

Form 990

OMB No 1545-0047

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)

2003

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A For the 2003 calendar year, or tax year beginning, and ending

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: LA CASA NORTE (FORMERLY ALTERNATIVE HOUSE)
Number and street (or P O box if mail is not delivered to street address): 825 GREEN BAY ROAD
Room/suite: 100
City or town, state or country, and ZIP + 4: WILMETTE IL 60091

D Employer ID number: 36-4041525
E Telephone number: 847-251-2010
F Accounting method: [X] 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? [] Yes [X] No
H(b) If "Yes," enter number of affiliates
H(c) Are all affiliates included? [] Yes [] No
H(d) Is this a separate return filed by an organization covered by a group ruling? [] Yes [] No
I Group Exemption Number
M Check [] if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

G Website: N/A

J Organization type (check only one) [X] 501(c)(3) (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 12 229,967

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

Table with 21 rows and multiple columns for revenue and expenses. Includes sub-rows for 1a-c, 6a-b, 8a-c, 9a-b, 10a-b. Total revenue 206,585; Total expenses 184,819; Net assets at end of year 83,996.

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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. (See page 22 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) Stmnt 4 (cash \$ <u>100</u> non-cash \$ _____)	22 100	100		
23	Specific assistance to individuals	23			
24	Benefits paid to or for members	24			
25	Compensation of officers, directors, etc	25			
26	Other salaries and wages	26 108,475	80,874	27,601	
27	Pension plan contributions	27			
28	Other employee benefits	28			
29	Payroll taxes	29 8,804	6,565	2,239	
30	Professional fundraising fees	30			
31	Accounting fees	31 10,923	7,100	3,823	
32	Legal fees	32			
33	Supplies	33 4,811	3,849	962	
34	Telephone	34 3,990	2,993	997	
35	Postage and shipping	35 1,294	647	647	
36	Occupancy	36			
37	Equipment rental and maintenance	37			
38	Printing and publications	38			
39	Travel	39 161	161		
40	Conferences, conventions, and meetings	40			
41	Interest	41			
42	Depreciation, depletion, etc. (attach schedule)	42			
43	Other expenses not covered above (itemize): a b See Statement 5 c d e	43a 43b 46,261 43c 43d 43e	 36,920 	 3,887 	 5,454
44	Total functional expenses (add lines 22 - 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 184,819	139,209	40,156	5,454

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 25 of the instructions.)

What is the organization's primary exempt purpose?

See Statement 6

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) & (4) orgs. & 4947(a)(1) trusts, but optional for others.)

a TO RENDER SOCIAL SERVICES

(Grants and allocations \$ _____) **139,109**

b CONTRIBUTIONS TO COMMUNITY ORGANIZATIONS

(Grants and allocations \$ 100) **100**

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)

139,209

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Part IV Balance Sheets (See page 25 of the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.		(A)		(B)	
		Beginning of year		End of year	
45	Cash-non-interest-bearing	11,383	45	74,346	
46	Savings and temporary cash investments		46		
47a	Accounts receivable	13,722			
b	Less allowance for doubtful accounts		47c	13,722	
48a	Pledges receivable				
b	Less allowance for doubtful accounts		48c		
49	Grants receivable		49		
50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50		
51a	Other notes and loans receivable (attach schedule)				
b	Less allowance for doubtful accounts		51c		
52	Inventories for sale or use		52		
53	Prepaid expenses and deferred charges	310	53		
54	Investments-securities See Stmt 7 <input type="checkbox"/> Cost <input type="checkbox"/> FMV	18,296	54	6,183	
55a	Investments-land, buildings, and equipment basis	198,788			
b	Less accumulated depreciation (attach schedule)	20,591	55c	178,197	
56	Investments-other (attach schedule)		56		
57a	Land, buildings, and equipment basis				
b	Less accumulated depreciation (attach schedule)		57c		
58	Other assets (describe)		58		
59	Total assets (add lines 45 through 58) (must equal line 74)	210,788	59	272,448	
60	Accounts payable and accrued expenses	2,974	60	8,209	
61	Grants payable		61		
62	Deferred revenue		62		
63	Loans from officers, directors, trustees, and key employees (attach schedule)		63		
64a	Tax-exempt bond liabilities (attach schedule)		64a		
b	Mortgages and other notes payable (attach schedule)		64b		
65	Other liabilities (describe See Stmt 8)	162,308	65	180,243	
66	Total liabilities (add lines 60 through 65)	165,282	66	188,452	
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
67	Unrestricted	40,126	67	31,593	
68	Temporarily restricted	5,380	68	52,403	
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, column (B) must equal line 21)	45,506	73	83,996	
74	Total liabilities and net assets / fund balances (add lines 66 and 73)	210,788	74	272,448	

