

**Short Form
Return of Organization Exempt From Income Tax**

2004

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
▶ For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year

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

Open to Public Inspection

A For the **2004** calendar year, or tax year beginning **Jul 1**, **2004**, and ending **Jun 30**, **2005**

<p>B Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Final return</p> <p><input type="checkbox"/> Amendment</p> <p><input type="checkbox"/> Multiple reporting periods</p>	<p>Please use IRS label or print or type See Specific Instructions</p>	<p>C Name of organization SOLI DEO GLORIA</p> <p>Number and street (or P O box, if mail is not delivered to street address) Room/suite 220 SANSOME STREET 900</p> <p>City or town state or country and ZIP + 4 SAN FRANCISCO CA 94104-2724</p>	<p>D Employer identification number 94-2452887</p> <p>E Telephone number (415) 956-5700</p> <p>F Group Exemption Number</p>
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

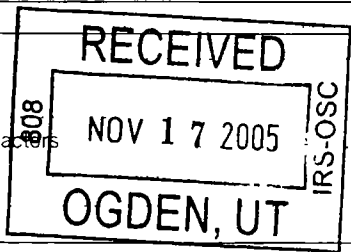
<p>I Web site ▶ SDGLORIA.ORG</p> <p>J Organization type (check only one) — <input checked="" type="checkbox"/> 501(c) (3) ▶ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p>	<p>G Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶</p> <p>H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990 990-EZ, or 990 PF)</p>
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K Check 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 Add lines 5b, 6b, and 7b to line 9 to determine gross receipts. If \$100,000 or more file Form 990 instead of Form 990-EZ ▶ \$ **51,634**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

	1 Contributions, gifts, grants, and similar amounts received		21,568.
	2 Program service revenue including government fees and contracts		22,986.
	3 Membership dues and assessments		7,080.
	4 Investment income		
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	5c	
	6 Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
	b Less direct expenses other than fundraising expenses	6b	
	c Net income or (loss) from special events and activities (line 6a less line 6b)	6c	
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c	
	8 Other revenue (describe ▶ _____)	8	
	9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	51,634.
EXPENSES	10 Grants and similar amounts paid (attach schedule)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	27,452.
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe ▶ See Other Expenses Statement)	16	27,759.
	17 Total expenses (add lines 10 through 16)	17	55,211.
	18 Excess or (deficit) for the year (line 9 less line 17)	18	-3,577.
NET ASSETS	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	889.
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year (combine lines 18 through 20)	21	-2,688.



Part II Balance Sheets — If Total assets on line 25, column (B) are \$250,000 or more file Form 990 instead of Form 990-EZ

		(See Instructions)		(A) Beginning of year	(B) End of year
	22 Cash, savings, and investments			1,589.	1,126.
	23 Land and buildings			0.	0.
	24 Other assets (describe ▶ See L-24 Stmt)			1,050.	1,050.
	25 Total assets			25 2,639.	2,176.
	26 Total liabilities (describe ▶ See L-26 Stmt)			1,750.	4,864.
	27 Net assets or fund balances (line 27 of column (B) must agree with line 21)			27 889.	-2,688.

11-12 13

Part III Statement of Program Service Accomplishments (See Instructions)		Expenses	
What is the organization's primary exempt purpose? REGIONAL CHOIR		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner describe the services provided, the number of persons benefited, or other relevant information for each program title			
28	DECEMBER 2004 PERFORMED DISTLER IN THREE VENUES IN SAN FRANCISCO, WALNUT CREEK AND PALO ALTO.	(Grants \$ 0)	28 a 12,547
29	MARCH 2005 PERFORMED ACROSS THE POND IN THREE VENUES IN SAN FRANCISCO, PALO ALTO AND PIEDMONT.	(Grants \$ 0.)	29 a 8,595
30	MAY 2004 PERFORMED DAWN OF ROMANTICISM IN TWO VENUES IN SAN FRANCISCO & PALO ALTO	(Grants \$ 0.)	30 a 19,125
31	Other program services (attach schedule) OCTOBER 2004 CONCERTS	(Grants \$ 0)	31 a 9,814
32	Total program service expenses (add lines 28a through 31a)		32 50,081

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See 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 and deferred compensation	(E) Expense account and other allowances
WARD BELDING 7703 HIGHLAND OAKS DR, PLEASANTON, CA 94588	PRESIDENT 4	0	0.	0
See List of Officers Etc Statement		8,950.	0.	0

Part V Other Information (Note the attachment requirement in the instructions)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others) but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice reporting, and proxy tax requirements?		X
	b If 'Yes,' has it filed a tax return on Form 990-T for this year?		N/A
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If 'Yes,' attach a statement)		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37 a	0
	b Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
	b If 'Yes,' attach the schedule specified in the line 38 instructions and enter the amount involved	38 b	N/A
39	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 9	39 a	N/A
	b Gross receipts included on line 9, for public use of club facilities	39 b	N/A
40a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911		
	b 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach an explanation		X
	c Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958		
	d Enter Amount of tax on line 40c above, reimbursed by the organization		
41	List the states with which a copy of this return is filed		CALIFORNIA
42	The books are in care of		NICK G TARLSON Telephone no (415) 956-5700
	Located at		220 SANSOME ST, #900 SAN FRANCISCO CA ZIP + 4 94104
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 EZ 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	43	N/A

I, the preparer, certify that I have prepared this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is based on all information of which preparer has any knowledge.

Date 11/7/05
 Type or print name and title Mauna Arzen Treasurer

SCHEDULE A
(Form 990 or 990-EZ)

**Organization Exempt Under
Section 501(c)(3)**

OMB No. 1545-0047

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

2004

Supplementary Information — (See separate instructions.)

