

Return of Organization Exempt From Income Tax

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation), section 527, or section 4947(a)(1) nonexempt charitable trust
 The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2000 calendar year, OR tax year period beginning **JUL 1, 2000** and ending **JUN 30, 2001**

B Check if applicable: <input type="checkbox"/> Change of address <input type="checkbox"/> Change of name <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return (use also for state reporting)	Please use IRS label or print or type See Specific Instructions	C Name of organization GUIDE DOGS OF THE DESERT	D Employer identification number 23-7296531
	Number and street (or P O box if mail is not delivered to street address) P.O. BOX 1692	Room/suite 	E Telephone number (760) 329-6257
	City or town, state or country, and ZIP PALM SPRINGS, CA 92263		F Check <input type="checkbox"/> if application pending

G Organization type (check only one) 501(c)(3) (insert no) 527
 OR 4947(a)(1)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

J Accounting method Cash Accrual Other (specify)

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

(H and I are not applicable to section 527 orgs)

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes" enter number of affiliates

H(c) Are all affiliates included? **N/A** Yes No (If No, attach a list)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Enter 4-digit group exemption no. (GEN)

L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ)

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

SCANNED JUL 11 2002

Revenue	1 Contributions, gifts, grants, and similar amounts received				
	a Direct public support	1a	1,446,610.		
	b Indirect public support	1b			
	c Government contributions (grants)	1c			
	d Total (add lines 1a through 1c) (cash \$ 1,446,610. noncash \$ _____)	1d		1,446,610.	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4		693.	
	5 Dividends and interest from securities	5		15,796.	
	6 a Gross rents	6a			
b Less rental expenses	6b				
c Net rental income or (loss) (subtract line 6b from line 6a)	6c				
7 Other investment income (describe _____)	7				
8 a Gross amount from sale of assets other than inventory	(A) Securities	8a			
	154,070.				
	(B) Other	8b			
	150,000.				
b Less cost or other basis and sales expenses	8c				
c Gain or (loss) (attach schedule)		4,070.			
d Net gain or (loss) (combine line 8c columns (A) and (B))	8d	STMT 1	4,070.		
9 Special events and activities (attach schedule)	a Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a	31,424.		
	b Less direct expenses other than fundraising expenses	9b			
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c	SEE STATEMENT 2	31,424.	
10 a Gross sales of inventory, less returns and allowances	10a	10,485.			
	b Less cost of goods sold	10b	13,991.		
	c Gross profit or (loss) from inventory (attach schedule) (subtract line 10b from line 10a)	10c	STMT 3	-3,506.	
11 Other revenue (from Part VII, line 103)	11				
12 Total revenue (add lines 1, 2, 3, 4, 5, 6c, 7, 8c, 9c, 10c, and 11)	12		1,495,087.		
Expenses	13 Program services (from line 44, column (B))	13	821,930.		
	14 Management and general (from line 44, column (C))	14	381,426.		
	15 Fundraising (from line 44, column (D))	15	24,534.		
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses (add lines 13 and 14, column (A))	17	1,227,890.		
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		267,197.		
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		3,297,927.		
20 Other changes in net assets or fund balances (attach explanation)	20	SEE STATEMENT 4	-58,187.		
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		3,506,937.		

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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
22	Grants and allocations (attach schedule)				
	cash \$ _____ noncash \$ _____	22			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers directors etc	25	61,096.	0.	61,096.
26	Other salaries and wages	26	486,882.	431,312.	55,570.
27	Pension plan contributions	27			
28	Other employee benefits	28	32,593.	33,219.	-626.
29	Payroll taxes	29	48,248.	36,519.	11,729.
30	Professional fundraising fees	30			
31	Accounting fees	31	6,243.		6,243.
32	Legal fees	32	116,759.		116,759.
33	Supplies	33	29,415.	22,089.	7,326.
34	Telephone	34	13,297.	13,297.	
35	Postage and shipping	35	7,432.	6,132.	1,300.
36	Occupancy	36			
37	Equipment rental and maintenance	37	20,867.	6,659.	14,208.
38	Printing and publications	38	11,820.		11,820.
39	Travel	39	4,399.	4,399.	
40	Conferences, conventions, and meetings	40			
41	Interest	41	41,039.		41,039.
42	Depreciation, depletion, etc (attach schedule)	42	84,526.	79,185.	5,341.
43	Other expenses (itemize)				
	a _____	43a			
	b _____	43b			
	c _____	43c			
	d _____	43d			
	e _____	43e	263,274.	189,119.	49,621.
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D) carry these totals to lines 13-15	44	1,227,890.	821,930.	381,426.
					24,534.

Reporting of Joint Costs Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____ (ii) the amount allocated to Program services \$ _____ (iii) the amount allocated to Management and general \$ _____ and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose?	Program Service Expenses
TRAIN AND PROVIDE GUIDE DOGS TO THE BLIND	(Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts but optional for others)
a TRAIN AND PROVIDE GUIDE DOGS TO THE BLIND, INSTRUCT THE BLIND ON THE CARE AND USE OF THE DOGS.	
(Grants and allocations \$ _____)	821,930.
b _____	
(Grants and allocations \$ _____)	
c _____	
(Grants and allocations \$ _____)	
d _____	
(Grants and allocations \$ _____)	
e Other program services (attach schedule)	(Grants and allocations \$ _____)
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	821,930.

Part IV Balance Sheets

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		54,151.	45	94,427.
	46	Savings and temporary cash investments		181,048.	46	404,282.
	47 a	Accounts receivable	47a 800.			
	b	Less allowance for doubtful accounts	47b	800.	47c	800.
	48 a	Pledges receivable	48a			
	b	Less allowance for doubtful accounts	48b		48c	
	49	Grants receivable			49	
	50	Receivables from officers, directors, trustees and key employees			50	
	51 a	Other notes and loans receivable	51a			
	b	Less allowance for doubtful accounts	51b		51c	
	52	Inventories for sale or use		7,915.	52	5,642.
	53	Prepaid expenses and deferred charges		9,616.	53	9,616.
	54	Investments - securities STMT 6	<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	168,713.	54	567,177.
	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	57a 2,508,600.				
b	Less accumulated depreciation	57b 477,782.	2,112,462.	57c	2,030,818.	
58	Other assets (describe <input type="checkbox"/> SEE STATEMENT 7)		1,380,135.	58	1,068,323.	
59 Total assets (add lines 45 through 58) (must equal line 74)				3,914,840.	59	4,181,085.
Liabilities	60	Accounts payable and accrued expenses		52,145.	60	129,267.
	61	Grants payable			61	
	62	Deferred revenue			62	
	63	Loans from officers, directors, trustees, and key employees			63	
	64 a	Tax-exempt bond liabilities			64a	
	b	Mortgages and other notes payable			64b	
	65	Other liabilities (describe <input type="checkbox"/> SEE STATEMENT 8)		564,768.	65	544,881.
66 Total liabilities (add lines 60 through 65)				616,913.	66	674,148.
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		2,750,079.	67	2,965,812.
	68	Temporarily restricted		547,848.	68	541,125.
	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)			3,297,927.	73	3,506,937.
74	Total liabilities and net assets / fund balances (add lines 66 and 73)			3,914,840.	74	4,181,085.

