Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047 2005

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

Department of the Treasury

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

Open to Public Inspection

men	The organization may have to use u	90p) 01 mile 15 mile 15	,,	<u> </u>	
A	For the 2005 calendar year, or tax year beginning Jun 1	, 2005, <u>an</u>	dending May 3	31	, 2006
В	Check if applicable C Name of organization			D Employer Ide	ntification Number
	Address change Please use Bi-Lingual Internat:	ional Assistant	Services	56-237	6877
	Name change or type. Number and street (or P O box if ma	il is not delivered to street addr)	Room/suite	E Telephone nu	mber
	See specific 10950 Schuetz Rd				812-9320
	Final return tions. City, town or country	State	ZIP code + 4	F Accounting method:	X Cash Accrual
	Amended return St. Louis	MO	63146	_	pecify) -
	Application pending • Section 501(c)(3) organizations and 4	947(aY1) nonexempt	H and I are not applic		
	charitable trusts must attach a compl	eted Schedule A	H (a) Is this a group	p return for affiliate	s ⁷ Yes X No
	(Form 990 or 990-EZ).		H (b) If 'Yes,' enter	number of affiliate	s ►
G	Web site: ► N/A		H (c) Are all affilia		Yes X No
J	Organization type		''	h a list. See instru	ctions)
	(check only one) . $\triangleright X = 501(c)$ 4 (insert no.)	4947(a)(1) or 52	H (d) Is this a sepa	rate return filed by	an
K	Check here ► ☐ If the organization's gross receipts are norm			covered by a group	F ! '
	\$25,000. The organization need not file a return with the IRS,	but if the organization		emption Numb	
	chooses to file a return, be sure to file a complete return Son complete return.	ie states require a			ation is not required
		72 007), 990-EZ, or 990-PF).
	Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 3	Accets or Fund Pale			,, 000 ==, 0. 000 ,,
Pa			inces (See instruc	LIOTIS)	
	Contributions, gifts, grants, and similar amounts receive	ed I		210	
	a Direct public support	•		,219.	
	b Indirect public support		1b		
	c Government contributions (grants)		1c		
	d Total (add lines in through 1c) (cash \$ 174,219. noncash \$	0.)	1 d	174,219.
	2 Program service revenue including government fees and	d contracts (from Part VII,	line 93)	2	188,241.
	3 Membership dues and assessments			3	· · · · · · · · · · · · · · · · · · ·
	4 Interest on savings and temporary cash investments	•		4	
	5 Dividends and interest from securities			. 5	
	6a Gross rents		6a		
	b Less rental expenses		6b		
	c Net rental income or (loss) (subtract line 6b from line 6a	a)	•	. 6c	
R	7 Other investment income (describe) 7	
R E V	On Cross amount from sales of assets other	(A) Securities	(B) Othe	r	
Ě	8a Gross amount from sales of assets other than inventory		8a		
ÿ	b Less. cost or other basis and sales expenses		8b		
-	c Gain or (loss) (attach schedule)		8c	-	
•	d Net gain or (loss) (combine line 8c, columns (A) and (B))	. 1	8d	
3	9 Special events and activities (attach schedule). If any a	••	eck here ►	7	
>	a Gross revenue (not including \$	of contributions		_	
2	reported on line 1a)		9a		
•	b Less, direct expenses other than fundraising expenses		9b		
j	c Net income or (loss) from special events (subtract line s	· 9h from line 9a)		9c	
)	10a Gross sales of inventory, less returns and allowances		10a		
١	b Less cost of goods sold		10Ь	-	
j	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract	<u>-</u>		10 c	
-		ct time rob from time roa)	•	11	10,537.
)c. and 1 11		12	372,997.
_				13	258,008.
) E		- MEVE	EIVED		
Ŷ Ê	14 Management and general (from line 44, column (C))		8 2006 8 8-08C	14	84,211.
E N S E S	15 Fundraising (from line 44, column (D))	E AUG 2	8 2006	15	0.
Ē	Payments to affiliates (attach schedule)	NOW &	מ בטמט אַ	16	240 040
	17 Total expenses (add lines 16 and 44, column (A))			17	342,219.
A	18 Excess or (deficit) for the year (subtract line 17 from lin		EN.UT	18	30,778.
N S E E	19 Net assets or fund balances at beginning of year (from	line /3, column (A))		19	900.
	•1 .		•	20	
S	21 Net assets or fund balances at end of year (combine line)	nes 18, 19, and 20)		21	31,678.

