

Return of Organization Exempt From Income Tax

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

2002

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2002 calendar year, or tax year beginning 2002, and ending 20

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

C Name of organization: HEART OF COMPASSION DISTRIBUTION. Number and street: 2109 DURFEE. City or town, state or country, and ZIP + 4: E-MONTE, CA 91732

D Employer identification number: 42-157 3926. E Telephone number: (862) 579-1563. F Accounting method: Cash, Accrual, Other (specify)

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

- H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? H(b) If "Yes," enter number of affiliates. H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling?

G Web site: www.heartdistribution.com

J Organization type (check only one): 501(c) () (insert no.), 4947(a)(1) or 527

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.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 17 of the instructions.)

Table with 21 rows for Revenue, Expenses, and Net Assets. Includes columns for sub-categories (1a-1c, 6a-6c, 8a-8c, 9a-9c, 10a-10c) and total amounts. Revenue total: 83,896.21. Expenses total: 69,631.18. Net Assets total: 22,365.03.

SCANNED DEC 28 2005

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2002)

NOV 1 3 2006

RCVD IN BATCHING NOV 30 2006

OGDEN

13 NE

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. (See page 21 of the instructions.)

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.				
26	Other salaries and wages				
27	Pension plan contributions				
28	Other employee benefits				
29	Payroll taxes				
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees				
33	Supplies		1,163.43		
34	Telephone			4,708.21	
35	Postage and shipping				
36	Occupancy			22,500.	
37	Equipment rental and maintenance (TRUCKS)		3,973.93		
38	Printing and publications		500.00		
39	Travel TRUCK EXPENSES		14,046.66		
40	Conferences, conventions, and meetings		8,159.40		
41	Interest				
42	Depreciation, depletion, etc. (attach schedule)				
43	Other expenses not covered above (itemize): a				
	b UTILITIES			9,862.00	
	c STORAGE		2,810.00		
	d OFFICE EXPENSES			3,440.03	
	e Web Page AND Hosting				1,824.31
44	Total functional expenses (add lines 22 through 43. Organizations completing columns (B)-(D), carry these totals to lines 13-15.)	109,631.18	30,736.76	37,070.11	1,824.31

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (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 (See page 24 of the instructions.)

What is the organization's primary exempt purpose? **FOOD BANK DISTRIBUTION**

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	Community Outreach; On location South El Monte Azusa, Whittier				30,736.76
	(Grants and allocations \$ _____)				
b	Food Bank Distribution, Food Pick from Suppliers AND Contribution to Warehouse Inventory Weekly food distribution from 2109 Durfee, El Monte Ctn				37,070.11
	(Grants and allocations \$ _____)				
c					
	(Grants and allocations \$ _____)				
d	Web Page AND Web Hosting, DSL				1,824.31
	(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)				109,631.18

Part IV Balance Sheets (See page 24 of the instructions.)

		(A) Beginning of year	(B) End of year
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.			
Assets	45 Cash—non-interest-bearing	8,096.62	22,361.65
	46 Savings and temporary cash investments		
	47a Accounts receivable		
	b Less: allowance for doubtful accounts		
	48a Pledges receivable		
	b Less: allowance for doubtful accounts		
	49 Grants receivable		
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		
	51a Other notes and loans receivable (attach schedule).		
	b Less: allowance for doubtful accounts		
	52 Inventories for sale or use		
	53 Prepaid expenses and deferred charges		
	54 Investments—securities (attach schedule).	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	
	55a Investments—land, buildings, and equipment: basis TRUCK & FORKLIFT.		
	b Less: accumulated depreciation (attach schedule).	10,000.	10,000.
	56 Investments—other (attach schedule)		
	57a Land, buildings, and equipment: basis		
	b Less: accumulated depreciation (attach schedule).		
	58 Other assets (describe ▶)		
59 Total assets (add lines 45 through 58) (must equal line 74)	18,096.62	32,361.65	
Liabilities	60 Accounts payable and accrued expenses		
	61 Grants payable		
	62 Deferred revenue		
	63 Loans from officers, directors, trustees, and key employees (attach schedule).		
	64a Tax-exempt bond liabilities (attach schedule)		
	b Mortgages and other notes payable (attach schedule)		
	65 Other liabilities (describe ▶ LEASE - 24 mo) 2109 DURFEE Rd, EL MONTE, CA OFFICE WAREHOUSE.	108,000	72,000.
66 Total liabilities (add lines 60 through 65)			
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted		
	68 Temporarily restricted		
	69 Permanently restricted		
	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		
	71 Paid-in or capital surplus, or land, building, and equipment fund		
	72 Retained earnings, endowment, accumulated income, or other funds		
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21).			
74 Total liabilities and net assets / fund balances (add lines 66 and 73)			

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 (See page 27 of the instructions.)