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.

Part VI Other Information		N/A	Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b		
79	Was there a liquidation, dissolution, termination or substantial contraction during the year? If "Yes," attach a statement	79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
b	If "Yes," enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt			
81 a	Enter the amount of political expenditures direct or indirect, as described in the instructions for line 81	81a	0.	
b	Did the organization file Form 1120-POL for this year?	81b		X
82 a	Did the organization receive donated services or the use of materials equipment or facilities at no charge or at substantially less than fair rental value?	82a		X
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions for reporting in Part III)	82b	N/A	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	84b		
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? N/A	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year			
c	Dues, assessments and similar amounts from members	85c	N/A	
d	Section 162(e) lobbying and political expenditures	85d	N/A	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A	
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g	N/A	
h	If section 6033(e)(1)(A) dues notice were sent does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A	
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86a	N/A	
b	Gross receipts, included on line 12 for public use of club facilities	86b	N/A	
87	501(c)(12) organizations Enter a Gross income from members or shareholders	87a	N/A	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes" complete Part IX	88		X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0.</u> , section 4912 <u>0.</u> , section 4955 <u>0.</u>			
b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912 4955 and 4958			0.
d	Enter Amount of tax on line 89c, above, reimbursed by the organization			0.
90 a	List the states with which a copy of this return is filed <u>CALIFORNIA</u>	90a		
b	Number of employees employed in the pay period that includes March 12, 2000	90b		23
91	The books are in care of <u>GUIDE DOGS OF THE DESERT</u> Telephone no <u>760-329-6257</u> Located at <u>P.O. BOX 1692 PALM SPRINGS, CA</u> ZIP code <u>92263</u>			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/> 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

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	693.	
96 Dividends and interest from securities			14	15,796.	
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			18	4,070.	
101 Net income or (loss) from special events			02	31,424.	
102 Gross profit or (loss) from sales of inventory					-3,506.
103 Other revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		51,983.	-3,506.
105 Total (add line 104, columns (B), (D), and (E))					48,477.

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes

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)
102	SALE OF MERCHANDISE TO EDUCATE THE PUBLIC IN THE USE OF DOGS TO AID THE BLIND AND THE HANDICAPPED.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities

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

Part X Information Regarding Transfers Associated with Personal Benefit Contracts

- (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).

I have prepared this return accompanying schedules and statements, and to the best of my knowledge and belief, it is true and correct. All information of which preparer has any knowledge (Important: See General Instruction W)

Date: 5/15/02
 Type or print name and title: Don Robinson

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

2000

Department of the Treasury
Internal Revenue Service

Supplementary Information

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

Name of the organization **GUIDE DOGS OF THE DESERT** Employer Identification number **23 7296531**

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

(See instructions List each one If there are none enter "None")

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

Total number of other employees paid over \$50,000 ▶ **0**

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

(See instructions List each one (whether individuals or firms) if there are none enter "None")

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

Total number of others receiving over \$50,000 for professional services ▶ **0**

Part III Statements About Activities

	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 ► \$ _____ 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	1	X
2 During the year, has the organization, either directly or indirectly engaged in any of the following acts with any of its 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		
a Sale exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods services or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1 000)?	2d	X
e Transfer of any part of its income or assets? If the answer to any question is Yes, attach a detailed statement explaining the transactions	2e	X
3 Does the organization make grants for scholarships, fellowships, student loans etc?	3	X
4 a Do you have a section 403(b) annuity plan for your employees?	4a	X
b Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments (See page 2 of the instructions)		

Part IV Reason for Non-Private Foundation Status (See pages 2 through 5 of the instructions)

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

- 5 A church convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 A school Section 170(b)(1)(A)(ii) (Also complete Part V page 5)
- 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 supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

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

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 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 **N/A**
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) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)					
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc. purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
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.					
23 Total of lines 15 through 22	0.	0.	0.	0.	0.
24 Line 23 minus line 17					
25 Enter 1% of line 23					
26 Organizations described on lines 10 or 11	<p>a Enter 2% of amount in column (e), line 24</p> <p>b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts.</p> <p>c Total support for section 509(a)(1) test. Enter line 24, column (e).</p> <p>d Add: Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____</p> <p>e Public support (line 26c minus line 26d total)</p> <p>f Public support percentage (line 26e (numerator) divided by line 26c (denominator))</p>				<p>26a N/A</p> <p>26b N/A</p> <p>26c N/A</p> <p>26d N/A</p> <p>26e N/A</p> <p>26f N/A %</p>
27 Organizations described on line 12	<p>a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year:</p> <p>(1999) _____ (1998) _____ (1997) _____ (1996) _____</p> <p>b For any amount included in line 17 that was received from a nondisqualified person, attach a list 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 11, as well as individuals.) 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:</p> <p>(1999) _____ (1998) _____ (1997) _____ (1996) _____</p> <p>c Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____</p> <p>d Add: Line 27a total _____ and line 27b total _____</p> <p>e Public support (line 27c total minus line 27d total)</p> <p>f Total support for section 509(a)(2) test. Enter amount on line 23, column (e) 27f N/A</p> <p>g Public support percentage (line 27e (numerator) divided by line 27f (denominator))</p> <p>h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))</p>				<p>27c N/A</p> <p>27d N/A</p> <p>27e N/A</p> <p>27g N/A %</p> <p>27h N/A %</p>

28 Unusual Grants For an organization described in line 10, 11, or 12, that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See page 5 of the instructions.)