Form 990 (2005)

BAA

56-2376877

2005) Bi-Lingual International Assistant Services 56-2376877

| 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.

	Oo 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 (att sch)					
	(cash \$					
	non-cash \$)					
	If this amount includes foreign grants, check here	22				
23	Specific assistance to individuals (att sch)	23			İ	
24	Benefits paid to or for members (att sch)	24				
25	Compensation of officers, directors, etc	25	61,761.	61,761.	0.	0.
26	Other salaries and wages	26	107,776.	74,227.	33,549.	0.
27	Pension plan contributions	27	6,671.	4,323.	2,348.	0.
28	Other employee benefits .	28	275.	275.	0.	0.
29	Payroll taxes	29	13,276.	10,653.	2,623.	0.
30	Professional fundraising fees	30				
31	Accounting fees	31	1,590.	0.	1,590.	0.
32	Legal fees .	32	30.	0.	30.	0.
33	Supplies	33	1,213.	0.	1,213.	0.
34	Telephone	34	4,899.	1,099.	3,800.	0.
35	Postage and shipping	35	375.	0.	375.	0.
36	Occupancy	36	5,089.	0.	5,089.	0.
37	Equipment rental and maintenance	37	270.	0.	270.	0.
38	Printing and publications	38				
39	Travel	39	833.	0.	833.	0.
40	Conferences, conventions, and meetings	40	1,707.	0.	1,707.	0.
41	Interest	41				
42	Depreciation, depletion, etc (attach schedule)	42	472.	0.	472.	0.
43	Other expenses not covered above (itemize).					
а	avdertisement	43a	170.	0.	170.	0.
	automobile expense	43b	22,288.	18,697.	3,591.	0.
	bank service	43c	168.	0.	168.	0.
	dues	43d	488.	0.	488.	0.
	insurance	43e	16,474.	0.	16,474.	0.
	licenses and permit	43f	313.	0.	313.	0.
	See Other Expenses Stmt	43 a	96,081.	86,973.	9,108.	0.
44	Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	342,219.	258,008.	84,211.	0.
Join	t Costs. Check If you are following	SOP 9			<u></u>	
	any joint costs from a combined education			icitation reported in (B) f	Program services?	► Yes X No
	es, enter (i) the aggregate amount of these				mount allocated to Progra	
\$_	; (iii) the amount all	-	to Management and ger		_	amount allocated
to Fi	indraising \$,		-			

Part III | Statement of Program Service Accomplishments

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

What is the organization's primary exempt purpose? health care services 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) organizations and 4947(a)(1) trusts, but optional for others)
a FACES- helps refugee and immigrant families dealing with mental or	
substance abuse issues develop problem-solving and behavior	
strategies to improve family functioning. Family support group.	
	00.50
(Grants and allocations \$ 28,679.) If this amount includes foreign grants, check here ▶	28,679.
b LIFELINES-Case management & therapeutic services to the	
frail & or disabled to the Bosnian and Russian communities	
	ļ
(Grants and allocations \$ 11,155.) If this amount includes foreign grants, check here ▶	11,155.
c UCITY Grant to provide outreach services to the elderly	
and disabled residents of University City.	
(Grants and allocations \$ 18,750.) If this amount includes foreign grants, check here	18,750.
d Mental Healtn Board - to create time limited support for the	
elderly isolated or mentally ill residents	
of St.Louis City and County.	
(Grants and allocations \$ 39,864.) If this amount includes foreign grants, check here ▶	39,864.
e Other program services grants and fee	
(Grants and allocations \$ 159,560.) If this amount includes foreign grants, check here ▶	159,560.
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	258,008.

