Form 99	0,
٢	

Department of the Treasury Internal Revenue Service

## **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)

OMB No 1545 0047 2004

Open to Public Inspection

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

А	rort	ne 2004 calend	dar year, o	r tax year beginning	, 20	04, and e	ending		,	
В	Check	if applicable		_			Ì	D Empl	oyer Identif	ication Number
	$\bigcap_{A_0}$	ddress change	Please use IRS label	RENAISSANCE ACADEM	Y INC			95	-44895	40
	$\square_{N_i}$	ame change	or print or type	4490 CORNISHON AVE					hone numb	
	$\vdash$	utial return	See specific	LA CANADA, CA 9101	1-3243			81	8 952-	-3055
	$\vdash$		unting od:							
	$\vdash$	nal return	tions							X Cash Accrual
	$\vdash$	mended return			<del></del>				Other (specif	
	L AI	pplication pending	Section	on 501(c)(3) organizations and table trusts must attach a com	4947(a)(1) nonexemp	ot	H and I are not applic			·
				1 990 or 990-EZ).	pieted Schedule A		H (a) Is this a group	p return fo	ır affiliates?	Yes X No
G	Weh	site: ► N/A	•	•			H (b) If Yes, enter (	number of	affiliates 🏲	<b>•</b>
<u> </u>		31tc. 11/11	· — —				H (c) Are all affiliat	es include	ed? NA	Yes No
J		nization type	_	X 501(c) 3 ◀ (insert r	<u> </u>	r	(If 'No,' attacl	halist So	ee instructio	ns)
		ck only one)		X  501(c) 3 ◀ (insert r		527	H (d) Is this a sepa	rate return	n filed by an	
ĸ	Chec	on The arrange	a group rul							
	recei	ived a Form 99	112ation ne 30 Packag	eed not file a return with the IF e in the mail, it should file a re	(5, but if the organiza eturn without financial	ition I data	I Group Exe	mntion	Number	► 4171
	Som	e states requir	re a compl	ete return.						on is not required
L	Gros	s receipts. Add	d lines 6b.	8b, 9b, and 10b to line 12 ►	1.030.650					990-EZ, or 990-PF).
Pa				ises, and Changes in N		d Ralai				
	1			ants, and similar amounts rece		u Dalai	iles (See ilisut	actions)		
		Direct public		and similar amounts rece	iveu.	1 .	1			
		•	• •			1 a	<del></del>	000		
		Indirect publi				115	<del> </del>	000.	ŧ l	
		Government		13 7		1 c	<u> </u>			
į		Total (add lines I a through Ic) (c		105,000. noncash		)			1 d	105,000.
;	2			ue including government fees	and contracts (from F	Part VII, I	line 93)		2	911,717.
	3 Membership dues and assessments								3	
	4	4 Interest on savings and temporary cash investments							_4	65.
	5 Dividends and interest from securities								5	
	6a	Gross rents				6a	1			
	ь	Less rental e	expenses			6b				
	С	: Net rental inc	come or (lo	oss) (subtract line 6b from line	6a)				6c	
R	7 Other investment income (describe								7	
R E V		. Cross sans			(A) Securities		(B) Other	r		
Ė	Оа	than inventor		es of assets other		8 a				
įį	ь	Less cost or	other bas	is and sales expenses		86	<del></del>		f	
_		: Gain or (loss) (a		•		80	<del> </del>			
				bine line 8c, columns (A) and	(B))		1		8d	
		• .	, ,	ivities (attach schedule) If any	` ''	ina che	ck hara			
				ludina \$			CK HOIC			
		reported on I	`			9a	. 13	868.		
	, P	-		other than fundraising expense	nc.	91		699.		
				om special events (subtract lin		1 31	Stateme			12 160
				y less returns and allowance	•	1.0-	1	iil I	9c	12,169.
				•		10 a	+		! ! E 1	
		Less cost of	-		In 10 ( ) 10	101	)		1	
				iles of inventory (attach schedule) (sub	tract line 10b from line 10a	a)			10c	
	11		•	art VII, line 103)		000		7	11	
	12			es 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c,	10c, and 11)	K E C	EIVED_		12	1,028,951.
E	13			n line 44, column (B))			(		13	622,938.
E X	14			ral (from line 44, column (C))	738	NOV ว	1 2005	3	14	331,132.
E N	15			44, column (D))	~		, , , , , , , , , , , , ,		15	3,346.
EN SES	16			(attach schedule).		· · · · · · · · · · · · · · · · · · ·	J⊈		16	
_ S	17	Total expens	es (add lir	nes 16 and 44, column (A)).	C	)GDI	EN LIT	1	17	957,416.
А	18	Excess or (de	eficit) for t	he year (subtract line 17 from	line 12)		, 0 1	J	18	71,535.
N S E E T T	19	Net assets or	r fund bala	ances at beginning of year (fro	m line 73, column (A)	))			19	61,719.
ŤĒ	20	Other change	es in net a	ssets or fund balances (attach	explanation)				20	
Ś	21	Net assets or	r fund bala	ances at end of year (combine	lines 18, 19, and 20)				21	133,254.
PΛ	^ F-			work Peduction Act Notice of			<del></del>			Farm 000 (2004)