Part V Private School Questionnaire
(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?	X	
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?	X	
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) <u>STUDENT SOLICITATION IS CONDUCTED THROUGH BLIND SERVICE ORGANIZATIONS AND CALIF. DEPT. OF REHABILITATION</u>	X	
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty and administrative staff?	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	X	
c Copies of all catalogues, brochures announcements and other written communications to the public dealing with student admissions programs, and scholarships?	X	
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)	X	
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?		X
b Admissions policies?		X
c Employment of faculty or administrative staff?		X
d Scholarships or other financial assistance?		X
e Educational policies?		X
f Use of facilities?		X
g Athletic programs?		X
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		X
34 a Does the organization receive any financial aid or assistance from a governmental agency?		X
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		X
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	X	

Part VI-A Lobbying Expenditures by Electing Public Charities

(To be completed ONLY by an eligible organization that filed Form 5768)

N/A

- Check here If the organization belongs to an affiliated group
- Check here If you checked "a" above and "limited control" provisions apply

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations												
(The term "expenditures" means amounts paid or incurred)		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 - <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">If the amount on line 40 is -</td> <td style="width: 50%;">The lobbying nontaxable amount is -</td> </tr> <tr> <td>Not over \$500 000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500 000 but not over \$1 000 000</td> <td>\$100 000 plus 15% of the excess over \$500 000</td> </tr> <tr> <td>Over \$1 000 000 but not over \$1 500 000</td> <td>\$175 000 plus 10% of the excess over \$1 000 000</td> </tr> <tr> <td>Over \$1 500 000 but not over \$17 000 000</td> <td>\$225 000 plus 5% of the excess over \$1 500 000</td> </tr> <tr> <td>Over \$17 000 000</td> <td>\$1 000 000</td> </tr> </table>	If the amount on line 40 is -	The lobbying nontaxable amount is -	Not over \$500 000	20% of the amount on line 40	Over \$500 000 but not over \$1 000 000	\$100 000 plus 15% of the excess over \$500 000	Over \$1 000 000 but not over \$1 500 000	\$175 000 plus 10% of the excess over \$1 000 000	Over \$1 500 000 but not over \$17 000 000	\$225 000 plus 5% of the excess over \$1 500 000	Over \$17 000 000	\$1 000 000	41	
If the amount on line 40 is -	The lobbying nontaxable amount is -														
Not over \$500 000	20% of the amount on line 40														
Over \$500 000 but not over \$1 000 000	\$100 000 plus 15% of the excess over \$500 000														
Over \$1 000 000 but not over \$1 500 000	\$175 000 plus 10% of the excess over \$1 000 000														
Over \$1 500 000 but not over \$17 000 000	\$225 000 plus 5% of the excess over \$1 500 000														
Over \$17 000 000	\$1 000 000														
42	Grassroots nontaxable amount (enter 25% of line 41)	42													
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 9 of the instructions)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(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)

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

Schedule B
(Form 990 or 990-EZ)

Schedule of Contributors

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

Supplementary Information for line 1d of Form 990 or
line 1 of Form 990-EZ (see instructions)

2000

Name of organization **GUIDE DOGS OF THE DESERT** Employer identification number **23-7296531**

Organization type (check one)-Section 501(c)(3) (enter number) 527 or 4947(a)(1) nonexempt charitable trust

A Section 501(c)(7), (8), or (10) organizations-

Check this box if the organization had no charitable contributors who contributed more than \$1,000 during the year (But see General rule below)

Enter here the total gifts received during the year for a religious, charitable, etc., purpose **\$**

Note: This form is generally not open to public inspection except for section 527 organizations.

General Instructions

Purpose of Form

Schedule B (Form 990 or 990-EZ) is used by organizations required to file Form 990, Return of Organization Exempt From Income Tax, or Form 990-EZ, Short Form Return of Organization Exempt From Income Tax to provide the information regarding their contributors that is required for line 1d of Form 990 (or line 1 of Form 990-EZ)

Attach the Schedule B (Form 990 or 990-EZ) to Form 990 or 990-EZ. Attach Schedule B after Schedule A (Form 990 or 990-EZ), Organization Exempt Under Section 501(c)(3), if that return is required for the organization.

Who Must File Schedule B (Form 990 or 990-EZ)

All organizations must file Schedule B (Form 990 or 990-EZ) unless they certify that they do not meet the filing requirements of Schedule B (Form 990 or 990-EZ) by checking the box in item L of the heading of their Form 990 or Form 990-EZ.

See the instructions for item L in the Instructions for Form 990 and Form 990-EZ.

Caution Schedule B (Form 990 or 990-EZ) is not a substitute for the list of "contributors" required for Part IV-A, Support Schedule, of Schedule A (Form 990 or 990-EZ).

Public inspection

Schedule B (Form 990 or 990-EZ) is

- Open to public inspection for a section 527 political organization
- Generally not open to public inspection for the other organizations that must file this form

If a non-section 527 organization files a copy of Form 990, or Form 990-EZ, and attachments with any state, it should not include its Schedule B (Form 990 or 990-EZ) in the attachments for the state unless a schedule of contributors is specifically required by the state. States that do not require the information might make the schedule available for public inspection along with the rest of the Form 990 or Form 990-EZ.

See the Instructions for Form 990 and Form 990-EZ for phone help and the public inspection rules for those forms and their attachments, which include Schedule B (Form 990 or 990-EZ).

Contributors Required To Be Listed On Part I

"Contributor" includes individuals, fiduciaries, partnerships, corporations, associations, trusts, and exempt organizations.

General rule Unless the organization is covered by one of the special rules below, it must list on Part I every contributor who during the year gave the organization directly or indirectly money, securities, or any other type of property totaling \$5,000 or more for the year. Also complete Part II for a noncash contribution. In determining the \$5,000 amount, total all of the contributor's gifts of \$1,000 or more for the year.

Section 501(c)(3) organizations For an organization described in section 501(c)(3) that meets the 33 1/3% support test of the Regulations under sections 509(a)(1)/170(b)(1)(A)(vi) (whether or not the organization is otherwise described in section 170(b)(1)(A))-

List in Part I only those contributors whose contribution of \$5,000 or more is greater than 2% of the amount reported on line 1d of Form 990 (or line 1 of Form 990-EZ) (Regulations section 1.6033-2(a)(2)(iii)(a)).

Example A section 501(c)(3) organization, of the type described above, reported \$700,000 in total contributions, gifts, grants, and similar amounts received on line 1d of its Form 990. The organization is only required to list in Parts I and II of its Schedule B (Form 990 or 990-EZ) each person who contributed more than the

greater of \$5,000 or \$14,000 (2% of \$700,000). Thus, a contributor who gave a total of \$11,000 would not be reported in Parts I and II for this section 501(c)(3) organization. Even though the \$11,000 contribution to the organization exceeded \$5,000, it did not exceed \$14,000.

Section 501(c)(7), (8), or (10) organizations For noncharitable contributions to one of these organizations, list in Part I contributors who gave \$5,000 or more as described in the General rule discussed above.

If a section 501(c)(7), (8), or (10) organization received contributions or requests for use exclusively for religious, charitable, etc., purposes (sections 170(c)(4), 2055(a)(3), or 2522(a)(3))-

List in Part I each contributor whose contributions total more than \$1,000 during the year that were for a religious, charitable, etc., purpose. To determine the \$1,000 aggregate all of a contributor's gifts for the year (regardless of amount). For a noncash contribution, complete Part II.

All section 501(c)(7), (8), or (10) organizations that received any charitable contributions and listed any charitable contributors on Part I must also complete Part III.

