

**Return of Organization Exempt From Income Tax**

**2003**

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

**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 2003 calendar year, or tax year beginning 7/1/2003, 2003, and ending 6/30, 2004

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

**C** Name of organization: 826 Valencia  
 Number and street (or P O box if mail is not delivered to street address) Room/suite: \_\_\_\_\_  
826 Valencia Street  
 City or town, state or country, and ZIP + 4: San Francisco, CA 94110

**D** Employer identification number: 04-3694151

**E** Telephone number: 415-642-5778

**F** Accounting method:  Cash  Accrual  
 Other (specify) ▶ \_\_\_\_\_

**H** and **I** are not applicable to section 527 organizations  
**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** If "Yes," enter number of affiliates ▶ N/A  
**H(c)** Are all affiliates included?  Yes  No  
 (If "No," attach a list See instructions )  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
**I** Group Exemption Number ▶ N/A

**G** Website: ▶ www.826valencia.org

**J** Organization type (check only one) ▶  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 ▶ 1,164,339

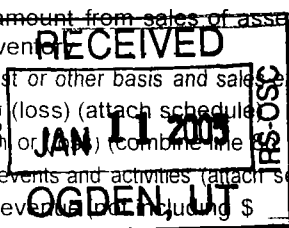
**M** Check  if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

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

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received				
	<b>a</b> Direct public support	<b>1a</b>		960,652	
	<b>b</b> Indirect public support	<b>1b</b>			
	<b>c</b> Government contributions (grants)	<b>1c</b>			
	<b>d Total</b> (add lines 1a through 1c) (cash \$ <u>935,578</u> noncash \$ <u>25,074</u> )	<b>1d</b>			960,652.00
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>			59,165.00
	<b>3</b> Membership dues and assessments	<b>3</b>			
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>			203.00
	<b>5</b> Dividends and interest from securities	<b>5</b>			
	<b>6a</b> Gross rents	<b>6a</b>			
	<b>b</b> Less rental expenses	<b>6b</b>			
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>			
<b>7</b> Other investment income (describe ▶ _____)	<b>7</b>				
Expenses	<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
	<b>b</b> Less cost or other basis and sales expenses	<b>8a</b>			
	<b>c</b> Gain (loss) (attach schedule)	<b>8b</b>			
	<b>d</b> Net gain (loss) (combine line 8c columns (A) and (B))	<b>8c</b>			
	<b>9</b> Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>				
	<b>a</b> Gross revenue including \$ _____ of contributions reported on line 1a)	<b>9a</b>		6,890	
	<b>b</b> Less direct expenses other than fundraising expenses	<b>9b</b>		192	
	<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>			6,698.00
	<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>		137,429	
	<b>b</b> Less cost of goods sold	<b>10b</b>		56,697	
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>			80,732.00
	<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>			
<b>12 Total revenue</b> (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>			1,107,450.00	
Net Assets	<b>13</b> Program services (from line 44, column (B))	<b>13</b>		244,818.00	
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>		100,877.00	
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>		65,216.00	
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>			
	<b>17 Total expenses</b> (add lines 16 and 44, column (A))	<b>17</b>			410,911.00
<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>			696,539.00	
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>			97,631.00	
<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>			16,360	
<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>			810,530.00	

For Paperwork Reduction Act Notice, see the separate instructions.

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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) Schedule 4 (cash \$ 28,000 noncash \$ 0)	28,000	28,000		
23	Specific assistance to individuals (attach schedule)	0	0		
24	Benefits paid to or for members (attach schedule)	0	0		
25	Compensation of officers, directors, etc.	52,750	17,584	17,583	17,583
26	Other salaries and wages	146,867	84,898	40,211	21,758
27	Pension plan contributions	0	0	0	0
28	Other employee benefits	18,729	9,076	5,532	4,121
29	Payroll taxes	16,306	7,902	4,817	3,587
30	Professional fundraising fees	0	0	0	0
31	Accounting fees	4,630	1,198	3,432	0
32	Legal fees	0	0	0	0
33	Supplies	8,548	4,293	4,255	0
34	Telephone	5,316	2,458	791	2,067
35	Postage and shipping	2,783	1,430	1,353	0
36	Occupancy	45,258	33,367	8,371	3,520
37	Equipment rental and maintenance	7,555	5,777	1,778	0
38	Printing and publications	0	0	0	0
39	Travel	1,460	1,460	0	0
40	Conferences, conventions, and meetings	0	0	0	0
41	Interest	0	0	0	0
42	Depreciation, depletion, etc (attach schedule) Schedule 5	16,744	3,349	3,349	10,046
43	Other expenses not covered above (itemize): a Schedule 6	55,965	44,026	9,405	2,534
b	-----	0			
c	-----	0			
d	-----	0			
e	-----	0			
f	-----	0			
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	410,911	244,818	100,877	65,216

