

**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)

**2004**

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 2004 calendar year, or tax year beginning** JUL 1, 2004 **and ending** JUN 30, 2005

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	<b>C Name of organization</b> SERVICES CENTER FOR INDEPENDENT LIVING		<b>D Employer identification number</b> 95-3536676
		Number and street (or P O box if mail is not delivered to street address) Room/suite 109 S. SPRING STREET		<b>E Telephone number</b> (909) 621-6722
		City or town, state or country, and ZIP + 4 CLAREMONT, CA 91711		<b>F Accounting method</b> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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  No

**H(b)** If "Yes," enter number of affiliates: \_\_\_\_\_

**H(c)** Are all affiliates included? N/A  Yes  No (If "No," attach a list.)

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

**G Website:** HTTP://WWW.ILC-CLAR.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.

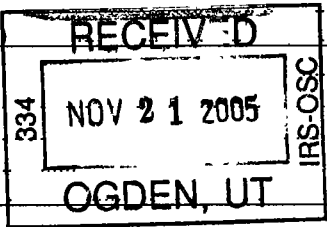
**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **541,020.**

**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**

SCANNED DEC 20 2005 Revenue

1	Contributions, gifts, and similar amounts received		1a	1,203.	1d	500,021.	
	a	Direct public support		1b			
	b	Indirect public support					
	c	Government contributions (grants)	1c	498,818.			
	d	Total (add lines 1a through 1c) (cash \$ 500,021. noncash \$ )					
	2	Program service revenue including government fees and contracts (from Part VII, line 93)		2		38,295.	
		3		3			
	4		4				
	5		5				
	6 a	Gross rents		6a		6c	
b Less rental expenses		6b					
c Net rental income or (loss) (subtract line 6b from line 6a)							
7		7					
8 a	Gross amount from sales of assets other than inventory		(A) Securities	(B) Other	8d		
	b Less: cost or other basis and sales expenses		8a				
	c Gain or (loss) (attach schedule)		8b				
	d Net gain or (loss) (combine line 8c, columns (A) and (B))		8c				
9		9					
9 a	Gross revenue (not including \$ 0. of contributions reported on line 1a)		9a	1,568.	9c	1,568.	
	b Less direct expenses other than fundraising expenses		9b				
	c Net income or (loss) from special events (subtract line 9b from line 9a)		SEE STATEMENT 1				
10 a	Gross sales of inventory, less returns and allowances		10a		10c		
	b Less: cost of goods sold		10b				
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)						
11		11		1,136.			
12		12		541,020.			
13	Program services (from line 44, column (B))		13		542,166.		
	14 Management and general (from line 44, column (C))		14		31,554.		
	15 Fundraising (from line 44, column (D))		15				
	16 Payments to affiliates (attach schedule)		16				
	17		17		573,720.		
18		18		-32,700.			
19		19		124,099.			
20		20		0.			
21		21		91,399.			



Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc.	70,354.	66,837.	3,517.	0.
26	Other salaries and wages	234,401.	221,156.	13,245.	
27	Pension plan contributions				
28	Other employee benefits	39,441.	37,272.	2,169.	
29	Payroll taxes	28,282.	26,726.	1,556.	
30	Professional fundraising fees				
31	Accounting fees	17,535.	16,571.	964.	
32	Legal fees				
33	Supplies	8,883.	8,394.	489.	
34	Telephone	14,817.	14,002.	815.	
35	Postage and shipping	3,423.	3,235.	188.	
36	Occupancy	16,760.	15,838.	922.	
37	Equipment rental and maintenance				
38	Printing and publications	2,581.	2,439.	142.	
39	Travel	11,701.	11,057.	644.	
40	Conferences, conventions, and meetings	2,022.	1,911.	111.	
41	Interest	4,679.	4,422.	257.	
42	Depreciation, depletion, etc. (attach schedule)	35,135.	33,203.	1,932.	
43	Other expenses not covered above (itemize):				
a	_____				
b	_____				
c	_____				
d	_____				
e	SEE STATEMENT 2	83,706.	79,103.	4,603.	
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	573,720.	542,166.	31,554.	0.

**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**

What is the organization's primary exempt purpose? <b>SERVICE TO PERSONS WITH DISABILITIES.</b>	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others)
a SERVICES CENTER FOR INDEPENDENT LIVING IS DEDICATED TO SERVING PEOPLE WITH DISABILITIES. SERVICES INCLUDE ADVOCACY, HOUSING ASSISTANCE, COMMUNICATIONS, PEER COUNSELING, AND COMMUNITY OUTREACH. (Grants and allocations \$ _____)	542,166.
b _____ (Grants and allocations \$ _____)	
c _____ (Grants and allocations \$ _____)	
d _____ (Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
<b>f Total of Program Service Expenses (should equal line 44, column (B), Program services)</b>	<b>542,166.</b>