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Part IV Balance Sheets (See Instructions) (**B**) End of year (A) Where required, attached schedules and amounts within the description Beginning of year column should be for end-of-year amounts only. 36,848. 4,360. 45 Cash — non-interest-bearing 46 Savings and temporary cash investments. 47 a 47 a Accounts receivable 47 c **b** Less: allowance for doubtful accounts 47 b 48 a 48a Pledges receivable 48 c 48 b b Less: allowance for doubtful accounts 49 49 Grants receivable Receivables from officers, directors, trustees, and key 50 employees (attach schedule) 51 a 51 a Other notes & loans receivable (attach sch) 51 c 51 b b Less: allowance for doubtful accounts 52 52 Inventories for sale or use 53 53 Prepaid expenses and deferred charges ► Cost FMV 54 54 Investments - securities (attach schedule) 55 a 55a Investments - land, buildings, & equipment basis b Less: accumulated depreciation 55 b 55 c (attach schedule) 56 56 Investments - other (attach schedule) 57a Land, buildings, and equipment basis 57 a 1,707 b Less accumulated depreciation 57 c 732 1,125 975. 57b (attach schedule) 58 Other assets (describe > 5,485. 59 37,823. Total assets (must equal line 74). Add lines 45 through 58 60 Accounts payable and accrued expenses 61 61 Grants payable 62 Deferred revenue 62 63 63 Loans from officers, directors, trustees, and key employees (attach schedule) 64 a 64a Tax-exempt bond liabilities (attach schedule) 2,538. **b** Mortgages and other notes payable (attach schedule) 64 b 3,607. 65 65 Other habilities (describe ► See Line 65 Stmt 4,585 66 Total liabilities. Add lines 60 through 65 4,585 66 6,145. Organizations that follow SFAS 117, check here X and complete lines 67 through 69 and lines 73 and 74 872 Unrestricted 67 31,678. 67 ASSETS 28. 68 68 Temporarily restricted 69 69 Permanently restricted Organizations that do not follow SFAS 117, check here and complete lines P 70 through 74. FUZD 70 Capital stock, trust principal, or current funds 70 71 71 Paid-in or capital surplus, or land, building, and equipment fund 72 Retained earnings, endowment, accumulated income, or other funds 72

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31,678

37,823.

900

5,485.

73

74

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)

74 Total liabilities and net assets/fund balances. Add lines 66 and 73

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Form 990 (2005) Bi-Lingual Internation			56-23/68/			age 6
Part V-A Current Officers, Directors, Tru	stees, and Key En	nployees (continued)		_	Yes	No
75 a Enter the total number of officers, directors, and trustees pe				_		ı.
b Are any officers, directors, trustees, or key emplisted in Schedule A, Part I, or highest compens A, Part II-A or II-B, related to each other throug identifies the individuals and explains the relations.	sated professional and Ih family or business re	other independent conti	actors listed in Schedule	75b		
c Do any officers, directors, trustees, or key emplisted in Schedule A, Part I, or highest compens A, Part II-A or II-B, receive compensation from to this organization through common supervision	loyees listed in form 99 sated professional and any other organization	other independent conti s, whether tax exempt of	ractors listed in Schedule	75 c		х
Note. Related organizations include section 509						`
If 'Yes,' attach a statement that identifies the in other organization(s), and describes the comperelated organization	dividuals, explains the	relationship between th	is organization and the I to each individual by each			
d Does the organization have a written conflict of				75 d		X
Part V-B Former Officers, Directors, Trustender Benefits (If any former officer, director during the year, list that person below at the instructions)	r, trustee, or key emplo nd enter the amount of	ovee received compens:	ation or other benefits (desc	ribed be	low) See	
(A) Name and address	(B) Loans and Advances	(C) Compensation		account a		her
						
						
	,					
Part VI Other Information (See the instruct	ions)				Yes	No
76 Did the organization engage in any activity not	previously reported to	the IRS? If 'Yes,'		7,		
attach a detailed description of each activity 77 Were any changes made in the organizing or g	overning decuments by	it not reported to the ID	S 7	76	 	X
If 'Yes,' attach a conformed copy of the change	•	at not reported to the IR	J:	"		1
78 a Did the organization have unrelated business g		or more during the year	r covered by this return?	. 78a		Х
b If 'Yes,' has it filed a tax return on Form 990-T	, ,	- ,	-	78b		
79 Was there a liquidation, dissolution, termination year? If 'Yes,' attach a statement	n, or substantial contra	iction during the		79		Х
80 a is the organization related (other than by assor membership, governing bodies, trustees, office b if 'Yes,' enter the name of the organization ►	ciation with a statewide ers, etc, to any other ex	e or nationwide organiza cempt or nonexempt org	tion) through common anization?	80 a		Х
81 a Enter direct and indirect political expenditures.			exempt or nonexempt			
b Did the organization file Form 1120-POL for the	•	,	<u>, = : =1</u>	- 81 b		X
BAA	,				-	(2005)