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 \$ N/A ; (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?  Education

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	One-on-one writing tutoring - 826 Valencia is a non-profit organization dedicated to supporting students ages 6 to 18 with their creative and expository writing skills, and to helping teachers inspire their students to write. Our services are structured around our belief that great leaps in learning can happen with one-on-one attention and that strong writing skills are fundamental to future success. (Grants and allocations \$ _____)	
b	With this in mind we provide drop-in tutoring, after-school workshops, in-schools tutoring, help for English language learners, and assistance with student publications All of our programs are challenging and enjoyable, and ultimately strengthen each student's power to express ideas effectively, creatively, confidently, and in his or her individual voice. 826 Valencia has worked with thousands (Grants and allocations \$ _____)	
c	of Bay Area students, focusing on writing skills. We have also sent out hundreds of tutors into local schools to support teachers and students (Grants and allocations \$ _____)	244,818
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)	244,818

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

<b>Note</b> <i>Where required attached schedules and amounts within the description column should be for end-of-year amounts only</i>		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
<b>Assets</b>	<b>45</b> Cash — non-interest-bearing	13,563	<b>45</b>	58,832
	<b>46</b> Savings and temporary cash investments	14,673	<b>46</b>	144,876
	<b>47a</b> Accounts receivable	20,386		
	<b>b</b> Less allowance for doubtful accounts		<b>47c</b>	20,386.00
	<b>48a</b> Pledges receivable			
	<b>b</b> Less allowance for doubtful accounts		<b>48c</b>	
	<b>49</b> Grants receivable		<b>49</b>	475,000
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule)		<b>50</b>	
	<b>51a</b> Other notes and loans receivable (attach schedule)			
	<b>b</b> Less allowance for doubtful accounts		<b>51c</b>	
	<b>52</b> Inventories for sale or use	70,744	<b>52</b>	69,049
	<b>53</b> Prepaid expenses and deferred charges		<b>53</b>	7,055
	<b>54</b> Investments — securities (attach schedule) <span style="float: right;">▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV</span>		<b>54</b>	
	<b>55a</b> Investments — land, buildings, and equipment basis			
	<b>b</b> Less accumulated depreciation (attach schedule)		<b>55c</b>	
<b>56</b> Investments — other (attach schedule)		<b>56</b>		
<b>57a</b> Land, buildings, and equipment basis	82,677			
<b>b</b> Less accumulated depreciation (attach schedule)		<b>57c</b>	55,518.00	
<b>58</b> Other assets (describe ▶ _____ )		<b>58</b>	7,500	
<b>59 Total assets</b> (add lines 45 through 58) (must equal line 74)	98,980.00	<b>59</b>	838,216.00	
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses	1,349	<b>60</b>	27,686
	<b>61</b> Grants payable		<b>61</b>	
	<b>62</b> Deferred revenue		<b>62</b>	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule)		<b>63</b>	
	<b>64a</b> Tax-exempt bond liabilities (attach schedule)		<b>64a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule)		<b>64b</b>	
	<b>65</b> Other liabilities (describe ▶ _____ )		<b>65</b>	
<b>66 Total liabilities</b> (add lines 60 through 65)	1,349.00	<b>66</b>	27,686.00	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	<b>67</b> Unrestricted	97,631	<b>67</b>	355,530
	<b>68</b> Temporarily restricted		<b>68</b>	455,000
	<b>69</b> Permanently restricted		<b>69</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74			
	<b>70</b> Capital stock, trust principal, or current funds		<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund		<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds		<b>72</b>	
	<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	97,631.00	<b>73</b>	810,530.00
	<b>74 Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	98,980.00	<b>74</b>	838,216.00