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>B)</b> Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att sch)					
(cash \$				1	
non-cash \$)	22				
23 Specific assistance to individuals (att sch)	23				
24 Benefits paid to or for members (att sch)	25	52,947.		52,418.	F20
<ul><li>25 Compensation of officers, directors, etc</li><li>26 Other salaries and wages</li></ul>	26	324,303.	219,160.	104,092.	529. 1,051.
27 Pension plan contributions	27	324,303.	215,100.	104,032.	1,031.
28 Other employee benefits.	28				· · · · · · · · · · · · · · · · · · ·
29 Payroll taxes	29	29,726.	17,268.	12,333.	125.
30 Professional fundraising fees	30		17,200.	12,333.	125.
31 Accounting fees	31				
32 Legal fees	32	82,587.		81,761.	826.
33 Supplies	33	17,763.	14,937.	2,798.	28.
34 Telephone	34	5,712.	2,856.	2,827.	29.
35 Postage and shipping	35	17,858.	3,572.	14,143.	143.
36 Occupancy	36	222,796.	200,516.	22,057.	223.
37 Equipment rental and maintenance	37	9,413.	200, 310.	9,319.	94.
38 Printing and publications	38	9,090.	9,090.	J, J± J.	
39 Travel	39		<u> </u>	<del></del>	
40 Conferences, conventions, and meetings	40	376.	376.	<del></del> -	<del></del>
41 Interest	41	370.	370.		
42 Depreciation, depletion, etc (attach schedule)	42	7,895.	6,316.	1,563.	16.
43 Other expenses not covered above (itemize)	42	1,093.	0,310.	1,363.	10.
a See Statement 2	43a	176,950.	148,847.	27,822.	281.
		170,930.	140,047.	21,022.	201.
b	43 b				
<u>c</u>				<del></del>	
d	43 d				<u> </u>
44 Total functional expenses (add lines 22 · 43) Organizations completing columns (B) · (D), carry these totals to lines 13 · 15	43 e	957,416.	622,938.	331,133.	3,345.
Joint Costs. Check If you are following	كند		022,930.	331,133.	3,343.
Are any joint costs from a combined education			estation reported in (P) 0	)	► Yes X No
If 'Yes,' enter (i) the aggregate amount of thes				mount allocated to Prog	
	•	to Management and ger		, and (iv) th	
to Fundraising \$	посысса	to management and ger		, and (IV) an	e amount anocated
Part III Statement of Program Se	vice A	ccomplishments			
What is the organization's primary exempt pur					Program Service Expenses
All organizations must describe their exempt p clients served, publications issued, etc. Discus izations and 4947(a)(1) nonexempt charitable		achievements in a clear a ements that are not mea ust also enter the amour	and concise manner Stansurable (Section 501(c)	ate the number of (3) & (4) organ-	(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
a KINDERGARTEN THROUGH 127					
STUDENTS IN ORGANIZED AC					
		(Grants and	d allocations \$	<u></u>	622,938.
b					
		(Grants and	d allocations \$	)	
c					
		(Grants and	d allocations \$	)	
d					
		(Grants and	d allocations \$	)	
e Other program services		(Grants and	d allocations \$	)	
f Total of Program Service Expenses (sh	ould equ	ial line 44, column (B), F	Program services)	<b>•</b>	622,938.

