

Return of Organization Exempt From Income Tax

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

2000

Open to Public Inspection

Department of the Treasury Internal Revenue Service

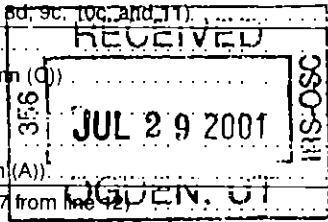
The organization may have to use a copy of this return to satisfy state reporting requirements.

Header section A-F: For the 2000 calendar year, or tax year period beginning 2000, and ending 20. Includes fields for Name of organization (RENAISSANCE ACADEMY INC), Employer identification number (95-4489540), and Telephone number ((818) 952-3055).

Section G: Organization type (checked 501(c)(3)). Section J: Accounting method (checked Cash). Section K: Check here if gross receipts normally not more than \$25,000. Section L: Check this box if organization is not required to attach Schedule B (checked).

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

Main table with 21 rows. Rows 1-12: Revenue (Total revenue: 846,201). Rows 13-17: Expenses (Total expenses: 810,391). Rows 18-21: Net Assets (Net assets at end of year: 113,172).



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REVENUE

EXPENSES

ASSETS

F 25

**Part II Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See Specific Instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
22	Grants and allocations (attach schedule) . . . . . (cash \$ _____ noncash \$ _____ )	22				
23	Specific assistance to individuals (attach schedule) . . . . .	23				
24	Benefits paid to or for members (attach schedule) . . . . .	24				
25	Compensation of officers, directors, etc. . . . .	25	46,227.	0.	46,227.	
26	Other salaries and wages. . . . .	26	323,779.	288,811.	34,968.	
27	Pension plan contributions . . . . .	27				
28	Other employee benefits . . . . .	28				
29	Payroll taxes. . . . .	29	20,707.	16,163.	4,544.	
30	Professional fundraising fees . . . . .	30				
31	Accounting fees . . . . .	31				
32	Legal fees. . . . .	32	165.		165.	
33	Supplies. . . . .	33	34,437.	31,937.	2,500.	
34	Telephone . . . . .	34	3,619.	1,810.	1,809.	
35	Postage and shipping . . . . .	35	4,579.	973.	3,606.	
36	Occupancy. . . . .	36	129,346.	116,411.	12,935.	
37	Equipment rental and maintenance . . . . .	37	6,390.	6,058.	332.	
38	Printing and publications . . . . .	38	3,290.	1,974.	1,316.	
39	Travel. . . . .	39	195.		195.	
40	Conferences, conventions, and meetings. . . . .	40				
41	Interest. . . . .	41				
42	Depreciation, depletion, etc (attach schedule). . . . .	42	10,804.	9,723.	1,081.	
43	Other expenses (itemize): <b>a</b> See Attached	43a	226,853.	196,726.	30,127.	
	<b>b</b> _____	43b				
	<b>c</b> _____	43c				
	<b>d</b> _____	43d				
	<b>e</b> _____	43e				
44	<b>Total functional expenses</b> (add lines 22 through 43). <b>Organizations completing columns (B)-(D),</b> <b>carry these totals to lines 13-15</b> . . . . .	44	810,391.	670,586.	139,805.	0.

**Reporting of Joint Costs.** Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation?  Yes  No  
 If "Yes," enter (i) 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** (See Specific Instructions)

What is the organization's primary exempt purpose? ▶	Program Service Expenses (Required for 501(c)(3) & (4) orgs. & 4947(a)(1) trusts but optional for others.)
<b>a</b> EDUCATIONAL SERVICES PROVIDED TO OVER 100 STUDENTS IN ORGANIZED ACTIVITIES USING A FULL YEAR CURRICULUM.  (Grants and allocations \$ _____ )	
<b>b</b> _____  (Grants and allocations \$ _____ )	
<b>c</b> _____  (Grants and allocations \$ _____ )	
<b>d</b> _____  (Grants and allocations \$ _____ )	
<b>e</b> Other program services (attach schedule) (Grants and allocations \$ _____ )	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) . . . . .	0.