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 N/A Return** (See page 27 of the instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>	
<b>b</b>	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify) \$		
	Add amounts on lines (1) through (4)	<b>b</b>	0
<b>c</b>	Line a minus line b	<b>c</b>	0
<b>d</b>	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify) \$		
	Add amounts on lines (1) and (2)	<b>d</b>	0
<b>e</b>	Total revenue per line 12, Form 990 (line c plus line d)	<b>e</b>	0

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per N/A Return**

<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	
<b>b</b>	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify) \$		
	Add amounts on lines (1) through (4)	<b>b</b>	0
<b>c</b>	Line a minus line b	<b>c</b>	0
<b>d</b>	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify) \$		
	Add amounts on lines (1) and (2)	<b>d</b>	0
<b>e</b>	Total expenses per line 17, Form 990 (line c plus line d)	<b>e</b>	0

**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) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Ninive Clements Calegari 826 Valencia Street, San Francisco, CA 94110	President/Exec Director 40 hours/week	52,750	2,655	0
Jennifer Bunshoft 826 Valencia Street, San Francisco, CA 94110	Vice President 4 hours/week	0	0	0
Vendela Vida 826 Valencia Street, San Francisco, CA 94110	Secretary 3 hours/week	0	0	0
Richard Wolfram 826 Valencia Street, San Francisco, CA 94110	Treasurer 2 hours/week	0	0	0
Dave Eggers 826 Valencia Street, San Francisco, CA 94110	Director 5 hours/week	0	0	0
Kathleen Courtney Garrett 826 Valencia Street, San Francisco, CA 94110	Director 1 hour/week	0	0	0
Alexandra Quinn 826 Valencia Street, San Francisco, CA 94110	Director 1 hour/week	0	0	0
Barb Bersche 826 Valencia Street, San Francisco, CA 94110	Director 3 hours/week	0	0	0
Keith Knight 826 Valencia Street, San Francisco, CA 94110	Director 0.50 hour/week	0	0	0

**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		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
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	X	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		X
b	If "Yes," enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a	Enter direct and indirect political expenditures See line 81 instructions	81a	N/A
b	Did the organization file Form 1120-POL for this year?	81b	X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III.)	82b	0
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	N/A
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	N/A
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	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount 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		
a	Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) orgs. Enter:		
a	Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911 <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
90 a	List the states with which a copy of this return is filed <input checked="" type="checkbox"/> California		
b	Number of employees employed in the pay period that includes March 12, 2003 (See instructions)	90b	9
91	The books are in care of <input checked="" type="checkbox"/> Name 826 Valencia Telephone no <input checked="" type="checkbox"/> (415)642-5778 Located at <input checked="" type="checkbox"/> 826 Valencia Street City San Francisco ST CA Zip + 4 <input checked="" type="checkbox"/> 94110		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041— Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	92	N/A

**Part VII Analysis of Income-Producing Activities** (See page 33 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	
<b>93</b> Program service revenue					
<b>a</b> Program Fees					59,165
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>f</b> Medicare/Medicaid payments					
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments					
<b>95</b> Interest on savings and temporary cash investments			14	203	
<b>96</b> Dividends and interest from securities					
<b>97</b> Net rental income or (loss) from real estate					
<b>a</b> debt-financed property inventory					
<b>b</b> not debt-financed property					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events			01	6,698	
<b>102</b> Gross profit or (loss) from sales of inventory	453220	36,472	05	44,260	
<b>103</b> Other revenue <b>a</b>					
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>104</b> Subtotal (add columns (B), (D), and (E))		36,472.00		51,161.00	59,165.00
<b>105</b> Total (add line 104, columns (B), (D), and (E))					146,798.00

**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)
93a	Adult seminars are workshops taught by accomplished authors in the community. Adults who don't qualify for our free students programs pay for these workshops

**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	%			
	%			
	%			
	%			

**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)

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: W. Talegan Date: 1-7-04  
**Executive Director**