If section 501(c)(7), (8), or (10) organization received charitable gifts, but is not required to list any charitable contributors on Part I, check the box on line A at the top of Schedule B (Form 990 or 990-EZ) and enter the amount of charitable contributions received in the space provided. The organization need not complete and attach Part III.

Specific Instructions

Note You may duplicate Parts I, II, and III if more copies are needed. Number each page of each Part.

Part I In column (a), identify the first contributor listed as no. 1 and the second contributor as no. 2, etc. Number consecutively. Show the contributor's name, address, aggregate contributions for the year, and the type of contribution (e.g., whether an individual payroll or noncash contribution). Report payroll contributions by listing the employer's name, address, and total amount given (unless an employee gave enough to be listed individually).

Part II In column (a), show the number that corresponds to the contributor's number in Part I. Describe the noncash contribution fully. Report on property with readily determinable market value (i.e., market quotations for securities) by listing its fair market value (FMV). For marketable securities registered and listed on a recognized securities exchange, measure market value by the average of the highest and lowest quoted selling prices (or the average between the bona fide bid and asked prices) on the contribution date. See Regulations section 20.2031-2 to determine the value of contributed stocks and bonds. When market value cannot be readily determined, use an appraised or estimated value. To determine the amount of a noncash contribution that is subject to an outstanding debt, subtract the debt from the property's fair market value.

Part III Section 501(c)(7), (8), or (10) organizations that received contributions or requests for use exclusively for religious, charitable, etc., purposes, must complete Parts I through III for those persons whose gifts totaled more than \$1,000 during the year. Show also in the heading of Part III total gifts that were \$1,000 or less and were for a religious, charitable, etc., purpose. Complete this information only on the first Part III page.

If an amount is set aside for a religious, charitable, etc., purpose, show in column (d) how the amount is held (e.g., whether it is mingled with amounts held for other purposes). If the organization transferred the gift to another organization, show the name and address of the transferee organization in column (e) and explain the relationship between the two organizations.

Name of organization

Employer identification number

GUIDE DOGS OF THE DESERT

23-7296531

Part I Contributors

(a) No	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
1	_____	\$ 65,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
2	_____	\$ 53,087.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
3	_____	\$ 44,776.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
4	_____	\$ 30,550.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
5	_____	\$ 26,852.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
6	_____	\$ 22,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)

Name of organization GUIDE DOGS OF THE DESERT	Employer identification number 23-7296531
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Part I Contributors

(a) No	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
<u>7</u>	_____ _____ _____	\$ <u>20,000.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
<u>8</u>	_____ _____ _____	\$ <u>12,000.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
<u>9</u>	_____ _____ _____	\$ <u>11,000.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
<u>10</u>	_____ _____ _____	\$ <u>10,000.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
<u>11</u>	_____ _____ _____	\$ <u>10,000.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
<u>12</u>	_____ _____ _____	\$ <u>10,000.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)

Name of organization

Employer identification number

GUIDE DOGS OF THE DESERT

23-7296531

Part I Contributors

(a) No	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
13		\$ 10,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
14		\$ 5,500.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
15		\$ 5,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
16		\$ 5,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
17		\$ 5,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
18		\$ 5,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)

Name of organization

Employer identification number

GUIDE DOGS OF THE DESERT

23-7296531

Part I Contributors

(a) No	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
19	_____	\$ 10,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
20	_____	\$ 379,509.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
21	_____	\$ 48,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
22	_____	\$ 119,038.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
23	_____	\$ 11,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
24	_____	\$ 10,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)

Name of organization

Employer identification number

GUIDE DOGS OF THE DESERT

23-7296531

Part I Contributors

(a) No	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
25	_____	\$ 7,595.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
26	_____	\$ 5,232.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
27	_____	\$ _____	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
28	_____	\$ _____	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
29	_____	\$ _____	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
30	_____	\$ _____	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)

GUIDE DOGS
Depreciation Expense [Depreciation]
GAAP
For the Period July 1, 2000 to June 30, 2001

Asset ID	Placed In Service	Depr Meth/Conv	Life Yr Mo	Book Cost	Depreciation This Period	YEAR TO DATE				
						Beginning Accum Depr	Current Depreciation	Net Sec 179/179A	Net Additions Deletions	Ending Accum Depr
<i>Class 1610</i>										
000001	LAND									
	07/01/1974	SL100FM	0 0	24,564 00	0 00	0 00	0 00	0 00	0 00	0 00
000043	LAND - 5 ACRES									
	02/17/1995	None	0 0	30,893 00	0 00	0 00	0 00	0 00	0 00	0 00
000070	DONATED LOT									
	07/15/1996	SL100FM	0 0	12,000 00	0 00	0 00	0 00	0 00	0 00	0 00
000090	LAND - VERNON AVE HOUSE									
	09/17/1997	None	0 0	6,000 00	0 00	0 00	0 00	0 00	0 00	0 00
000169	DONATED LOTS									
	09/23/1998	None	0 0	25,000 00	0 00	0 00	0 00	0 00	0 00	0 00
<i>Subtotal 1610 (5)</i>				98,457 00	0 00	0 00	0 00	0 00	0 00	0 00
<i>Class 1620</i>										
000002	BUILDING									
	07/01/1974	SL100FM	30 0	65,363 00	2,178 77	56,648 02	2,178 77	0 00	0 00	58 826 79
000003	BUILDING ADDITION									
	01/01/1981	SL100FM	30 0	8,426 00	280 87	5,476 96	280 87	0 00	0 00	5,757 83
000004	BUILDING ADDITION									
	06/30/1985	SL100FM	30 0	67,550 00	2,251 67	33,962 69	2,251 67	0 00	0 00	36,214 36
000005	BATHROOM REMODEL									
	03/01/1988	SL100FM	30 0	2,380 00	79 33	978 40	79 33	0 00	0 00	1 057 73
000006	OFFICE REMODEL									
	03/01/1989	SL100FM	30 0	15,402 00	513 40	5,818 53	513 40	0 00	0 00	6,331 93
000007	CARPETING									
	02/01/1989	SL100FM	5 0	1,187 00	0 00	1,187 00	0 00	0 00	0 00	1,187 00
000008	KENNEL IMPROVEMENTS									
	05/01/1989	SL100FM	10 0	4,430 00	0 00	4,430 00	0 00	0 00	0 00	4,430 00
000009	KITCHEN REMODEL									
	07/01/1989	SL100FM	30 0	9,840 00	328 00	3 608 00	328 00	0 00	0 00	3,936 00
000010	FRONT WALL & COLUMN									
	08/01/1989	SL100FM	30 0	1,700 00	56 67	618 64	56 67	0 00	0 00	675 31
000011	CARPETING									
	07/01/1989	SL100FM	5 0	671 00	0 00	671 00	0 00	0 00	0 00	671 00
000012	OFFICE SHELVES									
	01/01/1990	SL100FM	30 0	780 00	26 00	273 00	26 00	0 00	0 00	299 00
000013	LAUNDRY ROOM									
	09/12/1991	SL100FM	30 0	4 983 00	166 10	1,467 22	166 10	0 00	0 00	1 633 32
000014	BLINDS									
	09/18/1991	SL100FM	7 0	1,291 00	0 00	1 291 00	0 00	0 00	0 00	1,291 00
000015	SHOWER DOOR									
	09/20/1991	SL100FM	7 0	331 00	0 00	331 00	0 00	0 00	0 00	331 00
000016	OFFICE									
	09/27/1991	SL100FM	30 0	1,609 00	53 63	473 73	53 63	0 00	0 00	527 36
000017	PAINT									
	09/30/1991	SL100FM	7 0	658 00	0 00	658 00	0 00	0 00	0 00	658 00
000018	DORM FLOORING									
	10/25/1991	SL100FM	30 0	2,151 00	71 70	627 38	71 70	0 00	0 00	699 08
000019	PARKING LOT									
	01/27/1992	SL100FM	15 0	3 100 00	206 67	1,756 69	206 67	0 00	0 00	1 963 36
000020	STORAGE ROOM									
	03/25/1992	SL100FM	30 0	1,345 00	44 83	373 58	44 83	0 00	0 00	418 41
000031	TITLE FEES-NEW OFFIC									
	06/30/1996	SL100FM	30 0	500 00	16 67	68 07	16 67	0 00	0 00	84 74
000044	KENNEL BUILDING									
	02/17/1995	SL100FM	30 0	43,853 00	1 461 77	7,917 92	1,461 77	0 00	0 00	9,379 69
000045	OFFICE ADDTN (PLANS)									
	06/30/1995	SL100FM	30 0	1,350 00	45 00	228 75	45 00	0 00	0 00	273 75
000046	OFFICE PLAN APPROVAL									
	06/30/1995	SL100FM	30 0	1,168 00	38 93	197 89	38 93	0 00	0 00	236 82
000047	OFFICE ADDITION									
	06/30/1995	SL100FM	30 0	1,900 00	63 33	321 93	63 33	0 00	0 00	385 26
000048	WATER HEATER									
	12/16/1994	SL100FM	7 0	1,382 00	197 43	1,102 32	197 43	0 00	0 00	1,299 75
000053	BUILDING									
	06/30/1995	SL100FM	30 0	1,374 00	45 80	232 82	45 80	0 00	0 00	278 62