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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 IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 27 of the instructions.)	Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
<p>a Total revenue, gains, and other support per audited financial statements ▶ a 228,682</p> <p>b Amounts included on line a but not on line 12, Form 990:</p> <p>(1) Net unrealized gains on investments \$ 2,082</p> <p>(2) Donated services and use of facilities \$</p> <p>(3) Recoveries of prior year grants \$</p> <p>(4) Other (specify): See Stmt 9 \$ 20,015</p> <p>Add amounts on lines (1) through (4) ▶ b 22,097</p> <p>c Line a minus line b ▶ c 206,585</p> <p>d Amounts included on line 12, Form 990 but not on line a:</p> <p>(1) Investment expenses not included on line 6b, Form 990 \$</p> <p>(2) Other (specify): \$</p> <p>Add amounts on lines (1) and (2) ▶ d</p> <p>e Total revenue per line 12, Form 990 (line c plus line d) ▶ e 206,585</p>	<p>a Total expenses and losses per audited financial statements ▶ a 204,834</p> <p>b Amounts included on line a but not on line 17, Form 990:</p> <p>(1) Donated services and use of facilities \$</p> <p>(2) Prior year adjustments reported on line 20, Form 990 \$</p> <p>(3) Losses reported on line 20, Form 990 \$</p> <p>(4) Other (specify): See Stmt 10 \$ 20,015</p> <p>Add amounts on lines (1) through (4) ▶ b 20,015</p> <p>c Line a minus line b ▶ c 184,819</p> <p>d Amounts included on line 17, Form 990 but not on line a:</p> <p>(1) Investment expenses not included on line 6b, Form 990 \$</p> <p>(2) Other (specify): \$</p> <p>Add amounts on lines (1) and (2) ▶ d</p> <p>e Total expenses per line 17, Form 990 (line c plus line d) ▶ e 184,819</p>

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see page 27 of the instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contrib to employee benefit plans & deferred compensation	(E) Expense account and other allowances
MARTHA PIERCE CHICAGO IL 60647	PRESIDENT	0	0	0
RUSS BECK CHICAGO IL 60647	VICE PRESIDE	0	0	0
A. ROBERT TAYLOR WILMETTE IL 60091	TREASURER	0	0	0
SOL FLORES CHICAGO IL 60647	EXECUTIVE DI	45,883	0	0

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75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ▶ Yes No
 If "Yes," attach schedule-see page 28 of the instructions

Part VI Other Information (See page 28 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	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
78a	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?	78b	X
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	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?	80a	X
b	If "Yes," enter the name of the organization <input type="checkbox"/> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a	Enter direct and indirect political expenditures See line 81 instructions	81a	2
b	Did the organization file Form 1120-POL for this year?	81b	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?	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 in Part III)	82b	
83a	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
84a	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?	84b	N/A
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	N/A
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.	85b	N/A
c	Dues, assessments, and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
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?	85h	N/A
86	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12	86a	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs. Enter a Gross income from members or shareholders	87a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	
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
89a	501(c)(3) organizations Enter. Amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> 0 ; section 4912 <input type="checkbox"/> 0 , section 4955 <input type="checkbox"/> 0		
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	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
90a	List the states with which a copy of this return is filed <input type="checkbox"/> IL		
b	Number of employees employed in the pay period that includes March 12, 2003 (See instructions)	90b	3
91	The books are in care of <input type="checkbox"/> A. ROBERT TAYLOR Located at <input type="checkbox"/> WILMETTE, IL		
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 <input type="checkbox"/>	92	

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Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