Date: \_\_\_\_\_ Check if self-  Preparer's SSN or PTIN (See Gen. Inst. W)

**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

826 Valencia

Employer identification number

04-3694151

**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 benefit plans & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$50,000	None			

**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	None	

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

	Yes	No
<b>1</b> 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 ▶ \$ <u>0</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)		X
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		
<b>2</b> 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.)		
<b>a</b> Sale, exchange, or leasing of property? . . . . . <b>Schedule 7</b>	X	
<b>b</b> Lending of money or other extension of credit? . . . . .		X
<b>c</b> Furnishing of goods, services, or facilities? . . . . . <b>Schedule 7</b>	X	
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? See Part V, Form 990 and Sch. 8	X	
<b>e</b> Transfer of any part of its income or assets? . . . . .		X
<b>3 a</b> 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) . . . . . <b>Schedule 9</b>	X	
<b>b</b> Do you have a section 403(b) annuity plan for your employees? . . . . .		X
<b>4</b> Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? . . . . .		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 ▶ \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Country \_\_\_\_\_
- 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.)
- 11 a  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.)
- 11 b  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 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
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants See line 28 )	289,214				289,214.00
<b>16</b> Membership fees received	0				0.00
<b>17</b> 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	71,077	Organization began in 2002			71,077.00
<b>18</b> 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	68				68.00
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> 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					
<b>22</b> Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					
<b>23</b> Total of lines 15 through 22	360,359.00				360,359.00
<b>24</b> Line 23 minus line 17	289,282.00				289,282.00
<b>25</b> Enter 1% of line 23	3,603.59				

<b>26 Organizations described on lines 10 or 11:</b>	<b>a</b> Enter 2% of amount in column (e), line 24	<b>26a</b>	5,786
<b>b</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 <b>Do not file this list with your return.</b> Enter the total of all these excess amounts		<b>26b</b>	0
<b>c</b> Total support for section 509(a)(1) test Enter line 24, column (e)		<b>26c</b>	289,282
<b>d</b> Add Amounts from column (e) for lines 18 _____ 68 19 _____ 22 _____ 26b _____ 0.00		<b>26d</b>	68.00
<b>e</b> Public support (line 26c minus line 26d total)		<b>26e</b>	289,214.00
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))		<b>26f</b>	99.98 %

**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

(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

(2002) \_\_\_\_\_ (2001) \_\_\_\_\_ (2000) \_\_\_\_\_ (1999) \_\_\_\_\_

<b>c</b> Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____		<b>27c</b>	
<b>d</b> Add Line 27a total _____ and line 27b total _____		<b>27d</b>	
<b>e</b> Public support (line 27c total minus line 27d total)		<b>27e</b>	
<b>f</b> Total support for section 509(a)(2) test Enter amount from line 23, column (e)	<b>27f</b>		
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))		<b>27g</b>	%
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))		<b>27h</b>	%

**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
<b>29</b> 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? . . . . .		
<b>30</b> 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? . . . . .		
<b>31</b> 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.) ----- ----- -----		
<b>32</b> Does the organization maintain the following		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .		
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .		
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .		
<b>d</b> 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.) ----- -----		
<b>33</b> Does the organization discriminate by race in any way with respect to:		
<b>a</b> Students' rights or privileges? . . . . .		
<b>b</b> Admissions policies? . . . . .		
<b>c</b> Employment of faculty or administrative staff? . . . . .		
<b>d</b> Scholarships or other financial assistance? . . . . .		
<b>e</b> Educational policies? . . . . .		
<b>f</b> Use of facilities? . . . . .		
<b>g</b> Athletic programs? . . . . .		
<b>h</b> Other extracurricular activities? . . . . .		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
<b>34 a</b> Does the organization receive any financial aid or assistance from a governmental agency? . . . . .		
<b>b</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.		
<b>35</b> 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 . . . . .		