Asset ID	Placed in Service	Depr Meth/Conv	Life Yr Mo	Book Cost	Depreciation This Period	YEAR TO DATE					
						Beginning Accum Depr	Current Depreciation	Net Sec 179/179A	Net Additions Deletions	Ending Accum Depr	
<i>Class 1620</i>											
000054	BUILDING										
	06/30/1995	SL100FM	30 0	1,200 00	40 00	203 33	40 00	0 00	0 00	243 33	
000055	NEW OFFICES										
	01/01/1996	SL100FM	30 0	35,951 00	1,198 37	5,392 66	1 198 37	0 00	0 00	6 591 03	
000056	FLOORING										
	08/01/1996	SL100FM	7 0	2,174 00	310 57	1,216 40	310 57	0 00	0 00	1,526 97	
000064	AIR CONDITIONER										
	11/07/1995	SL100FM	7 0	1,177 00	168 14	784 66	168 14	0 00	0 00	952 80	
000067	GRAVEL FOR KENNEL										
	01/09/1997	SL100FM	7 0	1,083 00	154 71	541 49	154 71	0 00	0 00	696 20	
000073	PAVING										
	01/23/1998	SL100FM	20 0	2,850 00	142 50	356 25	142 50	0 00	0 00	498 75	
000074	MISING SYSTEM										
	05/28/1998	SL100FM	40 0	2,671 00	66 78	144 69	66 78	0 00	0 00	211 47	
000075	VERNON AVE HOUSE										
	09/17/1997	SL100FM	40 0	35,846 00	896 15	2 539 09	896 15	0 00	0 00	3,435 24	
000089	NEW SCHOOL										
	09/01/1997	SL100FM	40 0	1 505,546 10	37,638 65	106,642 84	37,638 65	0 00	0 00	144,281 49	
000180	KENNEL FACILITY										
	03/31/1999	SL100FM	40 0	262,971 92	6,574 30	8,765 73	6,574 30	0 00	0 00	15,340 03	
000208	700 sq ft SIDEWALK										
	09/22/1999	SL100FM	40 0	1,500 00	37 50	31 25	37 50	0 00	0 00	68 75	
000211	FENCE										
	03/22/2000	SL100FM	40 0	1,875 00	46 88	15 63	46 88	0 00	0 00	62 51	
<i>Subtotal 1620 (38)</i>				2,099,569 02	55,401 12	257,354 56	55 401 12	0 00	0 00	312,755 68	
<i>Class 1630</i>											
000023	FURNITURE & FIXTURES										
	07/01/1974	SL100FM	10 0	28,719 00	0 00	28,719 00	0 00	0 00	0 00	28,719 00	
000026	FURNITURE										
	06/01/1984	SL100FM	5 0	470 00	0 00	470 00	0 00	0 00	0 00	470 00	
000027	ENGRAVING MACHINE										
	06/01/1988	SL100FM	7 0	2,000 00	0 00	2,000 00	0 00	0 00	0 00	2,000 00	
000028	TV/VCR										
	12/01/1989	SL100FM	7 0	420 00	0 00	415 00	0 00	0 00	0 00	415 00	
000029	BAR STOOLS (4)										
	02/01/1990	SL100FM	7 0	411 00	0 00	411 00	0 00	0 00	0 00	411 00	
000030	MATTRESSES (7)										
	08/17/1990	SL100FM	7 0	1,206 00	0 00	1 206 00	0 00	0 00	0 00	1,206 00	
000057	FURNITURE										
	11/15/1995	SL100FM	7 0	1,835 00	262 14	1,223 32	262 14	0 00	0 00	1,485 46	
000058	CEILING FANS										
	11/15/1996	SL100FM	7 0	349 00	49 86	182 82	49 86	0 00	0 00	232 68	
000059	BLINDS										
	02/07/1996	SL100FM	7 0	216 00	30 86	136 30	30 86	0 00	0 00	167 16	
000060	WASHER/DRYER										
	03/13/1996	SL100FM	7 0	1,077 00	153 86	666 73	153 86	0 00	0 00	820 59	
000068	CAMCORDER										
	06/30/1997	SL100FM	5 0	1,512 00	302 40	932 40	302 40	0 00	0 00	1,234 80	
000076	BEDS										
	12/05/1997	SL100FM	10 0	556 00	55 60	143 63	55 60	0 00	0 00	199 23	
000077	ORGAN										
	12/15/1997	SL100FM	10 0	1 200 00	120 00	310 00	120 00	0 00	0 00	430 00	
000078	WORKTABLE										
	01/23/1998	SL100FM	10 0	171 00	17 10	42 75	17 10	0 00	0 00	59 85	
000079	WASHERS & DRYERS										
	02/13/1998	SL100FM	10 0	2,963 00	296 30	716 06	296 30	0 00	0 00	1,012 36	
000164	DONATED BEDS, TABLES & CHAIRS										
	09/01/1997	SL100FM	10 0	30,000 00	3,000 00	8,500 00	3,000 00	0 00	0 00	11,500 00	
000165	DONATED ARTWORK										
	09/01/1997	SL100FM	10 0	13,700 00	1,370 00	3,881 67	1,370 00	0 00	0 00	5,251 67	
000166	DONATED REFRIGERATORS										
	09/01/1997	SL100FM	10 0	500 00	50 00	141 67	50 00	0 00	0 00	191 67	
000167	DONATED DRYERS										
	09/01/1997	SL100FM	10 0	700 00	70 00	198 33	70 00	0 00	0 00	268 33	
000168	DONATED COUCHES										
	09/01/1997	SL100FM	10 0	500 00	50 00	141 67	50 00	0 00	0 00	191 67	
000170	DOG CRATES										
	06/21/1999	SL100FM	10 0	499 52	49 95	54 11	49 95	0 00	0 00	104 06	
000171	WAHING MACHINE--DONATED										
	07/31/1998	SL100FM	10 0	343 72	34 37	68 74	34 37	0 00	0 00	103 11	