	Unrelated business income		Excluded by sec 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
Note: Enter gross amounts unless otherwise indicated.					
93 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					59,240
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	180	
97 Net rental income or (loss) from real estate:					
a debt-financed property	531110	-6,840			
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			1	-1,331	
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))		-6,840		-1,151	59,240
105 Total (add line 104, columns (B), (D), and (E))					51,249

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 34 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)
93g	TO RENDER SOCIAL SERVICES TO DCFS CLIENTS.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

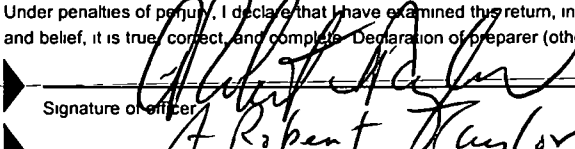
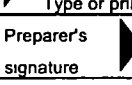
(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

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Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 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)

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	 Signature of officer _____ Date 10/29/04 Type or print name and title: Robert Taylor - CPA, Treas.			
Paid Preparer's Use Only	Preparer's signature 	Date 10/29/04	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen Instr W) P00160570
	Firm's name (or yours if self-employed), address, and ZIP + 4 R. Robert Taylor & Company, LLC 825 Green Bay Road, Suite 100 Wilmette, IL 60091	EIN 61-1434350	Phone no 847-251-2010	

SCHEDULE A
(Form 990 or 990-EZ)

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-(See separate instructions.)

OMB No 1545-0047

2003

Department of the Treasury
Internal Revenue Service

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

Name of the organization

LA CASA NORTE (FORMERLY ALTERNATIVE HOUSE)

Employer identification number

36-4041525

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

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

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$ 50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶		

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

Schedule A (Form 990 or 990-EZ) 2003

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

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
a	Sale, exchange, or leasing of property?	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 expiration if more than \$1,000)?	2d	X
e	Transfer of any part of its income or assets?	2e	X
3a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)	3a	X
3b	Do you have a section 403(b) annuity plan for your employees?	3b	X
4	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4	X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 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.)
- 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
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- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28)	105,033	104,220	14,709		223,962
16 Membership fees received					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					0
18 Gross income from interest, dividends, amounts received from payment 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	567	742			1,309
19 Net income from unrelated business activities not included in line 18	-16,719	-10,518	-1,244		-28,481
20 Tax revenues levied for the organization's benefits and either paid to it or expended on its behalf					0
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.					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					0
23 Total of lines 15 through 22	88,881	94,444	13,465		196,790
24 Line 23 minus line 17	88,881	94,444	13,465		196,790
25 Enter 1% of line 23	889	944	135		

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	26a	3,936
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	26b	
c Total support for section 509(a)(1) test. Enter line 24, column (e)	26c	196,790
d Add Amounts from column (e) for lines: 18 <u>1,309</u> 19 <u>-28,481</u> 22 _____ 26b _____	26d	-27,172
e Public support (line 26c minus line 26d total)	26e	223,962
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f	113.8076%

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

(2002)	(2001)	(2000)	(1999)
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year. N/A	(2002)	(2001)	(2000)
c Add Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____	27c		
d Add Line 27a total _____ and line 27b total _____	27d		
e Public support (line 27c total minus line 27d total)	27e		
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)	27f		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g		%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h		%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

Part V Private School Questionnaire (See page 7 of the instructions.)
(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.)			
32 Does the organization maintain the following			
a Records indicating the racial composition of the student body, faculty, and administrative staff?			
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?			
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?			
d Copies of all material used by the organization or on its behalf to solicit contributions?			
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
33 Does the organization discriminate by race in any way with respect to:			
a Students' rights or privileges?			
b Admissions policies?			
c Employment of faculty or administrative staff?			
d Scholarships or other financial assistance?			
e Educational policies?			
f Use of facilities?			
g Athletic programs?			
h Other extracurricular activities?			
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34a 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			

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Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768) **N/A**

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

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount Enter the amount from the following table-		
If the amount on line 40 is-		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
The lobbying nontaxable amount is-		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000		
\$225,000 plus 5% of the excess over \$1,500,000		
\$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 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions.) **N/A**

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- 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.)