**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
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>		
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>		
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	0	0
<b>39</b> Other exempt purpose expenditures	<b>39</b>		
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	0	0
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table—			
<b>If the amount on line 40 is—</b>			
Not over \$500,000	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	0	0
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	0	0
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	<b>43</b>	0	0
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	<b>44</b>	0	0

**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
<b>45</b> Lobbying nontaxable amount					0
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					0
<b>47</b> Total lobbying expenditures					0
<b>48</b> Grassroots nontaxable amount					0
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					0
<b>50</b> Grassroots lobbying expenditures					0

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (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

	Yes	No	Amount
<b>a</b> Volunteers			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.)			
<b>c</b> Media advertisements			
<b>d</b> Mailings to members, legislators, or the public			
<b>e</b> Publications, or published or broadcast statements			
<b>f</b> Grants to other organizations for lobbying purposes			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
<b>i</b> Total lobbying expenditures (Add lines c through h.)			0

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



826 Valencia  
 EIN: 04-3694151  
 Year Ended June 30, 2004  
 Schedules Attached to 2003 Form 990

**Schedule 1 - Part I, line 9c - Special events and activities**

	<u>2nd annual comedy night</u>
Gross receipts	6,890
Contribution	<u>0</u>
Gross Revenue	6,890
Direct expenses	<u>(192)</u>
Net income	<u><u>6,698</u></u>

**Schedule 2 - Part I, line 10c - Gross profit from sales of inventory**

	<u>Books</u>	<u>Pirate Supplies</u>	<u>Total</u>
Gross sales	71,134	66,295	137,429
Cost of goods sold	<u>(26,874)</u>	<u>(29,823)</u>	<u>(56,697)</u>
Gross profit	<u><u>44,260</u></u>	<u><u>36,472</u></u>	<u><u>80,732</u></u>

**Schedule 3 - Part I, line 20 - Other changes in net assets or fund balances**

Restatement of net assets at 6/30/03 due to unrecorded expenses: 16,360

**Schedule 4 - Part II, line 22 - Grants and allocations**

<u>Receipients</u>	<u>Amount</u>	<u>Purpose of scholarships</u>
Trude Yazman 463 Flood Avenue San Francisco, CA 94112	\$1,500	Teacher of the month award
Yalie Kamara 6501 Thornhill Drive Oakland, CA 94611	\$10,000	Scholarship

826 Valencia  
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 Year Ended June 30, 2004  
 Schedules Attached to 2003 Form 990

**Schedule 4 - Part II, line 22 - Grants and allocations (Continued)**

<u>Receipients</u>	<u>Amount</u>	<u>Purpose of scholarships</u>
Lili Onovakpuri 16 Ledyard Street San Francisco, CA 94124	\$6,000	Scholarship
Luis Sierra 150 San Carlos Street San Francisco, CA 94124	\$1,500	Teacher of the month award
Michael Roman 1075 Rollins Road, #116 Burlingame, CA 94010	\$1,500	Teacher of the month award
Emily Lewis 426 10th Avenue San Francisco, CA 94118	\$1,500	Teacher of the month award
Amy Clark 56 Cumberland Street San Francisco, CA 94110	\$1,500	Teacher of the month award
Scott Stone 940 Esmeralda Avenue San Francisco, CA 94110	\$1,500	Teacher of the month award
Jesse Madway 2447 24th Street San Francisco, CA 94110	\$1,500	Teacher of the month award
Bill Fitzgerald 700 A Canyon Oaks Drive Oakland, CA 94605	\$1,500	Teacher of the month award
	<u>\$28,000</u>	

**Schedule 5 - Part II, line 42 and Part IV, line 57 - Fixed assets and depreciation**

<u>Description</u>	<u>Method/ Life</u>	<u>Cost or Basis</u>	<u>Prior Depr.</u>	<u>Current Depr.</u>	<u>Accum. Depr.</u>
Furniture and fixtures	SL/8	52,370	6,249	6,641	12,890
Computer and Equipments	SL/3	30,307	4,166	10,103	14,269
		<u>82,677</u>	<u>10,415</u>	<u>16,744</u>	<u>27,159</u>