		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		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.		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
78b	b If "Yes," has it filed a tax return on Form 990-T for this year?		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80a	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?		X
80a	b If "Yes," enter the name of the organization and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81a	Enter direct or indirect political expenditures. See line 81 instructions		
81b	b Did the organization file Form 1120-POL for this year?		X
82a	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?	X	
82a	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 in Part III.)		
82a			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?		X
83b	b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		X
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84a	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
84a			
85a	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
85b	b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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.		
85c	c Dues, assessments, and similar amounts from members		
85d	d Section 162(e) lobbying and political expenditures		
85e	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85f	f Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85g	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
85h	h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
86a	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12		
86b	b Gross receipts, included on line 12, for public use of club facilities		
87a	501(c)(12) orgs. Enter: a Gross income from members or shareholders		
87b	b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
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		X
89a	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>		
89b	b 501(c)(3) and 501(c)(4) orgs. 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.		X
89c	c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
89d	d Enter: Amount of tax on line 89c, above, reimbursed by the organization		
90a	List the states with which a copy of this return is filed		
90a			
90b	b Number of employees employed in the pay period that includes March 12, 2002 (See instructions.)		
91	The books are in care of <u>Penny Sheldon</u> Telephone no. <u>(424) 579-1563</u> Located at <u>2109 Duffee Rd, El Monte, CA</u> ZIP + 4 <u>91732</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 <u>92</u>		

Part VII Analysis of Income-Producing Activities (See page 31 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) 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					
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 _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))					
105 Total (add line 104, columns (B), (D), and (E))					

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 (See page 32 of the instructions.)

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

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 of the instructions.)

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

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 33 of the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
 - (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No
- Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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

Please Sign Here

Signature of officer: Penny Sheldon Date: 10/8/03 President

Type or print name and title: Penny Sheldon, TREASURER

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed

Firm's name (or yours if self-employed), address, and ZIP + 4: _____ Preparer's SSN or PTIN (See Gen. Inst. W): _____

EIN: _____ Phone no.: _____

HEART OF COMPASSION

BALANCE SHEET
JULY 2002

INCOME:

Beginning Cash			8096.62
Donations:			
Cash	5074.30		
Goods	<u>0.00</u>		
			5074.30
TOTAL			<u><u>13170.92</u></u>

EXPENSES:

Rent			1500.00
Storage			200.00
Phone			259.61
Utilities			
Truck:			
Insurance			
Gas	295.60		
Repairs	1246.74		
DMV			
Misc.	<u>744.77</u>		
			2287.11
Office			
Supplies	63.28		
Misc.	110.76		
Bank	<u>25.00</u>		
			199.04
Contributions			0.00
Total Expenses			<u>4445.76</u>
Ending Cash			8725.16
			<u><u>13170.92</u></u>

HEART OF COMPASSION

BALANCE SHEET
AUGUST 2002

INCOME:

Beginning Cash		8725.16
Donations:		
Cash	8999.96	
Goods	<u>0.00</u>	
		8999.96
Total		<u><u>17725.12</u></u>

EXPENSES:

Rent		1500.00
Storage		435.00
Phone		403.06
Utilities		3602.12
Truck:		
Insurance	362.92	
Gas	301.96	
Repairs	574.00	
DMV	553.00	
Misc.	<u>0.00</u>	
		1791.88
Office		
Supplies	0.00	
Misc.	311.75	
Bank	<u>40.00</u>	
		351.75
Contributions		400.00
Total Expenses		<u>8483.81</u>
Ending Cash		9241.31
		<u><u>17725.12</u></u>