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

Yes	No	Amount

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Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

2003

Attachment
Sequence No **67**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return **LA CASA NORTE (FORMERLY ALTERNATIVE HOUSE)** Identifying number **36-4041525**

Business or activity to which this form relates
BUILDING

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See page 2 of the instructions for a higher limit for certain businesses	1	100,000
2	Total cost of section 179 property placed in service (see page 2 of the instructions)	2	3,993
3	Threshold cost of section 179 property before reduction in limitation	3	400,000
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see page 2 of the instructions	5	100,000

(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6 refrigerator	397	397
7 Listed property Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7		397
9 Tentative deduction Enter the smaller of line 5 or line 8		397
10 Carryover of disallowed deduction from line 13 of your 2002 Form 4562		
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)		0
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11		0
13 Carryover of disallowed deduction to 2004. Add lines 9 and 10, less line 12	13	397

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special depreciation allowance for qualified prop (other than listed prop) placed in service during the tax year (see pg 3 of the instr)	14	1,079
15	Property subject to section 168(f)(1) election (see page 4 of the instructions)	15	
16	Other depreciation (including ACRS) (see page 4 of the instructions)	16	4,313

Part III MACRS Depreciation (Do not include listed property.) (See page 4 of the instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2003	17	304
18	If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B-Assets Placed in Service During 2003 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		2,518	5.0	HY	200DB	504
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs	MM	S/L	
			39 yrs	MM	S/L	
				MM	S/L	

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Section C-Assets Placed in Service During 2003 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs		S/L	
c	40-year		40 yrs	MM	S/L	

Part IV Summary (see page 6 of the instructions)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations-see instr	22	6,200
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2003)

LA CASA NORTE (FORMERLY ALTERNATIVE 36-4041525)

Form 4562 (2003)

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C, if applicable.

Section A-Depreciation and Other Information (Caution: See page 7 of the instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed?					Yes	No	24b If "Yes," is the evidence written?				Yes	No
(a) Type of prop (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost				
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see page 6 of the instructions)										25		
26 Property used more than 50% in a qualified business use (see page 6 of the instructions).												
		%										
		%										
27 Property used 50% or less in a qualified business use (see page 6 of the instructions):												
		%				S/L-						
		%				S/L-						
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1										28		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1											29	

Section B-Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year (do not include commuting miles- see page 2 of the instructions)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C-Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see page 8 of the instructions)

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See page 8 of the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See page 9 of the instructions.)		

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Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year	
42 Amortization of costs that begins during your 2003 tax year (see page 9 of the instructions).						
43 Amortization of costs that began before your 2003 tax year					43	0
44 Total. Add amounts in column (f). See page 9 of the instructions for where to report					44	

36-4041525

Federal Statements

FYE: 12/31/2003

Statement 1 - Form 990, Part I, Line 6b - Rental Expenses

<u>Description</u>	<u>Deduction</u>
BUILDING	
Interest	9,695
Repairs	243
Taxes	2,149
Depreciation	6,597
Total	<u>18,684</u>

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Statement 2 - Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Securities

Desc	How Rec'd	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Deprec	Gain/ -Loss
ABBOTT LABORATORIES	Purchase		12/05/00	4/14/03	\$ 3,367	\$ 4,698	\$	\$ -1,331
Total					\$ 3,367	\$ 4,698	\$ 0	\$ -1,331

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Federal Statements**Statement 3 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances**

<u>Description</u>	<u>Amount</u>
Net unrealized gains on investments	\$ 2,082
CHANGE IN ACCOUNTING METHOD CASH TO ACCRUAL	<u>14,642</u>
Total	<u>\$ 16,724</u>

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CNI LA CASA NORTE (FORMERLY ALTERNATIVE

36-4041525

FYE: 12/31/2003

Federal Statements

10/29/2004 11:26 AM

Statement 4 - Form 990, Part II, Line 22 - Grants, Allocations and Contributions

Donee's Name	Donee's Address	City	St	Zip	Class of Activity / Description	Cash Contribution	Noncash Contribution
FIRST CONGREGATIONAL CHURCH						\$ 100	\$ 0
Total						<u>\$ 100</u>	<u>\$ 0</u>