Asset ID	Placed in Service	Depr Meth/Conv	Life Yr Mo	Book Cost	Depreciation This Period	YEAR TO DATE				
						Beginning Accum Depr	Current Depreciation	Net Sec 179/179A	Net Additions Deletions	Ending Accum Depr
<i>Class 1630</i>										
000172	CAMERA									
	08/26/1998	SL100FM	10 0	910 49	91 05	174 51	91 05	0 00	0 00	265 56
000173	PHONES@KENNEL									
	09/30/1998	SL100FM	10 0	740 00	74 00	135 67	74 00	0 00	0 00	209 67
000174	DOG SCALE									
	12/30/1998	SL100FM	10 0	695 00	69 50	110 04	69 50	0 00	0 00	179 54
000181	LASER JET PRINTER									
	05/29/1999	SL100FM	10 0	200 00	20 00	23 33	20 00	0 00	0 00	43 33
000182	OFFICE FURNITURE									
	06/01/1999	SL100FM	10 0	760 00	76 00	82 33	76 00	0 00	0 00	158 33
000183	COMPUTER									
	06/14/1999	SL100FM	10 0	751 00	75 10	81 36	75 10	0 00	0 00	156 46
000192	DRAPES									
	09/22/1999	SL100FM	10 0	1 907 82	190 78	158 99	190 78	0 00	0 00	349 77
000193	DRAPES									
	10/18/1999	SL100FM	10 0	1,807 82	180 78	135 59	180 78	0 00	0 00	316 37
000194	AUDIBLE PEDESTRIAN SIGNS									
	12/14/1999	SL100FM	10 0	1,310 24	131 02	76 43	131 02	0 00	0 00	207 45
000195	DRAPES									
	01/31/2000	SL100FM	10 0	673 00	67 30	33 65	67 30	0 00	0 00	100 95
000196	60" TELEVISION									
	03/03/2000	SL100FM	10 0	4 620 00	462 00	154 00	462 00	0 00	0 00	616 00
000197	15 6' ROUND TABLES									
	03/24/2000	SL100FM	10 0	1,615 44	161 54	53 85	161 54	0 00	0 00	215 39
000198	DONATED FURNITURE									
	02/03/2000	SL100FM	10 0	600 00	60 00	25 00	60 00	0 00	0 00	85 00
000199	DONATED DOME TENT									
	04/25/2000	SL100FM	10 0	123 91	12 39	3 10	12 39	0 00	0 00	15 49
000200	TABLES									
	04/25/2000	SL100FM	10 0	1,076 96	107 70	26 92	107 70	0 00	0 00	134 62
000201	DONATED PIANO									
	06/06/2000	SL100FM	10 0	2,000 00	200 00	16 67	200 00	0 00	0 00	216 67
000210	DRAPES									
	03/24/2000	SL100FM	10 0	673 00	67 30	22 43	67 30	0 00	0 00	89 73
000212	MISC									
	12/08/1999	SL100FM	10 0	484 88	48 49	28 28	48 49	0 00	0 00	76 77
<i>Subtotal 1630 (40)</i>				110,297 80	8,007 39	51,903 35	8,007 39	0 00	0 00	59 910 74
<i>Class 1640</i>										
000021	PLANTS									
	07/01/1974	SL100FM	30 0	3,500 00	116 67	3,033 42	116 67	0 00	0 00	3,150 09
000022	SIDEWALKS									
	03/19/1990	SL100FM	30 0	25,000 00	833 33	8,611 08	833 33	0 00	0 00	9,444 41
000080	TREES									
	02/18/1998	SL100FM	20 0	540 00	27 00	65 25	27 00	0 00	0 00	92 25
<i>Subtotal 1640 (3)</i>				29,040 00	977 00	11,709 75	977 00	0 00	0 00	12,686 75
<i>Class 1650</i>										
000033	1984 DODGE VAN									
	10/01/1985	SL100FM	5 0	9,153 00	0 00	9,153 00	0 00	0 00	0 00	9,153 00
000034	MICRO BUS									
	11/13/1986	SL100FM	5 0	2,000 00	0 00	2,000 00	0 00	0 00	0 00	2 000 00
000061	1991 DODGE VAN									
	02/29/1996	SL100FM	5 0	10,715 00	1,250 08	9 464 92	1,250 08	0 00	0 00	10,715 00
000062	1995 DODGE VAN									
	02/29/1996	SL100FM	5 0	19,465 00	2,270 92	17,194 08	2,270 92	0 00	0 00	19,465 00
000081	GOLF CART									
	12/15/1997	SL100FM	10 0	1 000 00	100 00	258 33	100 00	0 00	0 00	358 33
000082	GOLF CART									
	12/15/1997	SL100FM	10 0	1,200 00	120 00	310 00	120 00	0 00	0 00	430 00
000083	BUS									
	02/16/1998	SL100FM	10 0	17,976 00	1,797 60	4 344 20	1 797 60	0 00	0 00	6 141 80
000084	GOLF CART									
	03/13/1998	SL100FM	10 0	750 00	75 00	175 00	75 00	0 00	0 00	250 00
000163	1984 TOYOTA VAN									
	05/27/1998	SL100FM	10 0	1,000 00	100 00	216 67	100 00	0 00	0 00	316 67
000184	1999 FORD ECONOLINE VAN									
	06/28/2000	SL100FM	5 0	22,300 00	4,460 00	371 67	4,460 00	0 00	0 00	4,831 67
000185	1990 FORD E-350 BUS									
	06/06/2000	SL100FM	5 0	7,000 00	1,400 00	116 67	1,400 00	0 00	0 00	1,516 67

