

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 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	C Name of organization HEART OF LOS ANGELES YOUTH, INC.		D Employer identification number 95-4397418
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2701 WILSHIRE BOULEVARD		E Telephone number (213) 389-1148
		City or town, state or country, and ZIP + 4 LOS ANGELES, CA 90057		F Accounting method <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: ▶ **WWW.HEARTOFLA.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.

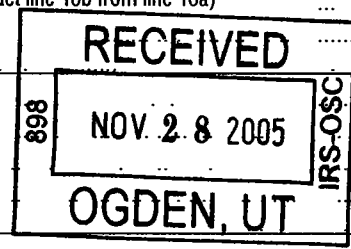
I Group Exemption Number ▶

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

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **1,193,924.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1 Contributions, gifts, grants, and similar amounts received:				
	a Direct public support	1a	1,005,772.		
	b Indirect public support	1b	40,000.		
	c Government contributions (grants)	1c	39,005.		
	d Total (add lines 1a through 1c) (cash \$ 1,084,777. noncash \$)			1d	1,084,777.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)			2	
	3 Membership dues and assessments			3	
	4 Interest on savings and temporary cash investments			4	3,441.
	5 Dividends and interest from securities			5	6,067.
	6 a Gross rents	6a			
b Less: rental expenses	6b				
c Net rental income or (loss) (subtract line 6b from line 6a)			6c		
7 Other investment income (describe ▶)			7		
Revenue	8 a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
	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		8d	
	9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
	a Gross revenue (not including \$ 268,189. of contributions reported on line 1a)	9a	93,981.		
	b Less: direct expenses other than fundraising expenses	9b	93,981.		
	c Net income or (loss) from special events (subtract line 9b from line 9a)		SEE STATEMENT 1	9c	0.
	10 a Gross sales of inventory, less returns and allowances	10a			
	b Less: cost of goods sold	10b			
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c		
11 Other revenue (from Part VII, line 103)			11	5,658.	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	1,099,943.	
Expenses	13 Program services (from line 44, column (B))			13	908,398.
	14 Management and general (from line 44, column (C))			14	57,398.
	15 Fundraising (from line 44, column (D))			15	107,769.
	16 Payments to affiliates (attach schedule)			16	
	17 Total expenses (add lines 16 and 44, column (A))			17	1,073,565.
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)			18	26,378.
	19 Net assets or fund balances at beginning of year (from line 73, column (A))			19	845,871.
	20 Other changes in net assets or fund balances (attach explanation)		SEE STATEMENT 2	20	2,318.
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21	874,567.



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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.

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.	89,615.	71,692.	8,961.	8,962.
26	Other salaries and wages	541,772.	453,346.	27,853.	60,573.
27	Pension plan contributions				
28	Other employee benefits	60,337.	50,903.	3,392.	6,042.
29	Payroll taxes	51,630.	43,844.	2,664.	5,122.
30	Professional fundraising fees				
31	Accounting fees	8,573.	7,051.	11.	1,511.
32	Legal fees				
33	Supplies	9,501.	93.	509.	8,899.
34	Telephone	7,387.	5,280.	960.	1,147.
35	Postage and shipping	1,139.	731.	192.	216.
36	Occupancy				
37	Equipment rental and maintenance	4,696.	3,608.	826.	262.
38	Printing and publications	5,927.	2,725.	553.	2,649.
39	Travel				
40	Conferences, conventions, and meetings	3,244.	1,315.	766.	1,163.
41	Interest				
42	Depreciation, depletion, etc. (attach schedule)	73,858.	66,472.	3,693.	3,693.
43	Other expenses not covered above (itemize):				
	a INSURANCE	43a 35,596.	24,930.	5,323.	5,343.
	b PROGRAM ACTIVITIES	43b 171,430.	171,430.		
	c STAFF DEVELOPMENT	43c 6,119.	4,295.	185.	1,639.
	d MISCELLANEOUS	43d 2,741.	683.	1,510.	548.
	e	43e			
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 1,073,565.	908,398.	57,398.	107,769.

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?