**Part IV Balance Sheets** (See Specific Instructions)

		(A)		(B)	
		Beginning of year		End of year	
ASSETS	45	Cash -- non-interest-bearing	73,344.	45	41,557.
	46	Savings and temporary cash investments	16,593.	46	65,677.
	47a	Accounts receivable			
	b	Less: allowance for doubtful accounts		47c	
	47a				
	47b				
	48a	Pledges receivable			
	b	Less: allowance for doubtful accounts		48c	
	48a				
	48b				
	49	Grants receivable		49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a	Other notes and loans receivable (attach schedule)			
	b	Less: allowance for doubtful accounts		51c	
	51a				
	51b				
	52	Inventories for sale or use	1,736.	52	1,736.
	53	Prepaid expenses and deferred charges		53	
	54	Investments -- securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
55a	Investments -- land, buildings, and equipment: basis	63,917.			
b	Less: accumulated depreciation (attach schedule)	27,861.	16,142.	55c	36,056.
55a					
55b					
56	Investments -- other (attach schedule)		56		
57a	Land, buildings, and equipment: basis				
b	Less: accumulated depreciation (attach schedule)		57c		
57a					
57b					
58	Other assets (describe <input type="checkbox"/> See Statement Attached )		58	8,515.	
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)	107,815.	59	153,541.	
LIABILITIES	60	Accounts payable and accrued expenses		60	
	61	Grants payable		61	
	62	Deferred revenue		62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a	Tax-exempt bond liabilities (attach schedule)		64a	
	b	Mortgages and other notes payable (attach schedule)		64b	
	65	Other liabilities (describe <input type="checkbox"/> See Statement Attached )	30,450.	65	40,369.
66	<b>Total liabilities</b> (add lines 60 through 65)	30,450.	66	40,369.	
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	77,365.	67	113,172.
	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 and column (B) must equal line 21)	77,365.	73	113,172.	
74	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	107,815.	74	153,541.	

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** (See Specific Instructions)

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

<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 & 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; see Specific Instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred comp.	(E) Expense account and other allowances
LAURA LEWIS GLENDALE, CA	PRESIDENT 40 .	22,336 .	0 .	0 .
DEBORAH SCHROCK SUNLAND, CA	SECRETARY 1 .	0 .	0 .	0 .
ANN HAZEN TUJUNGA, CA	OFFICER 40 .	23,891 .	0 .	0 .

**75** Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? . . . . ▶  Yes  No  
If "Yes," attach schedule -- see Specific Instructions.



**Part VII Analysis of Income-Producing Activities** (See Specific Instructions.)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
Enter gross amounts unless otherwise indicated.					
<b>93</b> Program service revenue:					
<b>a</b> OPERATION OF THE					827,440.
<b>b</b> SCHOOL					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>f</b> Medicare/Medicaid payments					
<b>g</b> Fees & contracts from govt. agencies					
<b>94</b> Membership dues & assessments					
<b>95</b> Interest on savings and temporary cash investments			14	2,169.	
<b>96</b> Dividends & interest from securities					
<b>97</b> Net rental income or (loss) from real estate:					
<b>a</b> debt-financed property					
<b>b</b> not debt-financed property					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events			1	16,591.	
<b>102</b> Gross profit/(loss) from sales of inventory					
<b>103</b> Other revenue: <b>a</b>					
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>104</b> Subtotal (add columns (B), (D), and (E))				18,760.	827,440.
<b>105</b> Total (add line 104, columns (B), (D), and (E))					846,200.

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 Specific 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).
93	REVENUE FROM OPERATION OF SCHOOL
102	REVENUE FROM THE SALE OF BOOKS, T-SHIRTS & CAPS

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See Specific Instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership int.	(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 Specific 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 Sign Here**

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. (Important. See General Instructions.)

*Laura Lewis* 24 July 01  
Signature of officer Date

LAURA LEWIS OFFICER  
Type or print name and title.

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**Paid Preparer's Use Only**

Preparer's signature: *Arthur T. Moore* Date: 06/29/2001 Check if self-employed  Preparer's SSN or PTIN: P00160826

Firm's name (or yours if self-employed) and address, & ZIP code: Arthur T. Moore, Inc.  
210 N. Glenoaks Blvd #C  
Burbank, CA 91502

EIN: 95-4586487 Phone no.: (818) 845-1964

**SCHEDULE A**  
(Form 990 or 990-EZ)

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

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

OMB No. 1545-0047

**2000**

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 <b>RENAISSANCE ACADEMY INC</b>	Employer identification number <b>95-4489540</b>
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**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See 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 empl. benefit plans & deferred compensation	(e) Expense account and other allowances
NA				
Total number of other employees paid over \$50,000 . . . . . ▶				

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See 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
NA		
Total number of others receiving over \$50,000 for professional services . . . . . ▶		

**Part III Statements About Activities**

	Yes	No
<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? . . . . . If "Yes," enter total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	<b>1</b>	X
<b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its 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:		
<b>a</b> Sale, exchange, or leasing of property? . . . . .	<b>2a</b>	X
<b>b</b> Lending of money or other extension of credit? . . . . .	<b>2b</b>	X
<b>c</b> Furnishing of goods, services, or facilities? . . . . . <i>SEE FORM 990, PG 2 PART IV</i>	<b>2c</b>	X
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . .	<b>2d</b>	X
<b>e</b> Transfer of any part of its income or assets? . . . . . If the answer to any question is "Yes," attach a detailed statement explaining the transactions.	<b>2e</b>	X
<b>3</b> Does the organization make grants for scholarships, fellowships, student loans, etc.? . . . .	<b>3</b>	X
<b>4a</b> Do you have a section 403(b) annuity plan for your employees? . . . . .	<b>4a</b>	X
<b>b</b> Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See the instructions.)		