### Part IV Balance Sheets (See Instructions)

Note:		nere required. attached schedules and amounts within lumn should be for end-of-year amounts only	<b>(A)</b> Beginning of year		<b>(B)</b> End of year		
T	45	Cash - non-interest-bearing			31,298.	45	121,653.
	46	Savings and temporary cash investments			18,921.	46	20,554.
	47 a	Accounts receivable	47 a				
- 1	t	Less allowance for doubtful accounts	47 ь			47 c	
		a Pledges receivable	48 a		:		
		Less, allowance for doubtful accounts	48Ь		<del></del>	48 c	
	49	Grants receivable		-	· · · · · · · · · · · · · · · · · · ·	49	
A S S E T S	50	Receivables from officers, directors, trustees, and keemployees (attach schedule)			50		
Ē	51 a	a Other notes & loans receivable (attach sch)	51 a				
ś	ŧ	Less allowance for doubtful accounts	51 b			51 c	
-	52	Inventories for sale or use			52		
-	53	Prepaid expenses and deferred charges				53	
	54	Investments - securities (attach schedule)		► Cost FMV		54	
	55 a	a investments — land, buildings, & equipment basis	55 a				
	ł	Less, accumulated depreciation (attach schedule)	55 b			55 c	
	56	investments - other (attach schedule)			· · · · · · · · · · · · · · · · · · ·	56	
	57 a	a Land, buildings, and equipment basis	57 a	89,025.			
	ł	Less accumulated depreciation (attach schedule) Statement 3	57 b	80,981.	15,939.	57 c	8,044.
	58	Other assets (describe - See Statement 4	)	12,336.	58	1,701.	
İ	59	Total assets (add lines 45 through 58) (must equal li	ne 74)		78,494.	59	151,952.
	60	Accounts payable and accrued expenses.			60	·	
Ļ	61	Grants payable				61	
L I A B I L I T	62	Deferred revenue				62	
ון י	63	Loans from officers, directors, trustees, and key employees (attach	schedul	e)		63	
Ţ	· 64 a	a Tax-exempt bond Irabilities (attach schedule)		Ì		64a	
E S	ŀ	b Mortgages and other notes payable (attach schedule)				64 b	
š	65	Other liabilities (describe - See Statement	5	)	16,775.	65	18,698.
	_ 66	Total liabilities (add lines 60 through 65)			16,775.	66	18,698.
, 0	)rgan	nizations that follow SFAS 117, check here ▶ 🔃 a	nd con	nplete lines 67			
N E		through 69 and lines 73 and 74					
	67	Unrestricted				67	
ANNELS	68	Temporarily restricted				68	
ξ	69	Permanently restricted		_	· · · · · · · · · · · · · · · · · · ·	69	
P C	rgan	sizations that do not follow SFAS 117, check here	X	and complete lines			
- 1	_	70 through 74					
F   20	70	Capital stock, trust principal or current funds		  -		70	
1	71	Paid-in or capital surplus, or land, building, and equ		<del> </del>	71		
<u>ר</u>	72	Retained earnings, endowment, accumulated income	e, or o	ther funds.	61,719.	72	133, 254.
BALAZCES		72, column (A) must equal line 19, column (B) must	equal	line 21).	61,719.	73	133,254.
	74	Total liabilities and net assets/fund balances (add lii	nes 66	and 73)	78,494.	74	151,952.