826 Valencia  
 EIN: 04-3694151  
 Year Ended June 30, 2004  
 Schedules Attached to 2003 Form 990

**Schedule 6 - Part II, line 43 - Other expenses**

	(A) Total	(B) Program services	(C) Mgmt. & general	(D) Fundraising
Advertising	2,042	1,021	0	1,021
Events	583	560	23	0
Lab expenses	5,315	5,315	0	0
Training	2,249	1,789	460	0
Entertainment	5,061	4,049	1,012	0
Bank and merchant fees	4,183	1,860	1,733	590
Storage expense	999	517	482	0
Other store expenses	5,660	2,930	2,730	0
Insurance	9,117	6,365	2,752	0
Repairs and construction	10,358	10,145	213	0
Consultants	9,000	8,550	0	450
Taxes	526	53	0	473
Small donation	872	872	0	0
<b>Total</b>	<b>55,965</b>	<b>44,026</b>	<b>9,405</b>	<b>2,534</b>

**Schedule 7 – Schedule A, Part III, line 2a – Sale, exchange, or leasing of property and line 2c - Furnishing of goods, services, or facilities**

826 Valencia obtains the use of its space pursuant to a sublease arrangement entered into with McSweeney's Publishing, LLC (McSweeney's). Mr. Dave Eggers and Ms. Barbara Bersche are board members of 826 Valencia. Mr. Eggers is a majority owner of McSweeney's. Ms. Bersche is the president of McSweeney's. 826 Valencia will pay a rental rate for its proportionate use of space in accordance with the rates charged by the third-party landlord. In order to obtain the landlord's consent to the sublease arrangement, McSweeney's will guarantee 826 Valencia's payment of the rent. 826 Valencia also receives donation of books worth \$13,212 from McSweeney's.

**Schedule 8 - Schedule A, Part III, line 2d - Reimbursement of expenses to directors and key employees**

Name	Amount	Description
Ninive Calegari	\$ 3,274	- Reimbursement for purchase of supplies, computer, etc

826 Valencia  
EIN: 04-3694151  
Year Ended June 30, 2004  
Schedules Attached to 2003 Form 990

**Schedule 9 - Schedule A, Part III, line 3a - Scholarships, fellowships, student loans, etc.**

Scholarships are granted to graduating seniors who live in the Bay Area and have extracurricular interest in the written word. The recipients must also demonstrate financial need and intent to enroll in an institution of higher learning, which could be a 2- or 4- year college or vocation school. The scholarships are one-time grants of \$10,000. Different students will be awarded the grant each year.

## Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return

\* If you are filing for an AUTOMATIC 3-MONTH EXTENSION, COMPLETE ONLY PART I and check this box   
 \* If you are filing for an ADDITIONAL (NOT AUTOMATIC) 3-MONTH EXTENSION, COMPLETE ONLY PART II (on page 2 of this form).  
**NOTE: DO NOT COMPLETE PART II UNLESS YOU HAVE ALREADY BEEN GRANTED AN AUTOMATIC 3-MONTH EXTENSION ON A PREVIOUSLY FILED FORM 8868.**

**PART I** AUTOMATIC 3-MONTH EXTENSION OF TIME - Only submit original (no copies needed)

NOTE: FORM 990-T CORPORATIONS requesting an automatic 6-month extension - check this box and complete Part I only   
 All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

TYPE OR PRINT	Name of Exempt Organization 826 Valencia	EMPLOYER IDENTIFICATION NUMBER 04-3694151
File by the due date for filing your return See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 826 Valencia Street	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. San Francisco, CA 94110	

CHECK TYPE OF RETURN TO BE FILED (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

\* If the organization does NOT have an office or place of business in the United States, check this box   
 \* If this is for a GROUP RETURN, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the WHOLE group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-month, for 990-T CORPORATION) extension of time until 2/15/2005 to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year \_\_\_\_\_ or  
 tax year beginning 7/1/2003, and ending 6/30/2004

2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

3 a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_ 0

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ \_\_\_\_\_ 0

c BALANCE DUE. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ \_\_\_\_\_ 0

### SIGNATURE AND VERIFICATION

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature <u><i>Guillermo Zaragoza</i></u>	Title Certified Public Accountant	Date <u>11/9/2004</u>	
For Paperwork Reduction Act Notice, see Instruction _____	(HTA)	Form <b>8868</b> (12-2000)	