Asset ID	Placed in Service	Depr Meth/Conv	Life Yr Mo	Book Cost	Depreciation This Period	YEAR TO DATE				
						Beginning Accum Depr	Current Depreciation	Net Sec 179/179A	Net Additions Deletions	Ending Accum Depr
<i>Class 1650</i>										
000187	1990 FORD E-350 BUS									
	06/06/2000	SL100FM	5 0	7,000 00	1,400 00	116 67	1,400 00	0 00	0 00	1,516 67
000213	DONATED GOLF CART									
	05/22/2000	SL100FM	10 0	1,500 00	150 00	25 00	150 00	0 00	0 00	175 00
000214	DONATED GOLF CARTS (2)									
	12/01/1999	SL100FM	10 0	5,000 00	500 00	291 67	500 00	0 00	0 00	791 67
000215	NEW ENGINE FOR BUS									
	10/20/1999	SL100FM	10 0	10,319 75	1,031 98	773 98	1,031 98	0 00	0 00	1,805 96
000218	Auto part replacement									
	01/01/2001	SL100FM	10 0	2,882 31	144 12	0 00	144 12	0 00	0 00	144 12
<i>Subtotal 1650 (16)</i>				119,261 06	14,799 70	44,811 86	14,799 70	0 00	0 00	59,611 56
<i>Class 1670</i>										
000036	DESK									
	02/10/1989	SL100FM	10 0	316 00	0 00	316 00	0 00	0 00	0 00	316 00
000038	LABEL MACHINE									
	08/17/1990	SL100FM	10 0	5,000 00	41 67	4 958 33	41 67	0 00	0 00	5,000 00
000039	COMPUTER									
	12/20/1990	SL100FM	5 0	2,461 00	0 00	2,420 00	0 00	0 00	0 00	2,420 00
000040	TAPE BACKUP & PRINTR									
	04/16/1992	SL100FM	5 0	1,403 00	0 00	1 382 00	0 00	0 00	0 00	1,382 00
000041	SOFTWARE									
	12/30/1992	SL100FM	5 0	564 00	0 00	564 00	0 00	0 00	0 00	564 00
000042	COMPUTER SOFTWARE									
	06/30/1993	SL100FM	5 0	2,780 00	0 00	2,780 00	0 00	0 00	0 00	2,780 00
000049	LASER PRINTER									
	06/02/1995	SL100FM	5 0	1,200 00	0 00	1,200 00	0 00	0 00	0 00	1,200 00
000050	COMPUTER NETWORK									
	06/04/1995	SL100FM	5 0	3,942 00	0 00	3,942 00	0 00	0 00	0 00	3,942 00
000051	PHONE SYSTEM									
	01/25/1995	SL100FM	5 0	3,693 00	0 00	3,693 00	0 00	0 00	0 00	3 693 00
000052	WELLS OFFICE MACHINE									
	05/03/1995	SL100FM	5 0	727 00	0 00	727 00	0 00	0 00	0 00	727 00
000063	PHONE									
	11/02/1995	SL100FM	5 0	458 00	30 53	427 47	30 53	0 00	0 00	458 00
000066	PAY PHONE									
	01/24/1996	SL100FM	5 0	1,100 00	110 00	990 00	110 00	0 00	0 00	1 100 00
000069	2 COMPUTERS									
	07/03/1996	SL100FM	5 0	1,500 00	300 00	1,200 00	300 00	0 00	0 00	1 500 00
000175	FAX									
	12/28/1998	SL100FM	10 0	215 49	21 55	34 12	21 55	0 00	0 00	55 67
000176	PHONES									
	04/02/1999	SL100FM	10 0	200 00	20 00	25 00	20 00	0 00	0 00	45 00
000177	COMPUTER									
	04/26/1999	SL100FM	10 0	953 95	95 40	119 25	95 40	0 00	0 00	214 65
000202	OKIDATA PRINTER									
	01/27/2000	SL100FM	5 0	640 70	128 14	64 07	128 14	0 00	0 00	192 21
000203	DONATED COMPUTER EQUIPMENT									
	02/18/2000	SL100FM	5 0	4,500 00	900 00	375 00	900 00	0 00	0 00	1,275 00
000204	PHOTO COPIER									
	02/29/2000	SL100FM	5 0	11,341 53	2,268 31	945 13	2,268 31	0 00	0 00	3,213 44
000205	COMPUTER EQUIPMANT									
	01/12/2000	SL100FM	5 0	3,838 31	767 66	383 83	767 66	0 00	0 00	1,151 49
000206	COMPUTER EQUIPMENT									
	01/12/2000	SL100FM	5 0	680 00	136 00	68 00	136 00	0 00	0 00	204 00
000207	COMPUTER EQUIPMENT									
	04/21/2000	SL100FM	5 0	275 00	55 00	13 75	55 00	0 00	0 00	68 75
<i>Subtotal 1670 (22)</i>				47,788 98	4,874 26	26,627 95	4 874 26	0 00	0 00	31,502 21
<i>Class 1700</i>										
000071	WALKIE TALKIES/RADIO									
	06/27/1997	SL100FM	5 0	485 00	97 00	299 08	97 00	0 00	0 00	396 08
000086	PHONES									
	11/21/1997	SL100FM	10 0	824 00	82 40	219 73	82 40	0 00	0 00	302 13
000087	PHONES									
	11/21/1997	SL100FM	10 0	431 00	43 10	114 93	43 10	0 00	0 00	158 03
000088	2 UHF RADIOS									
	12/01/1997	SL100FM	10 0	501 00	50 10	129 43	50 10	0 00	0 00	179 53
000178	CELL PHONE									
	03/29/1999	SL100FM	10 0	206 20	20 62	27 49	20 62	0 00	0 00	48 11

Asset ID	Placed in Service	Depr Meth/Conv	Life Yr Mo	Book Cost	Depreciation This Period	YEAR TO DATE				
						Beginning Accum Depr	Current Depreciation	Net Sec 179/179A	Net Additions Deletions	Ending Accum Depr
<i>Class 1700</i>										
000179	PHONES									
	04/14/1999	SL100FM	10 0	323 23	32 32	40 40	32 32	0 00	0 00	72 72
000209	PHONE SOLUTIONS									
	05/01/2000	SL100FM	10 0	1,414 72	141 47	23 58	141 47	0 00	0 00	165 05
<i>Subtotal 1700 (7)</i>				4,185 15	467 01	854 64	467 01	0 00	0 00	1,321 65
Grand Total				2,508,599 01	84,526 48	393 262 11	84 526 48	0 00	0 00	477,788 59

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 1

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
UNION PLANTERS BK NATL ASSN	51,171.	50,000.	0.	1,171.
MBNA AMERICA BK NA AMERICAN NATIONAL BANK & TRUST	51,382.	50,000.	0.	1,382.
	51,517.	50,000.	0.	1,517.
TO FORM 990, PART I, LINE 8	154,070.	150,000.	0.	4,070.