CONDUCT PROGRAMS TO BENEFIT THE YOUTH OF CENTRAL LOS ANGELES.

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	ATHLETIC PROGRAM	(Grants and allocations \$ _____)	217,566.
b	FINE ARTS (ART, MUSIC, AND THEATER) PROGRAMS	(Grants and allocations \$ _____)	155,627.
c	EDUCATION (TUTORING, COMPUTER, HOLA BRIDGES, AND OTHER) PROGRAMS	(Grants and allocations \$ _____)	535,205.
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)		908,398.

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	21,121.	8,660.
	46 Savings and temporary cash investments	252,211.	305,920.
	47 a Accounts receivable	950.	
	b Less: allowance for doubtful accounts		
		1,715.	950.
	48 a Pledges receivable	116,183.	
	b Less: allowance for doubtful accounts		
		53,905.	116,183.
	49 Grants receivable		
	50 Receivables from officers, directors, trustees, and key employees		
	51 a Other notes and loans receivable		
	b Less: allowance for doubtful accounts		
	52 Inventories for sale or use		
	53 Prepaid expenses and deferred charges	29,011.	30,842.
	54 Investments - securities STMT 3 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	99,149.	102,508.
55 a Investments - land, buildings, and equipment; basis			
b Less: accumulated depreciation			
56 Investments - other			
57 a Land, buildings, and equipment; basis	582,809.		
b Less: accumulated depreciation STMT 4	225,343.		
58 Other assets (describe ▶)	422,265.	357,466.	
59 Total assets (add lines 45 through 58) (must equal line 74)	879,377.	922,529.	
Liabilities	60 Accounts payable and accrued expenses	17,071.	30,459.
	61 Grants payable		
	62 Deferred revenue		
	63 Loans from officers, directors, trustees, and key employees		
	64 a Tax-exempt bond liabilities		
	b Mortgages and other notes payable		
	65 Other liabilities (describe ▶ INSURANCE PREMIUM PAYABLE)	16,435.	17,503.
66 Total liabilities (add lines 60 through 65)	33,506.	47,962.	
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	565,458.	624,237.
	68 Temporarily restricted	280,413.	250,330.
	69 Permanently restricted		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		
	71 Paid-in or capital surplus, or land, building, and equipment fund		
	72 Retained earnings, endowment, accumulated income, or other funds		
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	845,871.	874,567.	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	879,377.	922,529.	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part VI Other Information

Table with columns for question number, question text, and Yes/No columns. Includes questions 76 through 92 regarding organizational activities, financials, and compliance.

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 _____					
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			14	3,441.	
96 Dividends and interest from securities			14	6,067.	
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			01		
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a MISCELLANEOUS			01	5,658.	
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		15,166.	0.
105 Total (add line 104, columns (B), (D), and (E))					15,166.

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).
▼	

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. All information of which preparer has any knowledge.

Date: 11/21/05 MITCHEL D. MOWRE, EXEC. DIR
Type or print name and title.

Date: 11/14/05 Check if self-employed: Preparer's SSN or PTIN: _____

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

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)

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

Name of the organization **HEART OF LOS ANGELES YOUTH, INC.** Employer identification number **95 4397418**

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
<u>TONY BROWN</u> 2701 WILSHIRE BLVD, LOS ANGELES, CA 90057	DEVELPMNT DIR 40	69,492.	0.	0.
<u>REBECCA CLARK</u> 2701 WILSHIRE BLVD, LOS ANGELES, CA 90057	ADMIN DIR 40	53,041.	0.	0.