HEART OF COMPASSION

BALANCE SHEET
SEPTEMBER 2002

INCOME:

Beginning Cash		9241.31
Donations:		
Cash	7880.38	
Goods	<u> </u>	
		7880.38
TOTAL		<u><u>17121.69</u></u>

EXPENSES:

Rent		1500.00
Storage		225.00
Phone		306.59
Utilities		1203.84
Truck:		
Insurance	1035.67	
Gas	311.72	
Repairs	200.00	
DMV	0.00	
Misc.	<u>0.00</u>	
		1547.39
Office		
Supplies	19.25	
Misc.	39.95	
Bank	<u>0.00</u>	
		59.20
Contributions		<u>989.70</u>
Total Expenses		5831.72
Ending Cash		11289.97
		<u><u>17121.69</u></u>

HEART OF COMPASSION

BALANCE SHEET
OCTOBER 2002

INCOME:

Beginning Cash			11289.97
Donations:			
Cash	6657.40		
Goods	<u>0.00</u>		
		6657.40	
TOTAL			<u><u>17947.37</u></u>

EXPENSES:

Rent		1500.00	
Storage		210.00	
Phone		332.22	
Utilities		909.32	
Truck:			
Insurance	613.58		
Gas	357.40		
Repairs	794.00		
DMV	0.00		
Misc.	<u>40.00</u>		
		1804.98	
Office			
Supplies	0.00		
Misc.	0.00		
Bank	<u>28.25</u>		
		28.25	
Contributions		700.00	
Total Expenses			<u><u>5484.77</u></u>
Ending Cash			12462.60
			<u><u>17947.37</u></u>

HEART OF COMPASSION

BALANCE SHEET
NOVEMBER 2002

INCOME:

Beginning Cash		12462.60
Donations:		
Cash	9455.50	
Goods	<u>0.00</u>	
		9455.50
TOTAL		<u><u>21918.10</u></u>

EXPENSES:

Rent		2000.00
Storage		225.00
Phone		0.00
Utilities		647.24
Truck:		
Insurance	500.00	
Gas	508.33	
Repairs	396.00	
DMV	0.00	
Misc.	<u>124.45</u>	
		1528.78
Office		
Supplies	19.47	
Equipment	267.04	
Misc.	123.25	
Bank	<u>115.00</u>	
		524.76
Contributions		0.00
Total Expenses		<u>4925.78</u>
Ending Cash		16992.32
		<u><u>21918.10</u></u>

HEART OF COMPASSION

BALANCE SHEET
DECEMBER 2002

INCOME:

Beginning Cash		16992.32
Donations:		
Cash	3052.50	
Goods	<u>0.00</u>	
		3052.50
TOTAL		<u><u>20044.82</u></u>

EXPENSES:

Rent		2000.00
Storage		225.00
Phone		288.15
Utilities		582.54
Truck:		
Insurance	398.20	
Gas	387.00	
Repairs	425.15	
DMV	0.00	
Misc.	<u>0.00</u>	
		1210.35
Office		
Supplies	126.95	
Equipment	0.00	
Misc.	0.00	
Bank	<u>45.00</u>	
		171.95
Contributions		0.00
Total Expenses		<u>4477.99</u>
Ending Cash		15566.83
		<u><u>20044.82</u></u>

HEART OF COMPASSION

BALANCE SHEET
JANUARY 2003

INCOME:

Beginning Cash		15566.83
Donations:		
Cash	7857.89	
Goods	<u>0.00</u>	
		7857.89
TOTAL		<u><u>23424.72</u></u>

EXPENSES:

Rent		2000.00
Storage		420.00
Phone		534.12
Utilities		545.12
Truck:		
Insurance	390.79	
Gas	437.89	
Repairs	0.00	
DMV	309.00	
Misc.	<u> </u>	
		1137.68
Office		
Supplies	106.66	
Equipment	0.00	
Misc.	45.00	
Bank	<u>90.00</u>	
		241.66
Contributions		0.00
Total Expenses		<u><u>4878.58</u></u>
Ending Cash		18546.14
		<u><u>23424.72</u></u>

HEART OF COMPASSION

BALANCE SHEET
FEBRUARY 2003

INCOME:

Beginning Cash 18546.14

Donations:

Cash 6568.80
Goods 0.00

6568.80

TOTAL

25114.94

EXPENSES:

Rent 2000.00
Storage 0.00
Phone 281.73
Utilities 636.77
Truck: 2918.50

Insurance 81.46
Gas 544.08
Repairs 138.04
DMV 0.00
Misc. 0.00

763.58

Office

Supplies 5.00
Equipment 719.07
Misc. 155.94
Bank 40.00

920.01

Contributions

300.00

Total Expenses

4902.09

Ending Cash

acct #
Acct #153482097727

10212.85

10000.00

25114.94

HEART OF COMPASSION

BALANCE SHEET
MARCH 2003

INCOME:

Beginning Cash	acct #		10212.85
	acct #153482097727		10000.00
Donations:			
	Cash	5006.78	
	Goods	<u>0.00</u>	
			5006.78
TOTAL			<u><u>25219.63</u></u>

EXPENSES:

Rent		2000.00	
Storage		210.00	
Phone		359.11	
Utilities			
Truck:			
	Insurance	1118.66	
	Gas	559.78	
	Repairs	200.00	
	DMV	0.00	
	Misc.	<u> </u>	
			1878.44
Office			
	Supplies	37.00	
	Equipment	0.00	
	Misc.	125.00	
	Bank	<u>50.00</u>	
			212.00
Contributions:			767.50
Total Expenses			<u><u>5427.05</u></u>
Ending Cash	acct #		6809.54
	acct #153482097727		12983.04
			<u><u>25219.63</u></u>

HEART OF COMPASSION

BALANCE SHEET
APRIL 2003

INCOME:

Beginning Cash	acct #		6809.54
	acct #153482097727		12983.04
Donations:			
	Cash	6397.09	
	Goods	<u>0.00</u>	
			6397.09
TOTAL			<u><u>26189.67</u></u>

EXPENSES:

Rent		2000.00	
Storage		225.00	
Phone		748.03	
Utilities		1144.24	
Truck:			
	Insurance	469.86	
	Gas	193.28	
	Repairs	0.00	
	DMV	0.00	
	Misc.	<u> </u>	
			663.14
Office			
	Supplies	53.53	
	Equipment	0.00	
	Misc.	67.10	
	Bank	0.00	
	Warehouse	<u>1810.90</u>	
			1931.53
Contributions			650.00
Total Expenses			<u><u>7361.94</u></u>
Ending Cash	acct #		3020.49
	acct #153482097727		15807.24
			<u><u>26189.67</u></u>

HEART OF COMPASSION

BALANCE SHEET
MAY 2003

INCOME:

Beginning Cash	acct #1-534-9092-8105	3020.49
	acct #1-534-8209-7727	15807.24

Donations:

Cash	9680.82	
Goods	<u>0.00</u>	
		9680.82

TOTAL

28508.55

EXPENSES:

Rent		1500.00	
Storage		225.00	
Phone		600.43	
Utilities		520.82	
Truck:			2846.25

Insurance	349.52	
Gas	709.64	
Repairs	0.00	
DMV	488.00	
Misc.	<u>100.00</u>	
		1647.16

Office

Supplies	614.32	
Equipment	0.00	
Misc.	358.77	
Bank	<u>255.52</u>	
		1228.61

Contributions

735.00

Total Expenses

6457.02

Ending Cash	acct #	2279.03
	acct #153482097727	19772.50

28508.55

HEART OF COMPASSION

BALANCE SHEET
JUNE 2003

INCOME:

Beginning Cash	acct #1-534-9092-8105	2279.03
	acct #1-534-8209-7727	19772.50
Donations:		
	Cash	7264.79
	Goods	<u>0.00</u>
		7264.79
TOTAL		<u>29316.32</u>

EXPENSES:

Rent		3000.00
Storage		210.00
Phone		595.16
Utilities		69.99
Truck:		
	Insurance	460.46
	Gas	677.64
	Repairs	0.00
	DMV	507.00
	Misc.	<u>135.00</u>
		1780.10
Office		
	Supplies	117.96
	Equipment	0.00
	Misc.	486.79
	Bank	<u>-45.75</u>
		559.00
Contributions		740.42
Total Expenses		<u>6954.67</u>
Ending Cash	acct #1-534-9092-8105	2279.03
	acct #1-534-8209-7727	20082.62
		<u>29316.32</u>