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.

BAA

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue				Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses						
	per Re	eturn (See instruc	tior	ns.)		per Return				
a	Total revenue, gains, per audited financial	and other support statements	a	N/A	a	Total ex financia	xpenses and al statement	d losses per audited s	a	  N/A
b	Amounts include not on line 12, F				ь		ts included i 17, Form 99	on line a but not 90		
(1)	Net unrealized gains on investments	\$			(1	Donated ices and of facility	d use	s		
(2)	Donated serv- ices and use of facilities	\$			(2	Prior year ments rep line 20, Fe	adjust- ported on	\$		
•	Recoveries of prior year grants Other (specify)	\$	<u> </u>		i	Losses re line 20, Fo		\$		
(-)		\$	-		(4	) Other (s	- – – – –	ŝ		
с	Add amounts on lines		ь		С		ints on lines (1 minus line <b>b</b>	- ·	b c	
d	Amounts include Form 990 but no	d on line 12, t on line <b>a:</b>			d		ts included ( 90 but not o			
(1)	Investment expenses not included on line 6b, Form 990	\$			(1	Investment not include 6b, Form	led on line	\$		
(2)	Other (specify)		}		(2	Other (	specify)		7	
	  Add amounts on	\$						\$		
•		, ,	d					105 (1) and (2)	d	
e	Total revenue pe 990 (line c plus li	ine d)	е		е	990 (lin	e c plus line	r line 17, Form e <b>d</b> )	e	
Par	V List of C	Officers, Director	s, T	rustees, and Key E	mp					
_	(A) Name	and address	,	B) Title and average ho per week devoted to position	urs	if no	npensation ot paid, er -0-)	(D) Contribution employee bene plans and defer compensation	efit red	(E) Expense account and other allowances
<u>See</u>	<u>Statement</u>	6								
							52,946		0.	0.
							0=73.50			<u> </u>
					1					
					1					
			_		$\vdash$					
		<del></del>								•
			1		+	<del></del>		<del> </del>		
	· <del>-</del>									
			-	<del></del>	-+			+		
	·		-							
75	\$10,000 was pr	from your organization from your organization for the control of the related from the control of	n an orga		gate ons, of	compensa which m	ation of mor ore than	e	<b>-</b> [	Yes X No
	II 'Yes,' attach	schedule – see instru	ictio	ns						