	350 (2000) DI HINGUL INCOLUED CONTRACTOR CON	2376877	_	age /
Pa	rt VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82 a		<u>x</u>
	olf 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)			
	Did the organization comply with the public inspection requirements for returns and exemption applications?	. 83a		—
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Х	<u> </u>
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	. <u>84a</u>		X
t	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts not tax deductible?	840		ļ
85		. 85a		X
t	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	. 85b	Х	
	If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization rece waiver for proxy tax owed for the prior year.	ived a		
(: Dues, assessments, and similar amounts from members			
c	Section 162(e) lobbying and political expenditures . 85d			
•	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)			
ç	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85 g		<u>X</u>
1	n If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	. 85 h		x
86	501(c)(7) organizations Enter: a Initiation fees and capital contributions included on			
	line 12			
k	Gross receipts, included on line 12, for public use of club facilities . 86b			
87	501(c)(12) organizations Enter: a Gross income from members or shareholders 87a			
ı	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partn or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701 if 'Yes,' complete Part IX	ership, -3?		x
89 a	501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under			
	section 4911 ► N/A ; section 4912 ► N/A ; section 4955 ►	N/A		
ł	501(c)(3) and 501(c)(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 a state explaining each transaction	on ement 89 b		<u>x</u>
•	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	-		0.
•	Enter Amount of tax on line 89c, above, reimbursed by the organization	-		
	List the states with which a copy of this return is filed MISSOURI		ı – <i>–</i>	
	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	90 b		5
91 a		1) 812-9320 • 63146)	.
i	At any time during the calendar year, did the organization have an interest in or a signature or other authority or financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country	ver a 91 b	Yes	No X
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Statements			
	At any time during the calendar year, did the organization maintain an office outside of the United States?	91 c	:[X
	If 'Yes,' enter the name of the foreign country			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here			▶ [
_	and enter the amount of tax-exempt interest received or accrued during the tax year			
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Part XI Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.) Line No. Explain how each activity for which income is reported in column (£) of Part VIII contributed importantly to the accomplishment of the originate of seeingh approses (counselling, psychotherapy, mental health assessments) Part XI Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.) Part XI Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.) Part XI Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.) Part XI Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.) Part XI Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.) Part XI Information, during the year, receive any funds, directly or indirectly, to psy premums on a partnershop, or charegarded entity or mental ballath. Part XI Information, during the year, receive any funds, directly or indirectly, on a personal benefit Contracts (See the instructions.) Part XI Information, during the year, receive any funds, directly or indirectly, on a personal benefit Contract? Part XI Information, during the year, receive any funds, directly or indirectly, on a personal benefit Contract? Part XI Information, during the year, receive any funds, directly or indirectly, on a personal benefit Contract? Part XI Information, during the year, receive any funds, directly or indirectly, on a personal benefit Contract? Part XI Information, during the year, receive any funds, directly or indirectly, on a personal benefit contract? Part XI Information, during the year, receive any funds, directly or indirectly, on a personal benefit contract? Part X Information, during the year, receive any funds, directly or indirectly, on a personal benefit contract? Part X Information during the year, receive any funds, directly or indirectly, on a personal benefit contract? Part		gross amounts unless	Unrelated bu	(B)	(C)	(D)	(E) Related or exempt
Medicare/Medicaid payments 188, 2 3 5 5 5 5 5 5 5 5 5		_	Business code	Amount	Exclusion code	Amount	function income
I Medicare/Medicaid payments g Fees & omtracts from government agencies 4 Membership dues and assessments 55 Interest or saving & lamprary active interests 65 Dividends & interest from socurrities 7 Net retail immore (rigos) from lest state: a debt-financed property b not debt-financed property 100 Gain or (rigos) from sales of assets other than inventory 111 Net mome or (rigos) from sales of assets other than inventory 112 Cass profit or (sess) from sales of nevertory 113 Other revenue: a b other refe 114 Salebtal (add calement (B), (D), and (E)) 115 Total (add time 104, columns (B), (D), and (E)) 116 Total (add time 104, columns (B), (D), and (E)) 117 Total (add time 104, columns (B), (D), and (E)) 118 Total (add time 104, columns (B), (D), and (E)) 119 Total (add time 104, columns (B), (D), and (E)) 119 Total (add time 104, columns (B), (D), and (E)) 119 Total (add time 104, columns (B), (D), and (E)) 119 Total (add time 104, columns (B), (D), and (E)) 110 Total (add time 104, columns (B), (D), and (E)) 110 Total (add time 104, columns (B), (D), and (E)) 110 Total (add time 104, columns (B), (D), and (E)) 110 Total (add time 104, columns (B), (D), and (E)) 110 Total (add time 104, columns (B), (D), and (E)) 110 Total (add time 104, columns (B), (D), and (E)) 110 Total (add time 104, columns (B), (D), and (E)) 110 Total (add time 104, columns (B), (D), and (E)) 110 Total (add time 104, columns (B), (D), and (E)) 110 Total (add time 104, columns (B), (D), and (E)) 110 Total (add time 104, columns (B), (D), and (E)) 110 Total (add time 104, columns (B), (D), and (E)) 111 Total (add time 104, columns (B), (D), and (E)) 110 Total (add time 104, columns (B), (D), and (E)) 110 Total (add time 104, columns (B), (D), and (E)) 111 Total (add time 104, columns (B), (D), and (E)) 112 Total (add time 104, columns (B), (D), and (E)) 113 Total (add time 104, columns (B), (D), and (E), and and anticulation (B), an	•	·					