Total number of other employees paid over \$50,000 ▶	0			

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
<u>NONE</u> -----		

Total number of others receiving over \$50,000 for professional services ▶	0	

Part III Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?		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)? SEE PART V, FORM 990	X	
e	Transfer of any part of its income or assets?		X
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.)		X
b	Do you have a section 403(b) annuity plan for your employees?		X
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?		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 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
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,282,617.	996,124.	1,132,158.	990,132.	4,401,031.
16 Membership fees received					
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					
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	9,508.	2,467.	6,498.	7,147.	25,620.
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					
23 Total of lines 15 through 22	1,292,125.	998,591.	1,138,656.	997,279.	4,426,651.
24 Line 23 minus line 17	1,292,125.	998,591.	1,138,656.	997,279.	4,426,651.
25 Enter 1% of line 23	12,921.	9,986.	11,387.	9,973.	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	26a	N/A
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	N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e)	26c	N/A
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____	26d	N/A
e Public support (line 26c minus line 26d total)	26e	N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f	N/A %

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) 0. (2002) 0. (2001) 0. (2000) 0.		
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) 0. (2002) 0. (2001) 0. (2000) 0.		
c Add: Amounts from column (e) for lines: 15 4,401,031. 16 _____ 17 _____ 20 _____ 21 _____	27c	4,401,031.
d Add: Line 27a total 0. and line 27b total 0.	27d	0.
e Public support (line 27c total minus line 27d total)	27e	4,401,031.
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)	27f	4,426,651.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g	99.4212%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h	.5788%

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.

NONE

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
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) _____ _____		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
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.) _____	32d	
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) _____	33h	
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
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.	34b	
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	35	

2004 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

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Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction in Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
	MANAGEMENT AND GENERAL											
1	OFFICE EQUIPMENT	VARIABLES		5.00	16	103,291.			103,291.	45,002.		19,780.
2	COMPUTER EQUIPMENT	VARIABLES		5.00	16	124,643.			124,643.	25,553.		24,928.
3	PROGRAM ACTIVITIES	VARIABLES		5.00	16	12,681.			12,681.	2,457.		2,432.
4	EQUIPMENT	VARIABLES		5.00	16	53,610.			53,610.	41,627.		5,992.
5	VEHICLES	VARIABLES		5.00	16	288,584.			288,584.	36,846.		20,726.
	LEASEHOLD IMPROVEMENTS	VARIABLES		15.00	16	582,809.		0.	582,809.	151,485.	0.	73,858.
	* 990 PAGE 2 TOTAL					582,809.		0.	582,809.	151,485.	0.	73,858.
	MANAGEMENT AND GENERAL					582,809.		0.	582,809.	151,485.	0.	73,858.
	* GRAND TOTAL 990 PAGE 2 DEPR					582,809.		0.	582,809.	151,485.	0.	73,858.

FORM 990	SPECIAL EVENTS AND ACTIVITIES				STATEMENT	1
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME	
HOLIDAY OF THE HEART DINNER	220,270.	170,556.	49,714.	49,714.	0.	
"HOLA IN ONE" GOLF TOURNAMENT	111,175.	75,132.	36,043.	36,043.	0.	
HOLA BOWLA BOWLING TOURNAMENT	30,725.	22,501.	8,224.	8,224.	0.	
TO FM 990, PART I, LINE 9	362,170.	268,189.	93,981.	93,981.	0.	

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	2
DESCRIPTION		AMOUNT	
UNREALIZED GAIN ON INVESTMENTS		2,318.	
TOTAL TO FORM 990, PART I, LINE 20		2,318.	

FORM 990	NON-GOVERNMENT SECURITIES			STATEMENT	3
SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
MUTUAL FUNDS	FMV			3,059.	3,059.
MORTGAGE AND ASSET BACKED SECURITIES	FMV		98,300.		98,300.
COMMON STOCK	FMV	1,149.			1,149.
TO FORM 990, LINE 54, COL B		1,149.	98,300.	3,059.	102,508.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 4

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
OFFICE EQUIPMENT	103,291.	64,782.	38,509.
COMPUTER EQUIPMENT	124,643.	50,481.	74,162.
PROGRAM ACTIVITIES EQUIPMENT	12,681.	4,889.	7,792.
VEHICLES	53,610.	47,619.	5,991.
LEASEHOLD IMPROVEMENTS	288,584.	57,572.	231,012.
TOTAL TO FORM 990, PART IV, LN 57	582,809.	225,343.	357,466.

FORM 990 OTHER REVENUE NOT INCLUDED ON FORM 990 STATEMENT 5

DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INVESTMENTS	2,318.
TOTAL TO FORM 990, PART IV-A	2,318.

