date		employed	<del></del>	or PTIN				
	Only	Firm's name (or yo	urs								<u> </u>	IN 📐				
		rf self-employed), address, and ZIP +	, <b>7</b>									hone >				
		accioss, and Lif T	•								10	u.				

623432 01-19-07 Form **990-EZ** (2006)

### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information-(See separate instructions.)

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

OMB No 1545-0047

2006

		Employer identifi	ication number
		20 38512	259
	Officers, Direc	•	
(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
. –			
. –			
Part II A Compensation of the Five Highest Paid Imployees Other Than Officers, Directors, and T (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None."    Part II A   Name and address of each independent contractor paid more than \$50,000			
. –			
. 0			1
dependent Contractor		onal Service	es
	<u> </u>	ervice	(c) Compensation
	,		· <del>···</del>
0			
sional services, whether individu		ervices	
than \$50,000	(b) Type of s	ervice	(c) Compensation
1			
	onter "None.")  (b) Title and average hours per week devoted to position  Odependent Contractor lass or firms). If there are none, ethan \$50,000  than \$50,000  Odependent Contractor lass or firms). If there are none, ethan \$50,000	mployees Other Than Officers, Direct, enter "None.")  (b) Title and average hours per week devoted to position  Odependent Contractors for Professials or firms). If there are none, enter "None.")  than \$50,000  (b) Type of some standard or some	mployees Other Than Officers, Directors, and T, enter "None.")  (b) Title and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans & deferred compensation  (e) Compensation  (o) Compensation  (d) Contributions to employee benefit plans & deferred compensation  (d) Contributions to employee benefit plans & deferred compensation  (e) Compensation  (f) Compensation  (g) Contributions to employee benefit plans & deferred compensation  (h) Type of service  (h) Type of service  (h) Type of service  (h) Type of service  (h) Type of services  (h) Type of services

623101/01-18-07

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

g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year

An organization organized and operated to test for public safety. Section 509(a)(4), (3)	See page 7 of the instructions.)
	Cahadula A (Farm 000 or 000 E7) 200

Total

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:

N/A

(2005) (2004) (2003) (2002)

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:

N/A

(2005)

(2004)

(2003)

(2002)

	(2000)	(2001)	(2000)		(2002	• /		
;	Add: Amounts from column (e) for lines	: 15	16					
	17	20	21		<b>▶</b> [:	27c	N/A	
j	Add: Line 27a total	and line 27b total			▶ :	27d	N/A	
9	Public support (line 27c total minus line	27d total)			▶ :	27e	N/A	
	Total support for section 509(a)(2) test:	Enter amount on line 23, column (e)	▶ 27f	N/A				
)	Public support percentage (line 2	7e (numerator) divided by line 2	7f (denominator))			27g	N/A	%
1	Investment income percentage (I	ine 18, column (e) (numerator) d	livided by line 27f (de	enominator))	<b>▶</b>  :	27h	N/A	%

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.

623131 01-18-07 NONE

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

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

Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50,

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

Schedule A (Form 990 or 990-EZ) 2006

35

		6 DAILY ACTS ORGA			<u> 8851259</u>	Page
Part VI		_		d Relationships With Noncha	ritable	
51 Did t		zations (See page 13 of the instr lirectly or indirectly engage in any of		organization described in section		<del></del>
	-	section 501(c)(3) organizations) or ii	-	<del>-</del>		
	·	ganization to a noncharitable exempt			Y	es No
(i) <sup>(</sup>	Cash				51a(i)	X
(ii)	Other assets				a(ii)	X
	r transactions:					
		ets with a noncharitable exempt organ	nization		b(i)	X
	Purchases of assets from a Rental of facilities, equipme	noncharitable exempt organization			b(ii) b(iii)	X X
	Reimbursement arrangeme	•			b(iv)	X
	Loans or loan guarantees	,,,,,			b(v)	X
		membership or fundraising solicitat	ions		b(vi)	X
c Shar	ing of facilities, equipment,	mailing lists, other assets, or paid ei	mployees		C	Х
				always show the fair market value of the		
-		given by the reporting organization.	•			
		nent, show in column (d) the value of	the goods, other assets, or		N	/A
(a) Line no.	(b) Amount involved	Name of noncharitable ex	empt organization	Description of transfers, transactions, an	d sharing arrar	ngements
			<u> </u>			
	· -		<u> </u>			
				-		
						,
	<del>-</del>					
	<del></del>			-		
					<del></del>	-
	· · · · · · · · · · · · · · · · · · ·					
			one or more tax-exempt org	anizations described in section 501(c) of th		
	e (other than section 501(c) es," complete the following s			<b>▶</b> [	Yes	X No
b If "Ye			(b)	(c)		
	(a) Name of org	) ganization	Type of organization	Description of relation	nship	
						<del></del>
			<del> </del>			
		<del></del>			<del></del>	
			ļ <del>-</del>			
			<u></u>			

623152 01-18-07

FORM 990-EZ		OTHER	EXPENSES	STATEMENT 1
DESCRIPTION				AMOUNT
OFFICE SUPPLIE TRAVEL & MEETI BANK SERVICE O PROFESSIONAL F LICENSES & PER MISCELLANEOUS	NG EXPENSES HARGES EES MITS			1,580. 319. 334. 28,360. 25. 545.
TOTAL TO FORM	990-EZ, LINE	16		31,163.
FORM 990-EZ	STATEMENT OF	PROGRAM SEI	RVICE ACCOMPLISHME	INTS STATEMENT 2

#### STATEMENT

DAILY ACTS IS COMMITTED TO RECLAIMING THE RICHNESS OF ALL LIFE BY PROVIDING THE INSPIRATION, TOOLS, AND OPPORTUNITIES WHICH EMPOWER AND SUPPORT PEOPLE TO LIVE FULL LIVES BY EMBRACING AND RECREATING THE IMPACT OF OUR INDIVIDUAL AND COLLECTIVE DAILY ACTIONS AS THEY RIPPLE OUT INTO THE WORLD. THIS IS DONE THROUGH SUSTAINABILITY TOURS AND PUBLISHING A JOURNAL FOR MEMBERS.

	EXPENSES	
TO FORM 990-E	32,633.	
FORM 990-EZ	PART III - STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE	STATEMENT 3

#### **EXPLANATION**

RECLAIMING THE RICHNESS OF ALL LIFE THROUGH EACH OF OUR DAILY ACTS

	OF OFFICERS, DI	F OFFICERS, DIRECTORS, D KEY EMPLOYEES		
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE
TRATHEN HECKMAN	DIRECTOR			
PO BOX 293 - PETALUMA, CA 94953	2.00	0.	0.	0.
JULIE YOUNG	DIRECTOR			
PO BOX 293 - PETALUMA, CA 94953	2.00	0.	0.	0.
MICHAEL HEAVISIDE	DIRECTOR			
PO BOX 293 - PETALUMA, CA 94953	2.00	0.	0.	0.
SARAH WRIGHT	DIRECTOR			
PO BOX 293 - PETALUMA, CA 94953	2.00	0.	0.	0.
MARTY FALKENSTIEN	DIRECTOR			
PO BOX 293 - PETALUMA, CA 94953	2.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990-EZ, PA	APM TV	0.	0.	0.
TOTALO INCLODED ON FORM 950 EZ, FR	-1/1 IV	0.	0.	0.

FORM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS	STATEM	ENT	5
DIRECTLY OF	ANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL	[ ] YES	[X]	NO
	ANIZATION, DURING THE YEAR, PAY PREMIUMS, INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?.	. [ ] YES	[X]	NO