d f Medicare/Medicard payments g Fees & outbrack from powerment agences s Membership dues and assessments shi Interest on saverga & temporary cash inminits b Dividence & interest from sociarities g Ne tentel income or (less) from pers prop b not debt-financed property b not debt-financed recognition pers prop g Other investment income 100 Gain or (loss) from passe of assets other than inventory 110 Net income (loss) from passe of assets other than inventory 110 Net income (loss) from sales of inventory 110 Net income (loss) from sa							,
I Medicare/Medicaid payments g Fess & contracts from government agencies 4 Membership dues and assessments 5 Interest on sawing & temporary ash numeris 6 Dividends & interest from securities 7 Net retail more or (05s) from rate statite a debt-financed property 9 Note retail more or (05s) from rate statite 100 Gain or (10ss) from sales of assets other than inventory 110 Net more or (10ss) from sales of assets other than inventory 111 Net more or (10ss) from sales of assets other than inventory 112 Cross profit of tosts from sales of inventory 113 Other revenue: 110 Gain or (10ss) from sales of inventory 111 Net more or (10ss) from sales of inventory 112 Other profit of tosts from sales of inventory 113 Other revenue: 110 July Simbola (edd columns (8), (0), and (5)) 110 Total (odd tine 10d, columns (8), (0), and (5) 110 Total (odd tine 10d, columns (8), (0), and (5) 110 Total (odd tine 10d, columns (8), (0), and (5) 110 Total (odd tine 10d, columns (8), (0), and (5) 110 Total (odd tine 10d, c		ı					
f Medicare/Medicard payments g fees & contracts from government agenous 34 Membership dues and assessments 35 Interest on aswing & temporary ash invinits 36 Dividents & interest from securities 37 Net rental income or (loss) from real estate a debt-financed property b not debt-financed property 10 Interment of (loss) from pass page 39 Other investment income 10 Gain or (loss) from pass page 39 Other revenue and of (loss) from pass page 39 Other revenue and of (loss) from state of assets of the from the finance of (loss) from state of assets of the from the finance of (loss) from state of assets of the finance of (loss) from state of assets of the finance of (loss) from state of assets of the finance of (loss) from state of assets of the finance of (loss) from state of assets of the finance of (loss) from state of avertagy 10 Similar from the finance of (loss) from state of avertagy 110 Net moreous of (loss) from state of avertagy 110 Net moreous of (loss) from state of avertagy 110 Net moreous of (loss) from state of avertagy 110 Net moreous of (loss) from state of avertagy 110 Net moreous of (loss) from state of avertagy 110 Net moreous of (loss) from state of avertagy 110 Net moreous of (loss) from state of avertagy 110 Net moreous of (loss) from state of avertagy 110 Net moreous of (loss) from state of avertagy 110 Net moreous of (loss) from state of avertagy 110 Net moreous of (loss) from state of avertagy 110 Net moreous of (loss) from state of avertagy 110 Net moreous of (loss) from state of avertagy 110 Net moreous of (loss) from state of avertagy 110 Net more of (loss) from state of avertagy 110 Net more of (loss) from state of avertage o							
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94 Membership dues and assessments	f Med	licare/Medicaid payments					188,241
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Please Sign Here Signature of United Strange of Type of print name and title Preparer's Signature Preparer'	a Did the	e organization, during the year, receive any function organization, during the year, pay	nsfers Assoc ids, directly or indire premiums, direc	ctly, to pay premiums	on a personal benefit co	ntract?	Yes X No
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Pre- parer's Use Signature	a Did the b Did the Note: // Please Sign	e organization, during the year, receive any function of comparison of the second of t	nsfers Assoc ds, directly or indirectly premiums, directly or 4720 (see ins	iated with Per ctly, to pay premiums ctly or indirectly, of tructions).	on a personal benefit co on a personal benefit ying schedules and statem rimation of which preparer	ntract? It contract? lents, and to the best of my knas any knowledge	Yes X No
Pre- parer's Use employed, No.	a Did the b Did the Note: // Please Sign	e organization, during the year, receive any function of comparison of the second of t	nsfers Assoc ds, directly or indirectly premiums, directly or 4720 (see ins	iated with Per ctly, to pay premiums ctly or indirectly, of tructions).	on a personal benefit con a personal benefit	ntract? It contract? It contract. It contrac	Yes X No Yes X No nowledge and belief, it is
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Uniy duduress, ariu CHESTERFIELD MO 63017 Phone no ► (636) 728-162	a Did the b Did the Note: // Please Sign Here Paid Pre- parer's	e organization, during the year, receive any function of the organization, during the year, pay if 'Yes' to (b), the Form 8870 and Form 19870	ds, directly or indirectly or	iated with Perctly, to pay premiums titly or indirectly, of tructions). In, including accompanier) is based on all into	on a personal benefit coon a p	ntract? It contract? It contract. It cont	Yes X No Yes X No nowledge and belief, it is
10 0007 100 202	a Did the b Did the Note: // Please Sign Here Paid Pre- parer's Use	e organization, during the year, receive any function of the organization, during the year, pay if 'Yes' to (b), the Form 8870 and Form 19870	nsfers Assoc ds, directly or indire premiums, direct m 4720 (see insi- e examined this retur- parer (other than office NTELLIGENT	iated with Perctly, to pay premiums titly or indirectly, of tructions). In, including accompanier) is based on all into	on a personal benefit coon a p	ntract? It contract? It contract. It cont	Yes X No