	990,(2004) : RENAISSANCE ACADEMY INC 95-448954	0	F	age 5
Pa	rt VI Other Information (See instructions )		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	76		х
77	Were any changes made in the organizing or governing documents but not reported to the IRS?  If 'Yes,' attach a conformed copy of the changes	77		X
	a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?	78a	- N	X
	·	78Ь	N,	A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	79		х
	a is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization?  If 'Yes,' enter the name of the organization   N/A	80 a		<u>x</u>
01	and check whether it is exempt or nonexempt			
_	a Enter direct and indirect political expenditures See line 81 instructions  81a  0.			
	o Did the organization file Form 1120-POL for this year?	81 Ь		X
82 a	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?	82a		х
	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.)  82b  N/A			
	a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	ļ
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	-
	a Did the organization solicit any contributions or gifts that were not tax deductible? $\sim \Lambda$	84a		ļ
b	of If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were			,
85	not tax deductible?  501(c)(4) (5) or (5) organizations a Word substantially all dues acade duet black a  a substantially all due acade duet black as a substantially all dues acade duet black as a substantially all due acade duet black as a substantial acade due acade due acade due acade duet black as a substantial acade due acade due acade due acade duet black as a substantial acade due  acade due  acade due acade due acade due acade due acade due acade duet acade due	84b		/ <u>A</u>
	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85a		/ <u>A</u>
L		85Ь	N,	/A
	If 'Yes' was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year			
c	Dues, assessments, and similar amounts from members 85c N/A			
	d Section 162(e) lobbying and political expenditures  85d N/A			
	e Aggregate nondeductible amount of section 6033(e)(1)(/-) dues notices  85e N/A			
	Taxable amount of lobbying and political expenditures (line 85d less 85e)  85f N/A			
	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85 a	N.	ŀΑ
	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?	85h		/A
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on			<u> </u>
	Ine 12 86a N/A	}		
	Gross receipts, included on line 12, for public use of club facilities  86b  N/A			
87	501(c)(12) organizations Enter a Gross income from members or shareholders.  87a  N/A			
b	o Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )  87b			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If 'Yes,' complete Part IX			v
89 a	a 501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under	88		<u>X</u>
	section 4911 ► 0. , section 4912 ► 0. , section 4955 ► U.			
ь	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 statement			,,
	explaining each transaction	89 Ь		<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			0.
	List the states with which a copy of this return is filed CALIFORNIA	,— — —		
D D	Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)	90 Ь		23
91	The books are in care of ► ANN_HAZEN  Telephone number ► 818 952-30	<u>55                                   </u>		
92	Located at SAME AS PAGE 1 ADDRESS  ZIP + 4 >	· - <del>-</del> -		<u>- 7 - 7</u>
JŁ	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	N/	M	N/A
BAA		Forn	990	N/A (2004)
				(/

Patty	IT Analysis of Income-Produ					
	ter gross amounts unless	Unrelated (A)	business income (B)	Excluded by se	ection 512, 513, or 514 (D)	<b>(E)</b> Related or exempt
otnerwise	e indicaled	Business code	Amount	Exclusion code	Amount	function income
	rogram service revenue OPERATING THE SCHOOL					911,717.
b_	J. Z. C. T. T. DOLLOOP					JII, /I/.
c_			<del></del>			
<b>d</b> _						
e_						
	fedicare/Medicaid payments					
-	ees & contracts from government agencies	<del></del>				<del></del>
	fembership dues and assessments literest on savings & temporary cash invmnts		<del> </del>	1 4	<u></u>	
	Dividends & interest from securities			14	65.	
	et rental income or (loss) from real estate.					
	ebt-financed property					
	ot debt-financed property	ļ			<del></del>	
	et rental income or (loss) from pers prop	<u> </u>				· · · · · · · · · · · · · · · · · · ·
	Other investment income					
	Sain or (loss) from sales of assets ther than inventory					
	et income or (loss) from special events			1	12,169.	
	ross profit or (loss) from sales of inventory					
	Other revenue a					
p_						· ····
						· · · · · · · · · · · · · · · · · · ·
d_						
e_ 104 °	ubtotal (add columns (B), (D), and (E))				12 224	011 717
	otal (add line 104, columns (B), (D),	and (E))		<u> </u>	12,234.	911,717. 923,951.
	ne 105 plus line 1d, Part I, should equ		on line 12 Part I		· <del></del>	923, 931.
	III Relationship of Activities			emnt Purnos	OF (See instructions )	
Line No		h income is re	ported in column (F) of	Part VII contrib	uted importantly to the	accomplishment
93	REVENUE FROM OPERATIO				<u>·                                      </u>	
			· · · · · · · · · · · · · · · · · · ·			
						<del></del>
Part I	X Information Regarding Ta	xable Subs	diaries and Disre	garded Entiti	es (See instructions.)	
	(A)	(B)	(0		(D)	(E)
Nam	e, address, and EIN of corporation.	Percentage				
	artnership, or disregarded entity	ownership in		activities	Total Income	End-of-year assets
N/A		<del> </del>	%			
			%			
			%			
			%			
Part >	Information Regarding Tra	ansfers Ass	ociated with Pers	onal Benefit	Contracts (See insti	ructions )
a Did	the organization, during the year, receive any fu	inds, directly or inc	directly, to pay premiums on	a personal benefit co	ntract <sup>7</sup>	Yes X No
<b>b</b> Did	the organization, during the year, pa	ıy premiums, d	irectly or indirectly, on	a personal bene	efit contract?	Yes X No
	: If 'Yes' to <b>(b),</b> file Form 8870 <b>and</b> Fo					
	Under penalties of perjury, I declare that I be true, correct and complete Declaration of p			schedules and state	ments, and to the best of my	rnowledge and belief, it is
DI	inde, correct and complete declaration of	reparer (other than	officer) is based on all inform	ation of which prepar	er has any knowledge	2
Please	- CVVVI 77	/20M	<u> </u>		11/70/0	<u> </u>
Sign Here	Signature of officer	$\triangle$			Date	
iicic	ANN HAZEN, Vice Pre	<u>esident</u>		····		
	Type or print name and title					· · · · · · · · · · · · · · · · · · ·
Paid	Preparer's	$)\bigcirc$ .	KAVOLUNTEEN		Check if Self	reparer's SSN or PTIN (See eneral Instruction W)
Pre-	signature + Hum	1 apr	Mar	10-25-0	employed N	I/A
parer's		Sore, Inc	·			
Use Only	employed),  address and  211 W. Alame	eda Ave #	202		EIN ► N/A	
Only	ZIP + 4 Burbank, CA	91502			Phone no ► (81	8) 845-1964
O A A						