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Federal Statements

Statement 5 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund-Raising
	\$	\$	\$	\$
Expenses				
ADMINISTRATIVE OPERATING	545		545	
ADVERTISING & PROMOTION	115			115
AUTO EXPENSE	104		52	52
BANK SERVICE CHARGES	34		34	
COMPUTER EXPENSE	395	297	98	
CSH PHASE II EXPENDITURES	2,500	2,500		
CSH GRANT EXPENSE	1,400	1,400		
DUES & SUBSCRIPTIONS	837	627	105	105
EQUIPMENT COSTS	1,113	835		278
FUNDRAISING	2,434			2,434
INSURANCE	6,778	5,516	1,262	
LICENSES & PERMITS	5		5	
MARKETING	234	117	117	
MISCELLANEOUS	754		754	
OUTSIDE SERVICES	12,348	9,878		2,470
RESTRICTED GIFTS EXPENSE	7,621	7,621		
TRAINING & SEMINARS	872	654	218	
UTILITIES	2,789	2,092	697	
REHAB	90	90		
IN KIND CONTRIBUTIONS	5,293	5,293		
Total	<u>\$ 46,261</u>	<u>\$ 36,920</u>	<u>\$ 3,887</u>	<u>\$ 5,454</u>

Statement 6 - Form 990, Part III - Organization's Primary Exempt Purpose

THE GOAL OF CASA NORTE IS THAT RESIDENTS BECOME PRODUCTIVE, CARING, SELF-RELIANT, AND RESPONSIBLE ADULTS. CASA NORTE, WILL PROVIDE ROOM, BOARD, SECURITY, AND COMMUNITY FOR YOUNG MEN BETWEEN THE AGES OF 18-22 WHO ARE HOMELESS, ABANDONED, OR LIVING IN DIFFICULT AND DYSFUNCTIONAL SITUATIONS.

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36-4041525

Federal Statements

FYE: 12/31/2003

Statement 7 - Form 990, Part IV, Line 54 - Investments in Securities

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>	<u>Basis of Valuation</u>
Corporate Stock	18,296	6,183	
	<u>18,296</u>	<u>6,183</u>	

Statement 8 - Form 990, Part IV, Line 65 - Other Liabilities

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
SECURITY DEPOSIT	\$ 3,859	\$
LOAN PAYABLE-BUILDING	127,500	127,500
LOAN PAYABLE-DECKER	30,949	29,156
LOAN PAYABLE -CSH		23,587
Total	<u>\$ 162,308</u>	<u>\$ 180,243</u>

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Federal Statements

Statement 9 - Form 990, Part IV-A - Other Revenue Included on Financial Statements

Description	Amount
RENTAL EXPENSES	\$ 18,684
REALIZED LOSS ON INVESTMENTS	1,331
Total	\$ <u>20,015</u>

Statement 10 - Form 990, Part IV-B - Other Expenses Included on Financial Statements

Description	Amount
REALIZED LOSS ON INVESTMENTS	\$ 1,331
RENTAL EXPENSES	18,684
Total	\$ <u>20,015</u>

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36-4041525

Federal Asset Report

FYE: 12/31/2003 Mth: 12/31/2003

BUILDING

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Sec 168(k)	Basis for Depr	PerConv Meth	Prior	Current
Section 179 Expense:										
7	refrigerator	7/07/03	397		X	X	N/A	7 HY 200DB	0	397
			<u>397</u>				<u>N/A</u>		<u>0</u>	<u>397</u>
5-year GDS Property:										
6	Dell Dimension Computer	5/03/03	3,597			X	2,518	5 HY 200DB	0	1,583
			<u>3,597</u>				<u>2,518</u>		<u>0</u>	<u>1,583</u>
7-year GDS Property:										
7	refrigerator	7/07/03	N/A*		X	X	0	7 HY 200DB	0	0
			<u>0</u>				<u>0</u>		<u>0</u>	<u>0</u>
Prior MACRS:										
3	COMPUTER	2/01/00	1,200				1,200	5 HY 200DB	854	139
4	FAX	4/30/00	400				400	5 HY 200DB	285	46
5	Digital Sign	6/27/02	695			X	486	7 HY 200DB	278	119
			<u>2,295</u>				<u>2,086</u>		<u>1,417</u>	<u>304</u>
Other Depreciation:										
1	LAND	1/31/00	20,000				20,000	0 -- Land	0	0
2	BUILDING	2/01/00	172,500				172,500	40 MO S/L	12,578	4,313
	Total Other Depreciation		<u>192,500</u>				<u>192,500</u>		<u>12,578</u>	<u>4,313</u>
	Total ACRS and Other Depreciation		<u>192,500</u>				<u>192,500</u>		<u>12,578</u>	<u>4,313</u>
	Grand Totals		198,789				197,104		13,995	6,597
	Less: Dispositions		<u>0</u>				<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>198,789</u>				<u>197,104</u>		<u>13,995</u>	<u>6,597</u>