**Part IV Balance Sheets**

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year	
Assets	45 Cash - non-interest-bearing	60,643.	45	66,455.	
	46 Savings and temporary cash investments		46		
	47 a Accounts receivable	59,754.			
	b Less allowance for doubtful accounts				
			79,904.	47c	59,754.
	48 a Pledges receivable				
	b Less allowance for doubtful accounts			48c	
	49 Grants receivable			49	
	50 Receivables from officers, directors, trustees, and key employees			50	
	51 a Other notes and loans receivable				
	b Less allowance for doubtful accounts			51c	
	52 Inventories for sale or use			52	
	53 Prepaid expenses and deferred charges	12,268.	53		9,072.
	54 Investments - securities			54	
	55 a Investments - land, buildings, and equipment basis	220,587.			
b Less accumulated depreciation	161,657.	83,511.	55c	58,930.	
56 Investments - other			56		
57 a Land, buildings, and equipment basis					
b Less accumulated depreciation			57c		
58 Other assets (describe <b>DEPOSIT</b> )		4,938.	58	5,488.	
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)		241,264.	59	199,699.	
Liabilities	60 Accounts payable and accrued expenses	28,915.	60	19,565.	
	61 Grants payable		61		
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees	726.	63	726.	
	64 a Tax-exempt bond liabilities		64a		
	b Mortgages and other notes payable	87,524.	64b		88,009.
	65 Other liabilities (describe )		65		
66 <b>Total liabilities</b> (add lines 60 through 65)		117,165.	66	108,300.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67 Unrestricted	124,099.	67	91,399.	
	68 Temporarily restricted		68		
	69 Permanently restricted		69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
	70 Capital stock, trust principal, or current funds		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds		72		
	73 <b>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)		124,099.	73	91,399.
	74 <b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)		241,264.	74	199,699.

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**

<b>a</b> Total revenue, gains, and other support per audited financial statements	<b>a</b>	N/A
<b>b</b> Amounts included on line <b>a</b> 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>	
<b>c</b> Line <b>a</b> minus line <b>b</b>	<b>c</b>	
<b>d</b> Amounts included on line 12, Form 990 but not on line <b>a</b> :		
(1) Investment expenses not included on line 6b, Form 990 \$ _____		
(2) Other (specify): \$ _____		
Add amounts on lines (1) and (2)	<b>d</b>	
<b>e</b> Total revenue per line 12, Form 990 (line <b>c</b> plus line <b>d</b> )	<b>e</b>	

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

<b>a</b> Total expenses and losses per audited financial statements	<b>a</b>	N/A
<b>b</b> Amounts included on line <b>a</b> 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>	
<b>c</b> Line <b>a</b> minus line <b>b</b>	<b>c</b>	
<b>d</b> Amounts included on line 17, Form 990 but not on line <b>a</b> :		
(1) Investment expenses not included on line 6b, Form 990 \$ _____		
(2) Other (specify): \$ _____		
Add amounts on lines (1) and (2)	<b>d</b>	
<b>e</b> Total expenses per line 17, Form 990 (line <b>c</b> plus line <b>d</b> )	<b>e</b>	

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated)

(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
CAROL LANE 314 GENEVA CLAREMONT, CA 91711	PRESIDENT 40HRS/WEEK	70,354.	8,670.	0.
BOB MOODY 1956 FROSTBURG CIRCLE CLAREMONT, CA 91711	TREASURER 2HRS/WEEK	0.	0.	0.
DIANA BOSTER 2579 ARCADIAN SHORES ONTARIO, CA 91761	MEMBER 2HRS/WEEK	0.	0.	0.
NANCY JOCHIMSEN 14101 E. NELSON LA PUENTE, CA 91746	SECRETARY 2HRS/WEEK	0.	0.	0.
ANDREW CADDES 20275 E. CREST LANE, UNIT D WALNUT, CA 91789	CHAIR 2HRS/WEEK	0.	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? If "Yes," attach schedule  Yes  No

Part VI Other Information

Form with multiple rows and columns for reporting organizational activities, including sections 76 through 92, with 'Yes' and 'No' columns and various input fields.

**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) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a INTERPRETING SERVICES					38,295.
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					1,568.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a OTHER/MISC REVENUE					1,136.
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		0.	40,999.
105 Total (add line 104, columns (B), (D), and (E))					40,999.

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	INTERPRETING SERVICES PROVIDED ON A FEE BASIS TO ORGANIZATIONS WORKING WITH HEARING IMPAIRED INDIVIDUALS.
103A	MISCELLANEOUS/OTHER

**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).

Please 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.