#### 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

Supplementary Information — (See separate instructions.)

2004

OMB No 1545 0047

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number RENAISSANCE ACADEMY INC 95-4489540 Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See instructions List each one If there are none, enter 'None') (d) Contributions to employee benefit plans and deferred compensation (a) Name and address of each (b) Title and average (c) Compensation (e) Expense employee paid more than \$50,000 hours per week count and other devoted to position allowances Total number of other employees paid over \$50,000 Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services (See instructions List each one (whether individuals or firms) If there are none, enter 'None') (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation Total number of others receiving over \$50,000 for professional services

RENAISSANCE ACADEMY INC

Schedule, A (Form- 990 or 990-EZ) 2004

95-4489540

Page 2

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) 15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) N/A 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 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 organ ization after June 30, 1975 19 Net income from unrelated business activities not included in line 18 20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf 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 Other income Attach a schedule. Do not include gain or (loss) from sale of capital assets 23 Total of lines 15 through 22 24 Line 23 minus line 17 25 Enter 1% of line 23 a Enter 2% of amount in column (e), line 24 Organizations described on lines 10 or 11: 26 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 26<sub>b</sub> c Total support for section 509(a)(1) test. Enter line 24, column (e) 26 c d Add Amounts from column (e) for lines 18 19 26 d e Public support (line 26c minus line 26d total) 26 e f Public support percentage (line 26e (numerator) divided by line 26c (denominator)). 26 f 27 Organizations described on line 12: N/A a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person' **Do not file this list with your return.** Enter the sum of such amounts for each year (2003) \_ \_ \_ \_ (2002) \_ \_ \_ \_ (2001) \_ \_ \_ \_ (2001) \_ \_ \_ \_ (2000) \_ \_ \_ \_ bFor any amount included in line 17 that was received from each person (other than 'disqualified persons') prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals ) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year (2003) \_\_\_\_\_ (2002) \_\_\_\_ (2001) \_\_\_\_ (2000) \_\_\_\_ c Add Amounts from column (e) for lines 15 20 d Add Line 27a total and line 27b total 27 d e Public support (line 27c total minus line 27d total) f Total support for section 509(a)(2) test Enter amount from line 23, column (e) g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) 27 g % h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) 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 N/A