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

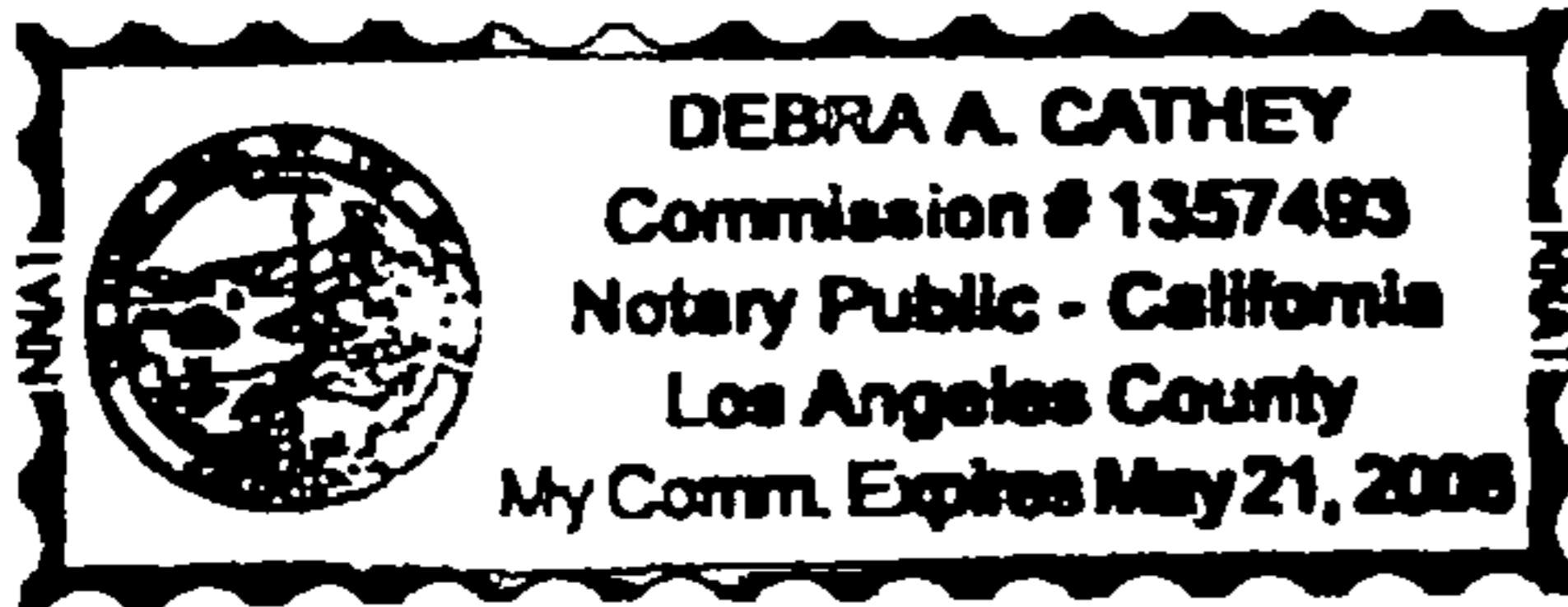
State of California }
County of LOS ANGELES } ss.

On Oct 9, 2003 before me, DEBRA A. CATHEY, Notary
Date Name and Title of Officer (e.g., "Jane Doe, Notary Public")

personally appeared PENNY J. SHELDON
Name(s) of Signer(s)

- personally known to me
- proved to me on the basis of satisfactory evidence

to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



WITNESS my hand and official seal.

Debra A. Cathey
Signature of Notary Public

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: Balance sheet Summary July 2002 - Aug 2003

Document Date Oct 9, 2003 Number of Pages: 13

Signer(s) Other Than Named Above: NO OTHER SIGNERS

Capacity(ies) Claimed by Signer

Signer's Name: PENNY J. SHELDON

- Individual
- Corporate Officer — Title(s): _____
- Partner — Limited General
- Attorney-in-Fact
- Trustee
- Guardian or Conservator
- Other: _____

Signer Is Representing _____