(Rev January 2006)

Department of the Treasury Internal Revenue Service

Depreciation and Amortization (Including Information on Listed Property)

► See separate instructions.

► Attach to your tax return.

OMB No 1545-0172

Bi-Lingual Internati	ional Assis	tant Services				56-	-2376877
Business or activity to which this form relat							
Form 990 / Form 990B	EZ						
Part I Election To Exp	ense Certain	Property Under Sec complete Part V before	ction 179	art I	<u> </u>		_
1 Maximum amount See the						1	\$105,000.
2 Total cost of section 179 pr		-				2	
3 Threshold cost of section 1		•				3	\$420,000.
4 Reduction in limitation Sub			ter -0			4	<u>.</u>
5 Dollar limitation for tax yea separately, see instructions	r. Subtract line 4	from line 1 If zero or les	ss, enter -0 If r	married filii	ng	5	
	Description of property		(b) Cost (busines	s use only)	(C) Elected co	st	
					- "		
7 Listed property Enter the a	mount from line 2	29		. 7			
8 Total elected cost of section	n 179 property. A	dd amounts in column (c), lines 6 and 7			8	
9 Tentative deduction. Enter	the smaller of line	e 5 or line 8				9	
10 Carryover of disallowed dec	duction from line	13 of your 2004 Form 45	62 .			10	
11 Business income limitation	. Enter the smalle	er of business income (no	ot less than zero	o) or line 5	(see instrs)	11	
12 Section 179 expense deduc	ction. Add lines 9	and 10, but do not enter	more than line	11		12	· · · · · · · · · · · · · · · · · · ·
13 Carryover of disallowed dec				▶ 13			
Note: Do not use Part II or Part I							
		ce and Other Depre				(See in	structions)
14 Special allowance for certa Liberty or GO Zone propert	y (other than liste	d property with a long pro d property) placed in ser	vice during the	tax year (s	ee instrs)	14	
15 Property subject to section	168(f)(1) election	l				15	
16 Other depreciation (including	ng ACRS)					16	·
Part III MACRS Deprec	iation (Do not in	nclude listed property.) (See instructions)			
		Section					
17 MACRS deductions for asset	ets placed in serv	ice in tax years beginnin	g before 2005			17	472.
18 If you are electing to group asset accounts, check here		d in service during the ta	ax year into one	or more g	eneral 🕨 🗀		
		in Service During 2005	Tay Voar Heine	the Gener	al Depreciation	Syctom	
(a)	(b) Month and	(C) Basis for depreciation	(d)	(e)	(f)	Jysteili	(g) Depreciation
Classification of property	year placed in service	(business/investment use only — see instructions)	Recovery period	Convent		1	deduction
19a 3-year property	ļ						
b 5-year property							
c 7-year property				+			
d 10-year property		-					
e 15-year property							
f 20-year property		-	25		0.41		
g 25-year property h Residential rental			25 yrs 27.5 yrs	MM	S/L S/L		<u> </u>
property	<u> </u>		27.5 yrs	MM MM	S/L		
i Nonresidential real			39 yrs	MM	S/L		
property			35 YIS	MM	S/L		
	- Assets Placed in	n Service During 2005 T	ay Year Using th				
20 a Class life	7.550.51 12004 1		ax rear osing a		S/L		····
b 12-year	1		12 yrs		S/L		
c 40-year	 	 	40 yrs	MM	S/L		
Part IV Summary (see in	structions)	<u> </u>	,			· .	
21 Listed property Enter amo			 -			21	
22 Total Add amounts from line 12, the appropriate lines of your return	lines 14 through 17, li n Partnerships and S	nes 19 and 20 in column (g), a corporations — see instruction	and line 21. Enter he	re and on		22	472.
23 For assets shown above ar the portion of the basis atti	nd placed in servi	ce during the current vea	-	23			