FORM 990

PART V - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 6

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
STUART KOENIG 2701 WILSHIRE BOULEVARD LOS ANGELES, CA 90057	PRESIDENT 1	0.	0.	0.
ALAN R. ADELMAN 2701 WILSHIRE BOULEVARD LOS ANGELES, CA 90057	DIRECTOR 1	0.	0.	0.
BEN BOURGEOIS 2701 WILSHIRE BOULEVARD LOS ANGELES, CA 90057	DIRECTOR 1	0.	0.	0.
ROD CARTER 2701 WILSHIRE BOULEVARD LOS ANGELES, CA 90057	DIRECTOR 1	0.	0.	0.
JOHN CONATY 2701 WILSHIRE BOULEVARD LOS ANGELES, CA 90057	SECRETARY 1	0.	0.	0.
DAVID DALTON 2701 WILSHIRE BOULEVARD LOS ANGELES, CA 90057	DIRECTOR 1	0.	0.	0.
GLENN D. GRITZNER 2701 WILSHIRE BOULEVARD LOS ANGELES, CA 90057	DIRECTOR 1	0.	0.	0.
STEVE HAUSER 2701 WILSHIRE BOULEVARD LOS ANGELES, CA 90057	DIRECTOR 1	0.	0.	0.
KURT HOCKER 2701 WILSHIRE BOULEVARD LOS ANGELES, CA 90057	DIRECTOR 1	0.	0.	0.
HOWARD GROBSTEIN 2701 WILSHIRE BOULEVARD LOS ANGELES, CA 90057	TREASURER 1	0.	0.	0.
PETER HURSH 2701 WILSHIRE BOULEVARD LOS ANGELES, CA 90057	DIRECTOR 1	0.	0.	0.

HEART OF LOS ANGELES YOUTH, INC.

95-4397418

MITCHEL D. MOORE 2701 WILSHIRE BOULEVARD LOS ANGELES, CA 90057	EXECUTIVE DIRECTOR 40	89,615.	0.	0.
MARCO IZAGUIRRE 2701 WILSHIRE BOULEVARD LOS ANGELES, CA 90057	DIRECTOR 1	0.	0.	0.
JEFF LESAGE 2701 WILSHIRE BOULEVARD LOS ANGELES, CA 90057	VICE PRESIDENT 1	0.	0.	0.
CONNIE LUJAN 2701 WILSHIRE BOULEVARD LOS ANGELES, CA 90057	DIRECTOR 1	0.	0.	0.
JOSEPH FERDINAND MONTES 2701 WILSHIRE BOULEVARD LOS ANGELES, CA 90057	DIRECTOR 1	0.	0.	0.
LIDIA S. MARTINEZ 2701 WILSHIRE BOULEVARD LOS ANGELES, CA 90057	DIRECTOR 1	0.	0.	0.
LAWRENCE MOORE 2701 WILSHIRE BOULEVARD LOS ANGELES, CA 90057	DIRECTOR 1	0.	0.	0.
EDUARDO NOCHEZ 2701 WILSHIRE BOULEVARD LOS ANGELES, CA 90057	DIRECTOR 1	0.	0.	0.
CHANDLER GAILLARD SPAULDING 2701 WILSHIRE BOULEVARD LOS ANGELES, CA 90057	DIRECTOR 1	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		<u>89,615.</u>	<u>0.</u>	<u>0.</u>

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 **X**
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- 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)

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.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print	Name of Exempt Organization HEART OF LOS ANGELES YOUTH, INC.	Employer identification number 95-4397418
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. 2701 WILSHIRE BOULEVARD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LOS ANGELES, CA 90057	

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 |

- The books are in the care of ▶ **HEART OF LOS ANGELES YOUTH, INC.**
 Telephone No. ▶ **(213) 389-1148** FAX No. ▶ _____
- 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-months for a **Form 990-T corporation**) extension of time until **FEBRUARY 15, 2006** 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 **JUL 1, 2004**, and ending **JUN 30, 2005**.

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

3a 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 \$ _____

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 \$ _____

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 \$ **N/A**

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.