Date	11-14-05	Type or print name and title	
Date	11/14/05	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN



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

	Yes	No
<p>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 <b>▶</b> \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)</p> <p>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</p>		X
<p>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.)</p> <p>a Sale, exchange, or leasing of property?</p>		X
<p>b Lending of money or other extension of credit?</p>		X
<p>c Furnishing of goods, services, or facilities?</p>		X
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	X	
<p>e Transfer of any part of its income or assets?</p>		X
<p>3 a 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.)</p>		X
<p>b Do you have a section 403(b) annuity plan for your employees?</p>		X
<p>4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?</p>		X
<p>b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?</p>		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

- 14  An organization organized and operated to test for public safety Section 509(a)(4). (See page 5 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**  
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	559,528.	610,995.	737,339.	542,233.	2,450,095.
<b>16</b> Membership fees received					
<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	405.		0.	0.	405.
<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			0.	0.	
<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	45,766.	50,370.	SEE STATEMENT 3 65,057.	107,162.	268,355.
<b>23</b> Total of lines 15 through 22	605,699.	661,365.	802,396.	649,395.	2,718,855.
<b>24</b> Line 23 minus line 17	605,294.	661,365.	802,396.	649,395.	2,718,450.
<b>25</b> Enter 1% of line 23	6,057.	6,614.	8,024.	6,494.	
<b>26</b> Organizations described on lines 10 or 11: <b>a</b> Enter 2% of amount in column (e), line 24					<b>26a</b> 54,369.
<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 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					<b>26b</b> 0.
<b>c</b> Total support for section 509(a)(1) test. Enter line 24, column (e)					<b>26c</b> 2,718,450.
<b>d</b> Add. Amounts from column (e) for lines: 18 _____ 19 _____ 22 <u>268,355.</u> 26b _____					<b>26d</b> 268,355.
<b>e</b> Public support (line 26c minus line 26d total)					<b>26e</b> 2,450,095.
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))					<b>26f</b> 90.1284%
<b>27</b> Organizations described on line 12: <b>a</b> 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					
(2003) (2002) (2001) (2000)					
<b>b</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					
(2003) (2002) (2001) (2000)					
<b>c</b> Add. Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					<b>27c</b> N/A
<b>d</b> Add Line 27a total _____ and line 27b total _____					<b>27d</b> N/A
<b>e</b> Public support (line 27c total minus line 27d total)					<b>27e</b> N/A
<b>f</b> Total support for section 509(a)(2) test: Enter amount on line 23, column (e) <b>27f</b> N/A					
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))					<b>27g</b> N/A %
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					<b>27h</b> N/A %
<b>28 Unusual Grants:</b> 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 page 7 of the instructions)

N/A

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		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 )		
<hr/> <hr/> <hr/>			
<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>32a</b>	
<b>b</b>	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	<b>32b</b>	
<b>c</b>	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	<b>32c</b>	
<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>32d</b>	
<hr/> <hr/>			
<b>33</b>	Does the organization discriminate by race in any way with respect to:		
<b>a</b>	Students' rights or privileges?	<b>33a</b>	
<b>b</b>	Admissions policies?	<b>33b</b>	
<b>c</b>	Employment of faculty or administrative staff?	<b>33c</b>	
<b>d</b>	Scholarships or other financial assistance?	<b>33d</b>	
<b>e</b>	Educational policies?	<b>33e</b>	
<b>f</b>	Use of facilities?	<b>33f</b>	
<b>g</b>	Athletic programs?	<b>33g</b>	
<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>33h</b>	
<hr/> <hr/>			
<b>34 a</b>	Does the organization receive any financial aid or assistance from a governmental agency?	<b>34a</b>	
<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>34b</b>	
<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	<b>35</b>	

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

(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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
	N/A	
<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>	
<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>	
<b>41</b> 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		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	<b>43</b>	
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	<b>44</b>	

**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				N/A
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(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** (See page 11 of the instructions.) N/A

(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
<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



FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 1

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
SPECIAL EVENT	1,568.		1,568.		1,568.
TO FM 990, PART I, LINE 9	1,568.		1,568.		1,568.

FORM 990 OTHER EXPENSES STATEMENT 2

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
ADVERTISING	2,207.	2,086.	121.	
CONSULTANTS AND OUTSIDE SERVICES DUES AND SUBSCRIPTIONS	10,202.	9,641.	561.	
INSURANCE	6,584.	6,222.	362.	
INTERPRETER FEES	17,606.	16,638.	968.	
LICENSES AND FEES	22,297.	21,071.	1,226.	
MISCELLANEOUS	1,563.	1,477.	86.	
VEHICLE EXPENSE	1,094.	1,034.	60.	
STAFF TRAINING	2,114.	1,998.	116.	
UTILITIES	2,813.	2,658.	155.	
REPAIRS & MAINTENANCE	4,685.	4,427.	258.	
SOFTWARE	10,040.	9,488.	552.	
TOTAL TO FM 990, LN 43	2,501.	2,363.	138.	
	83,706.	79,103.	4,603.	

SCHEDULE A OTHER INCOME STATEMENT 3

DESCRIPTION	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT
INTERPRETER SERVICES	36,241.	46,991.	64,356.	107,162.
MISC	9,525.	3,379.	701.	0.
TOTAL TO SCHEDULE A, LINE 22	45,766.	50,370.	65,057.	107,162.