Form 4562 (2005) (Rev 1-2006) Bi-Lingual International Assistant Services 56-2376877

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for an extended property of any servention of any servention.

24 a Do you have evident (a) Type of property (list vehicles first) 25 Special allowance fire property placed in section and section are section as a section are section are section as a section are section are section as a section are section a	ion A - Depreciation	Section A,	all of Sec	tion B, a	and Sect	ion C if	аррис							
Type of property (list vehicles first) 25 Special allowance first) 26 Property used r 27 Property used first 28 Add amounts in Add amounts in Add amounts in to your employees, first or your em	ance to clinoort the blicine				ution: S	_	_	1				mobiles T	Yes	No
25 Special allowance for property placed in s 26 Property used r 27 Property used for property used fo						Yes	1 1 1	o 24b If		_		h)	') (i)
26 Property used r 27 Property used r 28 Add amounts in Add amounts in Add amounts in to your employees, fi during the year commuting miles driven 30 Total commuting miles driven 31 Total commuting miles driven 32 Total other persmiles driven 33 Total miles driven 34 Was the vehicle during off-duty 35 Was the vehicle than 5% owner 36 Is another vehicle personal use?	in service in	(C) Business/ Ivestment use ercentage	(d) Cost other b	or	(busines	(e) r deprecia ss/investra se only)	ition nent	(f) Recovery period	Me	g) thod/ rention	Depre	eciation uction	Ele secti	ected on 179 ost
28 Add amounts in 29 Add amounts in 29 Add amounts in 30 Total business/during the year commuting miles driven 31 Total commuting miles driven 32 Total other persmiles driven 33 Total miles driven 34 Was the vehicle during off-duty 35 Was the vehicle than 5% owner 36 Is another vehicle personal use?	e for certain aircraft, certai n service during the tax ye	in property wi ar and used r	ith a long pr more than 50	oduction p 0% in a q	eriod, and ualified bu	qualified siness us	New Yo e (see ir	ork Liberty on enstructions)	r GO Zone	25				
28 Add amounts in 29 Add amounts in 29 Add amounts in Complete this section to your employees, fi 30 Total business/ during the year commuting mile 31 Total commuting miles 32 Total other pers miles driven 33 Total miles driven 34 Was the vehicle during off-duty 35 Was the vehicle than 5% owner 36 Is another vehic personal use?	i more than 50% in a	qualified l	business i	use:										
28 Add amounts in 29 Add amounts in 29 Add amounts in 29 Complete this section to your employees, fi 30 Total business/ during the year commuting mile 31 Total commuting m 32 Total other pers miles driven 33 Total miles driven 34 Was the vehicle during off-duty 35 Was the vehicle than 5% owner 36 Is another vehicle personal use?	<u> </u>				<u> </u>		_						+	
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29 Add amounts in Complete this section to your employees, fi 30 Total business/ during the year commuting mile 31 Total commuting m 32 Total other pers miles driven 33 Total miles driv lines 30 through 34 Was the vehicle during off-duty 35 Was the vehicle than 5% owner 36 Is another vehicle personal use?					ļ								_	
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Complete this section to your employees, fi 30 Total business/during the year commuting mile 31 Total commuting m 32 Total other persimiles driven 33 Total miles driven 34 Was the vehicle during off-duty 35 Was the vehicle than 5% owner 36 Is another vehicle personal use?	in column (h), lines 2	_				e 21, pa	age 1			28			+	
 30 Total business/during the year commuting mile 31 Total commuting m 32 Total other persimiles driven 33 Total miles driven 34 Was the vehicle during off-duty 35 Was the vehicle than 5% owner 36 Is another vehicle personal use? 	ın column (ı), lıne 26	. Enter he	re and on Section I					•		•		29		
 31 Total commuting m 32 Total other personales driven 33 Total miles driven 34 Was the vehicle during off-duty 35 Was the vehicle than 5% owner 36 Is another vehicle personal use? 	s/investment miles di ar (do not include			a)	(b Vehic))		(c) ehicle 3	(d Vehic)	(€ Vehi	;)	(f Vehic	•
miles driven Total miles driven Total miles driven Was the vehicle during off-duty Was the vehicle than 5% owner Is another vehicle personal use?	miles driven during the ye	ear	-											
 34 Was the vehicle during off-duty 35 Was the vehicle than 5% owner 36 Is another vehicle personal use? 	ersonal (noncommutir	ng)						-						
during off-duty 35 Was the vehicle than 5% owner 36 Is another vehic personal use?	riven during the year igh 32	Add .												
during off-duty 35 Was the vehicle than 5% owner 36 Is another vehic personal use?			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
than 5% owner Is another vehic personal use?		onal use									_			
personal use?	cle available for perso y hours?	a more												
Anguar those guestic														
Anguar those guartis	y hours? cle used primarily by er or related person? hicle available for							-						
	y hours? cle used primarily by er or related person? hicle available for	- Question	s for Emp	oloyers \	Who Pro	vide Ve	hicles	tor Use I	y Their i	Employ	ees			
37 Do you maintaii	y hours? cle used primarily by er or related person? hicle available for	you meet a										are no	t more t	han