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*Because this asset has 179 expense, its cost has been included in the Section 179 Property cost total

36-4041525

IL Asset Report

FYE: 12/31/2003 Mth: 12/31/2003

BUILDING

Asset	Description	Date In Service	Cost	Basis for Depr	IL Prior	IL Current	Federal Current	Difference Fed - IL
Section 179 Expense:								
7	refrigerator	7/07/03	397	N/A	0	397	397	0
			<u>397</u>	<u>N/A</u>	<u>0</u>	<u>397</u>	<u>397</u>	<u>0</u>
5-year GDS Property:								
6	Dell Dimension Computer	5/03/03	3,597	2,518	0	1,583	1,583	0
			<u>3,597</u>	<u>2,518</u>	<u>0</u>	<u>1,583</u>	<u>1,583</u>	<u>0</u>
7-year GDS Property:								
7	refrigerator	7/07/03	N/A*	0	0	0	0	0
			<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Prior MACRS:								
3	COMPUTER	2/01/00	1,200	1,200	854	139	139	0
4	FAX	4/30/00	400	400	285	46	46	0
5	Digital Sign	6/27/02	695	486	278	119	119	0
			<u>2,295</u>	<u>2,086</u>	<u>1,417</u>	<u>304</u>	<u>304</u>	<u>0</u>
Other Depreciation:								
1	LAND	1/31/00	20,000	20,000	0	0	0	0
2	BUILDING	2/01/00	172,500	172,500	12,578	4,313	4,313	0
	Total Other Depreciation		<u>192,500</u>	<u>192,500</u>	<u>12,578</u>	<u>4,313</u>	<u>4,313</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>192,500</u>	<u>192,500</u>	<u>12,578</u>	<u>4,313</u>	<u>4,313</u>	<u>0</u>
	Grand Totals		198,789	197,104	13,995	6,597	6,597	0
	Less: Dispositions		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
	Net Grand Totals		<u>198,789</u>	<u>197,104</u>	<u>13,995</u>	<u>6,597</u>	<u>6,597</u>	<u>0</u>

FILE COPY

*Because this asset has 179 expense, its cost has been included in the Section 179 Property cost total

36-4041525

AMT Asset Report

FYE: 12/31/2003 Mth: 12/31/2003

BUILDING

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Sec 168(k)	Basis for Depr	PerConv Meth	Prior	Current
Section 179 Expense:										
7	refrigerator	7/07/03	397		X	X	N/A	7 HY 200DB	0	397
			<u>397</u>				<u>N/A</u>		<u>0</u>	<u>397</u>
5-year GDS Property:										
6	Dell Dimension Computer	5/03/03	3,597			X	2,518	5 HY 200DB	0	1,583
			<u>3,597</u>				<u>2,518</u>		<u>0</u>	<u>1,583</u>
7-year GDS Property:										
7	refrigerator	7/07/03	N/A*		X	X	0	7 HY 200DB	0	0
			<u>0</u>				<u>0</u>		<u>0</u>	<u>0</u>
Prior MACRS:										
3	COMPUTER	2/01/00	1,200				1,200	5 HY 150DB	700	200
4	FAX	4/30/00	400				400	5 HY 150DB	233	67
5	Digital Sign	6/27/02	695			X	486	7 HY 150DB	261	93
			<u>2,295</u>				<u>2,086</u>		<u>1,194</u>	<u>360</u>
Other Depreciation:										
1	LAND	1/31/00	20,000				20,000	0 -- Land	0	0
2	BUILDING	2/01/00	172,500				172,500	40 MO S/L	12,578	4,313
	Total Other Depreciation		<u>192,500</u>				<u>192,500</u>		<u>12,578</u>	<u>4,313</u>
	Total ACRS and Other Depreciation		<u>192,500</u>				<u>192,500</u>		<u>12,578</u>	<u>4,313</u>
	Grand Totals		198,789				197,104		13,772	6,653
	Less: Dispositions		<u>0</u>				<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>198,789</u>				<u>197,104</u>		<u>13,772</u>	<u>6,653</u>