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

Department of the Treasury
Internal Revenue Service

Name of the organization

SOLI DEO GLORIA

Employer identification number

94-2452887

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

(See instructions. List each one. If there are none, enter 'None'.)

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and 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 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 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 1 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?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
e Transfer of any part of its income or assets?		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.)		X
b Do you have a section 403(b) annuity plan for your employees?		X
4a 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
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

Part IV Reason for Non-Private Foundation Status (See 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 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 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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	35,459	20,661	18,390	20,204	94,714
16 Membership fees received	7,725	3,745	8,927	6,869	27,266
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	25,316	22,440	17,634	15,937	81,327
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.				-224	-224
23 Total of lines 15 through 22	68,500	46,846	44,951	42,786	203,083
24 Line 23 minus line 17	43,184	24,406	27,317	26,849	121,756
25 Enter 1% of line 23	685	468	450		428
26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24				26a
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 2000 through 2003 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
d Add: Amounts from column (e) for lines 18 _____ 19 _____					26d
22 _____ 26b _____					26e
e Public support (line 26c minus line 26d total)					26e
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f %
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.					
(2003) _____ (2002) _____ (2001) _____ (2000) _____					
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.					
(2003) _____ (2002) _____ (2001) _____ (2000) _____					
c Add: Amounts from column (e) for lines 15 _____ 16 _____					27c
17 _____ 18 _____ 19 _____ 20 _____ 21 _____					27d
d Add: Line 27a total _____ and line 27b total _____					27e
e Public support (line 27c total minus line 27d total)					27e
f Total support for section 509(a)(2) test. Enter amount from 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 2000 through 2003, 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 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 a	Does the organization maintain the following: a. Records indicating the racial composition of the student body, faculty, and administrative staff?		
32 b	b. Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
32 c	c. Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
32 d	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 a	Does the organization discriminate by race in any way with respect to: a. Students' rights or privileges?		
33 b	b. Admissions policies?		
33 c	c. Employment of faculty or administrative staff?		
33 d	d. Scholarships or other financial assistance?		
33 e	e. Educational policies?		
33 f	f. Use of facilities?		
33 g	g. Athletic programs?		
33 h	h. Other extracurricular activities? If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
34 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.		

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

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		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term 'expenditures' means amounts paid or incurred)			
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 -- The lobbying nontaxable amount is -- Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000	41	
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)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots non-taxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	Grassroots lobbying expenditures				

Part VI-B Lobbying Activity by Nonelecting Public Charities (See instructions)
 (For reporting only by organizations that did not complete Part VI-A)

During the year did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum through the use of	Yes	No	Amount
	a. Volunteers		
b. Paid staff or management (Include compensation in expenses reported on lines c through h.)		X	
c. Media advertisements		X	
d. Mailings to members, legislators, or the public		X	
e. Publications or published or broadcast statements		X	
f. Grants to other organizations for lobbying purposes		X	
g. Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h. Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
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

Form 990-EZ Part I, Line 16

Other Expenses Statement

Other expenses (describe)

CONCERT EXPENSES	22,629.
GENERAL OFFICE EXPENSE	4,533
SOLICITATION EXPENSE	597.
Total	<u>27,759</u>

Form 990-EZ Page 2, Part IV

List of Officers, Etc. Statement

(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 and deferred compensation	(E) Expense account and other allowances
EPENT BUSHNELL CLAY ST SAN FRANCISCO, CA	VICE PRES 3	0	0	0.
ROBERT OUTIS 952 VENTURA ALBANY, CA 94707	SECRETARY 1	0.	0.	0
MAUNA ARZEN 73 ORANGE AVE LARKSPUR, CA 94939	TREASURER 3	0.	0.	0.
ALLEN SIMON 929 GETOUN DR, PALO ALTO, CA	ARTISTIC DIRECTOR 8	8,950	0.	0.
JUDY CLARK 929 GETOUN DR, CONCORD, CA 94516	DIRECTOR 1	0	0.	0
EUTH LINCOLN 2231 VINEYARD #126 PLEASANTON, CA 94566	BOARD 1	0	0	0
Total		<u>8,950.</u>	<u>0</u>	<u>0</u>

Form 990 EZ Page 1 Part II, Line 24

Other Assets Statement

Line 24 - Other Assets:	Beginning of Year	End of Year
Accounts Receivable - Net		
PIANO	1,050	1,050.
Total	<u>1,050</u>	<u>1,050.</u>

Form 990-EZ Page 1, Part II, Line 26

Total Liabilities Statement

Line 26 - Total Liabilities:	Beginning of Year	End of Year
Accounts Payable & Accrued Expenses	1,750.	864
BRIDGE LOAN		4,000.
Total	<u>1,750.</u>	<u>4,864</u>

Supporting Statement of:

Sch A, 990 p 3/Line 27a, Column 1

Description	Amount
	750
	1,250
	1,000
	350
	165.
Total	<u>3,515.</u>

Supporting Statement of:

Sch A, 990 p 3/Line 27a, Column 2

Description	Amount
	1,000.
	513.
	550.
	200.
	692.
	1,350.
	2,000.
Total	<u>6,305.</u>

Supporting Statement of:

Sch A, 990 p 3/Line 27a, Column 3

Description	Amount
	650
	250.
	200.
	100.
	252.
	10
Total	<u>1,462.</u>

Supporting Statement of:

Sch A, 990 p 3/Line 27a, Column 4

Description	Amount
	3,500.

Continued

Supporting Statement of:

Sch A, 990 p 3/Line 27a, Column 4

Description	Amount
	2,000.
	850.
	300.
	60
	40.
Total	<u>6,750.</u>