

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 SERVICES CENTER FOR INDEPENDENT LIVING		D Employer identification number 95-3536676
		Number and street (or P O box if mail is not delivered to street address) Room/suite 109 S. SPRING STREET		E Telephone number 909-621-6722
		City or town, state or country, and ZIP CLAREMONT, CA 91711		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)

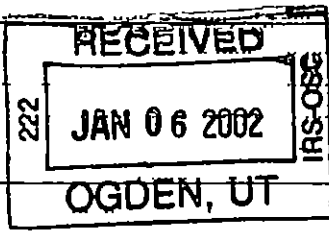
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

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

		1a		1b		1c		1d	
Revenue	1 Contributions, gifts, grants, and similar amounts received								
	a Direct public support		2,969.						
	b Indirect public support								
	c Government contributions (grants)				539,264.				
	d Total (add lines 1a through 1c) (cash \$ 542,233. noncash \$)								542,233.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)								107,162.
	3 Membership dues and assessments								
	4 Interest on savings and temporary cash investments								
	5 Dividends and interest from securities								
	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								
	(B) Other								
	8a								
	8b								
c Gain or (loss) (attach schedule)		8c							
d Net gain or (loss) (combine line 8c, columns (A) and (B))								8d	
9 Special events and activities (attach schedule)	a Gross revenue (not including \$ of contributions reported on line 1a)		9a						
	b Less direct expenses other than fundraising expenses		9b						
	c Net income or (loss) from special events (subtract line 9b from line 9a)								9c
10 a Gross sales of inventory, less returns and allowances			10a						
	b Less cost of goods sold		10b						
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)								10c
11 Other revenue (from Part VII, line 103)								714.	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)								650,109.	
Expenses	13 Program services (from line 44, column (B))								619,288.
	14 Management and general (from line 44, column (C))								31,284.
	15 Fundraising (from line 44, column (D))								
	16 Payments to affiliates (attach schedule)								
	17 Total expenses (add lines 16 and 44, column (A))								650,572.
18 Excess or (deficit) for the year (subtract line 17 from line 12)								-463.	
19 Net assets or fund balances at beginning of year (from line 73, column (A))								591,511.	
20 Other changes in net assets or fund balances (attach explanation)								0.	
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)								591,048.	



JAN 14 '02
SCANNED

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 \$ _____				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc	50,014.	37,514.	12,500.	0.
26	Other salaries and wages	250,104.	242,304.	7,800.	
27	Pension plan contributions				
28	Other employee benefits	28,380.	26,810.	1,570.	
29	Payroll taxes	23,215.	21,295.	1,920.	
30	Professional fundraising fees				
31	Accounting fees	10,504.	7,200.	3,304.	
32	Legal fees				
33	Supplies	13,913.	13,774.	139.	
34	Telephone	19,275.	18,897.	378.	
35	Postage and shipping	3,981.	3,888.	93.	
36	Occupancy	35,794.	34,935.	859.	
37	Equipment rental and maintenance				
38	Printing and publications	786.	767.	19.	
39	Travel	7,619.	7,619.		
40	Conferences, conventions, and meetings	1,612.	1,612.		
41	Interest	1,972.	1,972.		
42	Depreciation, depletion, etc (attach schedule)	36,030.	34,433.	1,597.	
43	Other expenses (itemize)				
a	_____				
b	_____				
c	_____				
d	_____				
e	SEE STATEMENT 1	167,373.	166,268.	1,105.	
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	650,572.	619,288.	31,284.	0.

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? **SERVICE TO PERSONS WITH DISABILITIES.**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts but optional for others)

a	SERVICES CENTER FOR INDEPENDENT LIVING IS DEDICATED TO SERVING PEOPLE WITH DISABILITIES. SERVICES INCLUDE ADVOCACY, HOUSING ASSISTANCE, COMMUNICATIONS, PEER COUNSELING, AND COMMUNITY OUTREACH. (Grants and allocations \$ _____)	619,288.
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)	619,288.

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	-6,711.	45	55,339.	
	46 Savings and temporary cash investments		46		
	47 a Accounts receivable	47a 67,272.			
	b Less allowance for doubtful accounts	47b	47c	67,272.	
	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		52		
	53 Prepaid expenses and deferred charges	13,436.	53	11,858.	
	54 Investments - securities ▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54		
	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 633,465.				
b Less accumulated depreciation	57b 168,901.	488,939.	57c	464,564.	
58 Other assets (describe ▶ SEE STATEMENT 2)		4,073.	58	17,899.	
59 Total assets (add lines 45 through 58) (must equal line 74)		670,310.	59	616,932.	
Liabilities	60 Accounts payable and accrued expenses	47,357.	60	25,173.	
	61 Grants payable		61		
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees	1,442.	63	711.	
	64 a Tax-exempt bond liabilities		64a		
	b Mortgages and other notes payable		64b		
	65 Other liabilities (describe ▶ LINE OF CREDIT)		30,000.	65	0.
66 Total liabilities (add lines 60 through 65)		78,799.	66	25,884.	
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	591,511.	67	591,048.	
	68 Temporarily restricted		68		
	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)		591,511.	73	591,048.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)		670,310.	74	616,932.