**Part IV Reason for Non-Private Foundation Status** (See 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, page 5.)
- 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 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 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.

Table with columns for years (a) 1999, (b) 1998, (c) 1997, (d) 1996, and (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends, amounts received from payments on securities loans; 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; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23; 26 Organizations described on lines 10 or 11; 27 Organizations described on line 12; 28 Unusual Grants.

Part V Private School Questionnaire (See the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 29-35 regarding racial nondiscrimination policies, financial aid, and organizational requirements.

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

Check here a if the organization belongs to an affiliated group. Check here b if you checked "a" above and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Table with columns (a) Affiliated group totals and (b) To be completed for ALL electing organizations. Rows 36-44.

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50.)

Lobbying Expenditures During 4-Year Averaging Period Table with columns (a) 2000, (b) 1999, (c) 1998, (d) 1997, (e) Total. Rows 45-50.

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

Table for reporting lobbying activity with columns Yes, No, Amount. Rows a-i describing various lobbying methods.

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

- (i) Cash
(ii) Other assets

Table with columns Yes, No and rows 51a(i), a(ii), b(i), b(ii), b(iii), b(iv), b(v), b(vi), c

b Other transactions:

- (i) Sales or exchanges of assets with a noncharitable exempt organization
(ii) Purchases of assets from a noncharitable exempt organization
(iii) Rental of facilities, equipment, or other assets
(iv) Reimbursement arrangements
(v) Loans or loan guarantees
(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

Table with columns (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, & sharing arrangements. Includes handwritten 'N/A' in column (c).

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule:

Table with columns (a) Name of organization, (b) Type of organization, (c) Description of relationship

Form 990 - Exempt Organization Tax Return  
 Line 9a - Special Fundraising Events and Activities

Description of Event	Gross Rec.	Contrib.	Exp.
JOGATHON ANNUAL FUNDRAISER	30,883.	0.	14,291.
TOTAL	30,883.	0.	14,291.

Form 990 - Exempt Organization Tax Return  
 Line 42 - Depreciation, Depletion, Etc.

Description	(A) Total	(B) Program Services	(C) Mgmt. & General	(D) Fund-raising
EQUIPMENT 1995	146.	131.	15.	0.
EQUIPMENT 1996	2,088.	1,879.	209.	0.
EQUIPMENT 1998	1,979.	1,781.	198.	0.
EQUIPMENT 2000	6,591.	5,932.	659.	0.
TOTAL	10,804.	9,723.	1,081.	0.

Form 990 - Exempt Organization Tax Return  
 Line 43 - Other Expenses

Description	(A) Total	(B) Program Services	(C) Mgmt. & General	(D) Fund-raising
ADVERTISING	35,196.	35,196.	0.	0.
AUTO & TRUCK	7,780.	5,835.	1,945.	0.
BANK CHARGES	1,964.	0.	1,964.	0.
OUTSIDE SERVICES	21,831.	21,831.	0.	0.
DUES & MEMBERSHIPS	2,817.	0.	2,817.	0.
EDUCATION	6,858.	3,429.	3,429.	0.
FIELD TRIP EXPENSES	22,159.	22,159.	0.	0.
COMMISSION PAID	3,311.	3,311.	0.	0.
INSURANCE	21,731.	17,385.	4,346.	0.
JANITORIAL	2,759.	2,483.	276.	0.
OFFICE EXPENSES	11,003.	0.	11,003.	0.
BONUSES	9,050.	7,240.	1,810.	0.
PAYROLL EXPENSES	1,442.	1,154.	288.	0.

Continued on Page 2

PUBLICATIONS & REF MAT	3,102.	2,792.	310.	0.
EQUIPMENT RENTAL	4,221.	3,799.	422.	0.
MEETING EXP	888.	888.	0.	0.
TRADEMARK LICENSE FEES	59,717.	59,717.	0.	0.
UTILITIES	9,988.	8,989.	999.	0.
MISC	1,036.	518.	518.	0.
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TOTAL	226,853.	196,726.	30,127.	0.
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Form 990 - Part IV - Balance Sheets  
 Line 58 - Other Assets

Description	Amount
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EMPLOYEE ADVANCES	6,600.
UNDEPOSITED FUNDS	1,915.
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TOTAL	8,515.
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Form 990 - Part IV - Balance Sheets  
 Line 65 - Other Liabilities

Description	Amount
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DEPOSITS	40,118.
SALES TAX	251.
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TOTAL	40,369.
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