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*Because this asset has 179 expense, its cost has been included in the Section 179 Property cost total

36-4041525

Depreciation Adjustment ReportFYE: 12/31/2003 Mth: 12/31/2003 **All Business Activities**

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
MACRS Adjustments:						
Rental	1	3	COMPUTER	139	200	-61
Rental	1	4	FAX	46	67	-21
Rental	1	5	Digital Sign	119	93	26
Rental	1	6	Dell Dimension Computer	1,583	1,583	0
Rental	1	7	refrigerator	397	397	0
				<u>2,284</u>	<u>2,340</u>	<u>-56</u>

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36-4041525

Sec 168(k) Report

FYE: 12/31/2003 Mth: 12/31/2003

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Sec 168(k)	Prior Sec 168(k)	Tax - Basis for Depr
Activity: BUILDING								
5	Digital Sign	6/27/02	695		0	0	209	486
6	Dell Dimension Computer	5/03/03	3,597		0	1,079	0	2,518
7	refrigerator	7/07/03	397		397	0	0	0
	BUILDING		<u>4,689</u>		<u>397</u>	<u>1,079</u>	<u>209</u>	<u>3,004</u>
	Grand Total		<u>4,689</u>		<u>397</u>	<u>1,079</u>	<u>209</u>	<u>3,004</u>

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<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
Prior MACRS:					
3	COMPUTER	2/01/00	1,200	138	200
4	FAX	4/30/00	400	46	67
5	Digital Sign	6/27/02	695	85	73
6	Dell Dimension Computer	5/03/03	3,597	805	805
7	refrigerator	7/07/03	397	0	0
			<u>6,289</u>	<u>1,074</u>	<u>1,145</u>
Other Depreciation:					
1	LAND	1/31/00	20,000	0	0
2	BUILDING	2/01/00	172,500	4,312	4,312
	Total Other Depreciation		<u>192,500</u>	<u>4,312</u>	<u>4,312</u>
	Total ACRS and Other Depreciation		<u>192,500</u>	<u>4,312</u>	<u>4,312</u>
	Grand Totals		<u>198,789</u>	<u>5,386</u>	<u>5,457</u>

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36-4041525

Federal Statements

FYE: 12/31/2003

Form 990, Part I, Line 1a - Direct Public Support

Description	Cash	Noncash	Total
INDIVIDUALS	\$ 20,225	\$	\$ 20,225
CHURCH	8,842		8,842
FOUNDATIONS	5,150		5,150
CORPORATIONS	2,415		2,415
PUBLIC ALLIES	5,826		5,826
RESTRICTED GIFTS	2,857		2,857
NON-GOVERNMENT GRANT REVENUE	8,164		8,164
OTHER RESTRICTED GIFTS AND SUPPORT	3,950		3,950
PHASE II RESTRICTED GIFTS	19,200		19,200
TEMPORARILY RESTRICTED NET ASSETS RELEASED FROM RESTRICTIONS	-11,616		-11,616
Other Contributions	69,323	5,293	74,616
Total	\$ 134,336	\$ 5,293	\$ 139,629

Form 990, Part I, Line 1c - Government Contributions

Description	Cash	Noncash	Total
CORPORATION FOR SUPPORTIVE HOUSING	\$ 10,000	\$	\$ 10,000
FEMA	5,707		5,707
Total	\$ 15,707	\$ 0	\$ 15,707

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