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

Table with columns: Question, N/A, Yes, No. Rows include questions 76-91 regarding organizational activities, financials, and governance.

91 The books are in care of CAROL LANE Telephone no 909-621-6722
Located at 109 S. SPRING ST., CLAREMONT, CA 91711 ZIP code 91711

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

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 INTERPRETING SERVICES					107,162.
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					
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					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a INSURANCE REIMBURSEMENT					714.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		0.	107,876.
105 Total (add line 104 columns (B), (D), and (E))					107,876.

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)
93A	INTERPRETING SERVICES PROVIDED ON A FEE BASIS TO ORGANIZATIONS WORKING WITH DEAF AND HARD OF HEARING INDIVIDUALS.
103A	INSURANCE REIMBURSEMENT FOR PROPERTY LOSSES.

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)

Accompanying schedules and statements and to the best of my knowledge and belief it is true, information of which preparer has any knowledge (Important: See General Instruction W)

1104-01
 Date ▶ Carol Lane, CEO
 Type or print name and title

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 Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information

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

OMB No 1545-0047

2000

Name of the organization

SERVICES CENTER FOR INDEPENDENT LIVING

Employer identification number
95 3536676

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	

LHA For Paperwork Reduction Act Notice, see page 1 of the Instructions for Form 990 and Form 990-EZ

Schedule A (Form 990 or 990-EZ) 2000

023101
12-09-00

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.		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?		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)?	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.		X
3	Does the organization make grants for scholarships, fellowships, student loans, etc.?		X
4 a	Do you have a section 403(b) annuity plan for your employees?		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**
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.)	523,404.	442,221.	870,475.	286,147.	2,122,247.
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	0.	1,647.	1,107.	1,195.	3,949.
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	640.	70.	71.	63.	844.
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.	121,081.	93,376.	53,566.	69,287.	337,310.
23 Total of lines 15 through 22	645,125.	537,314.	925,219.	356,692.	2,464,350.
24 Line 23 minus line 17	645,125.	535,667.	924,112.	355,497.	2,460,401.
25 Enter 1% of line 23	6,451.	5,373.	9,252.	3,567.	

26 Organizations described on lines 10 or 11

a Enter 2% of amount in column (e), line 24 ▶ 26a 49,208.

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 ▶ 26b 0.

c Total support for section 509(a)(1) test. Enter line 24, column (e) ▶ 26c 2,460,401.

d Add: Amounts from column (e) for lines 18 844. 19 _____
 22 337,310. 26b _____ ▶ 26d 338,154.

e Public support (line 26c minus line 26d total) ▶ 26e 2,122,247.

f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶ 26f 86.2561%

27 Organizations described on line 12

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 (1999) N/A (1998) _____ (1997) _____ (1996) _____

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 N/A
 (1999) _____ (1998) _____ (1997) _____ (1996) _____

c Add: Amounts from column (e) for lines 15 _____ 16 _____
 17 _____ 20 _____ 21 _____ ▶ 27c N/A

d Add: Line 27a total _____ and line 27b total _____ ▶ 27d N/A

e Public support (line 27c total minus line 27d total) ▶ 27e N/A

f Total support for section 509(a)(2) test. Enter amount on line 23, column (e) ▶ 27f N/A

g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶ 27g N/A %

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶ 27h N/A %

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.)

NONE

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

N/A

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

Schedule A (Form 990 or 990-EZ) 2000

FORM 990	OTHER EXPENSES			STATEMENT 1
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
ADVERTISING	3,120.	3,120.		
CONSULTANTS AND OUTSIDE SERVICES DUES AND SUBSCRIPTIONS	26,324.	26,028.	296.	
INSURANCE	7,989.	7,802.	187.	
INTERPRETER FEES	9,568.	9,365.	203.	
LICENSES AND FEES	72,203.	72,203.		
MISCELLANEOUS	1,051.	1,051.		
PROFESSIONAL FEES	2,319.	2,265.	54.	
STAFF TRAINING	2,587.	2,525.	62.	
UTILITIES	18,067.	18,067.		
REPAIRS & MAINTENANCE	10,791.	10,685.	106.	
	13,354.	13,157.	197.	
TOTAL TO FM 990, LN 43	167,373.	166,268.	1,105.	

FORM 990	OTHER ASSETS	STATEMENT 2
DESCRIPTION		AMOUNT
RENT DEPOSIT/WORKERS' COMPENSATION DEPOSIT		17,899.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B		17,899.

SCHEDULE A	OTHER INCOME				STATEMENT 3
DESCRIPTION	1999 AMOUNT	1998 AMOUNT	1997 AMOUNT	1996 AMOUNT	
INTERPRETER SERVICES	120,975.	92,516.	50,283.	68,681.	
MISC	106.	860.	3,283.	606.	
TOTAL TO SCHEDULE A, LINE 22	121,081.	93,376.	53,566.	69,287.	