37	Do you maintain a written policy stateme by your employees?	ent that prohibits all perso	nal use of vehicles,	including comm	uting,		165	NO
38	Do you maintain a written policy stateme employees? See the instructions for veh	ent that prohibits personal icles used by corporate of	use of vehicles, ex ficers, directors, or	cept commuting, 1% or more own	by your ers			
39	Do you treat all use of vehicles by emplo	oyees as personal use?						<u> </u>
40	Do you provide more than five vehicles to vehicles, and retain the information received.	o your employees, obtain	information from ye	our employees al	oout the us	se of the		
41	Note: If your answer to 37, 38, 39, 40, o	• .	•	•				
Pa	rt VI Amortization							
	(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	Amortiz period percen	ation f or	(f) Amortizati for this ye	
42	Amortization of costs that begins during	your 2005 tax year (see	instructions).					
43	Amortization of costs that began before	your 2005 tax year	· · · · · · · · · · · · · · · · · · ·			43		
44	Total. Add amounts in column (f) See	instructions for where to r	eport .			44		
		ED:000				AECO	(200E) (D-	. 1 2000

Form 990, Page 2, Part II, Line 43 Other Expenses Stmt

Other expenses not covered above (itemize):	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
education	1,405.	0.	1,405.	0.
laboratory fee	110.	0.	110.	0.
gift	400.	0.	400.	0.
membership	335.	0.	335.	0.
contract labor	86,973.	86,973.	0.	0.
office supplies	5,989.	0.	5,989.	0.
other expences	536.	0.	536.	0.
proffecional development	333.	0.	333.	0.
Total	96,081.	86,973.	9,108.	0.

Form 990, Page 4, Part IV, Line 65 Other Liabilities Statement

Line 65 - Other Liabilities:	Beginning of Year	End of Year
payroll	2,047.	
loan to company	2,538.	

Total 4,585.