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 2

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
SPECIAL FUNDRAISING EVENTS	31,424.		31,424.		31,424.
TO FM 990, PART I, LINE 9	31,424.		31,424.		31,424.

FORM 990

INCOME AND COST OF GOODS SOLD
INCLUDED ON PART I, LINE 10

STATEMENT 3

INCOME

1. GROSS RECEIPTS	10,485	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		10,485
4. COST OF GOODS SOLD (LINE 13)	13,991	
5. GROSS PROFIT (LINE 3 LESS LINE 4)		-3,506

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR	7,915	
7. MERCHANDISE PURCHASED		
8. COST OF LABOR		
9. MATERIALS AND SUPPLIES	11,718	
10. OTHER COSTS		
11. ADD LINES 6 THROUGH 10		19,633
12. INVENTORY AT END OF YEAR	5,642	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12)		13,991

FORM 990 **OTHER CHANGES IN NET ASSETS OR FUND BALANCES** **STATEMENT** **4**

DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INVESTMENTS	-41,614.
CHANGE IN VALUE OF CHARITABLE TRUST	-16,573.
TOTAL TO FORM 990, PART I, LINE 20	-58,187.

FORM 990 **OTHER EXPENSES** **STATEMENT** **5**

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
WORKERS COMP INSURANCE	22,097.	22,097.		
LIABILITY INSURANCE	28,308.	28,308.		
VETERINARIAN	21,571.	21,571.		
DOG FOOD	9,535.	9,535.		
PUPPY EXPENSES	4,002.	4,002.		
AUTO EXPENSES	24,803.	24,803.		
CLASS EXPENSES	32,469.	32,469.		
UTILITIES	32,486.	32,486.		
ADVERTISING	3,201.	3,201.		
MISCELLANEOUS	66,188.	4,928.	36,726.	24,534.
DUES AND SUBSCRIPTIONS	2,800.		2,800.	
LICENSE AND FEES	5,744.	5,719.	25.	
AWARDS AND GIFTS	5,493.		5,493.	
BANK CHARGES	3,125.		3,125.	
AMORTIZATION OF LOAN FEES	1,452.		1,452.	
TOTAL TO FM 990, LN 43	263,274.	189,119.	49,621.	24,534.

FORM 990	NON-GOVERNMENT SECURITIES	STATEMENT	6
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DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
STOCKS & MUTUAL FUNDS			567,177.		567,177.
TO FM 990, LN 54 COL B			567,177.		567,177.

FORM 990	OTHER ASSETS	STATEMENT	7
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DESCRIPTION	AMOUNT
LOAN COSTS - NET	4,960.
CONTRIBUTIONS RECEIVABLE-CHARITABLE REMAINDER TRUSTS	245,092.
ASSETS HELD IN CHARITABLE REMAINDER TRUST	40,440.
BEQUEST RECEIVABLE	650,198.
PLEDGE RECEIVABLE	127,633.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	1,068,323.

FORM 990	OTHER LIABILITIES	STATEMENT	8
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DESCRIPTION	AMOUNT
LONG TERM DEBT	520,423.
LIABILITY UNDER CHARITABLE REMAINDER TRUST	24,458.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	544,881.

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT	9
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DESCRIPTION	AMOUNT
COST OF GOODS SOLD	13,991.
UNREALIZED LOSSES	-41,614.
TOTAL TO FORM 990, PART IV-A	-27,623.

FORM 990 OTHER EXPENSES NOT INCLUDED ON FORM 990 STATEMENT 10

DESCRIPTION	AMOUNT
COST OF GOODS SOLD	13,991.
CHANGE IN VALUE OF CRT	16,573.
TOTAL TO FORM 990, PART IV-B	30,564.

FORM 990 PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 11

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
LARRY KIDD GRAND TERRACE, CA	DIRECTOR 2	0.	0.	0.
FRANCES WHITNEY RIVERSIDE, CA	DIRECTOR 2	0.	0.	0.
DONALD ROBINSON WHITEWATER, CA	EXECUTIVE DIRECTOR 40+	61,096.	0.	0.
JANE HUTCHINGS LA QUINTA, CA	DIRECTOR 2	0.	0.	0.
PATRICIA CRAINE PALM SPRINGS, CA	DIRECTOR 2	0.	0.	0.
CARL DECKER PALM SPRINGS, CA	DIRECTOR 2	0.	0.	0.
JANET ROUSE EL CAJON, CA	DIRECTOR 2	0.	0.	0.
BRIAN VAN DUSEN YUCAIPA, CA	DIRECTOR 2	0.	0.	0.

GUIDE DOGS OF THE DESERT

23-7296531

JOESPH W. HAYDEN PALM SPRINGS, CA	DIRECTOR 2	0.	0.	0.
LINDA JANKOVIC PALM SPRINGS, CA	DIRECTOR 2	0.	0.	0.
FRANK PERSINA DESERT HOT SPRINGS, CA	DIRECTOR 2	0.	0.	0.
HELEN RUVELAS PALM SPRINGS, CA	DIRECTOR 2	0.	0.	0.
ROBYNE TAYLOR RANCHO MIRAGE, CA	DIRECTOR 2	0.	0.	0.
MAC VILLINES INDIO, CA	DIRECTOR 2	0.	0.	0.
DWIGHT WINANS HEMET, CA	DIRECTOR 2	0.	0.	0.
KAREN REYNOLDS PALM SPRINGS, CA	PRESIDENT 10	0.	0.	0.
JERRY LONDON PALM SPRINGS, CA	TREASURER 10	0.	0.	0.
STEVE FEDOR YUCAIPA, CA	SECRETARY 10	0.	0.	0.
LINDA FLORES SAN DIEGO, CA	VICE PRES. 2	0.	0.	0.
JEAN TEAGUE EL CAJON, CA	VICE PRESIDENT 2	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		<u>61,096.</u>	<u>0.</u>	<u>0.</u>