Part V Private School Questionnaire (See instructions.)
(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 numbiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	Х	
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?	30	Х	
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?	31	Х	
	If 'Yes,' please describe, if 'No.' please explain (If you need more space, attach a separate statement)  See Statement # 7			
				-
	Does the organization maintain the following a Records indicating the racial composition of the student body, faculty, and administrative staff?	32 a	Х	
ł	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32 b	Х	
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	X	
(	d Copies of all material used by the organization or on its behalf to solicit contributions?	32d	Х	
	If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to  a Students' rights or privileges?	33a		Х
ŀ	Admissions policies?	33Ь		Х
(	Employment of faculty or administrative staff?	33c		Х
Ć	d Scholarships or other financial assistance?	33d	_	Х
•	e Educational policies?	_33 e		<u>X</u>
1	Use of facilities?	33 f		Х
Ġ	g Athletic programs?	33g		Х
ı	1 Other extracurricular activities?	33h		X
	If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement)			
34 a	a Does the organization receive any financial aid or assistance from a governmental agency?	34a		X
1	b Has the organization's right to such aid ever been revoked or suspended?	34b		Х
	If you answered 'Yes' to either 34a or b, please explain using an attached statement			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation	35	Х	

	dule A (Form 990 or 990-		SANCE ACADEMY				95-448	9540	Page 5	
Par	To be complete	cpenditures by Elected ONLY by an eligible of	cting Public Chari organization that filed F	i <b>ties</b> (See inst orm 5768)	tructions	)		N/A		
Chec	ck ► a lifthe organiz	ation belongs to an affil	ated group Check	► b If yo	ou check	ed 'a' and 'l	ımıted cont	trol' provi	sions apply	
		imits on Lobbying	•			Affiliate	a) o group als	To be	(b) e completed ALL electing	
	(The term	'expenditures' means a	mounts paid or incurre	d.)				org	janizations	
36	Total lobbying expenditu	,		, ,,	36		<del></del>			
37	Total lobbying expenditu			ring)	37			ļ		
38	Total lobbying expenditu	•	<sup>7</sup> )		38		. ,	ļ		
39	Other exempt purpose e				39			<del> </del>		
40	Total exempt purpose ex		•		40		<del></del>	<del> </del>		
41	Lobbying nontaxable am  If the amount on line 40		obbying nontaxable ar					1		
	Not over \$500,000	-	of the amount on line					<b>‡</b>		
	Over \$500,000 but not over \$1,		00 plus 15% of the excess o					I		
	Over \$1,000,000 but not over \$		000 plus 10% of the excess o	<b>I</b>	-   41			Ť		
	Over \$1,500,000 but not over \$		100 plus 5% of the excess over		<u> </u>			<u> </u>		
	Over \$17,000,000		000,000					1		
42	Grassroots nontaxable a	mount (enter 25% of lin	e 41)		42					
43	Subtract line 42 from lin	e 36 Enter -0- if line 42	is more than line 36		43					
44	Subtract line 41 from lin	e 38 Enter -0- if line 41	is more than line 38		44					
	Caution: If there is an a	mount on either line 43	or line 44, you must fil	e Form 4720				<u> </u>		
	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									
	Calendar year (or fiscal year beginning in) ►	<b>(a)</b> 2004	<b>(b)</b> 2003	<b>(c)</b> 2002			( <b>d)</b> 001		<b>(e)</b> Total	
45	Lobbying nontaxable amount									
46	Lobbying ceiling amount (150% of line 45(e))									
47	Total lobbying expenditures									
48	Grassroots non- taxable amount						······································			
49	Grassroots ceiling amount (150% of line 48(e))				<u>-</u>					
	Grassroots lobbying expenditures  t VI-B Lobbying A	ctivity by Napalact	ing Public Chariti	0.5						
<u></u>	(For reporting o	nly by organizations tha	t did not complete Par	t VI-A) (See ins	struction	s )		N/A		
Duri	ng the year, did the organ	nization attempt to influe	nce national, state or t	ocal legislation	์ เมติเทิตุก 	ng any	Yes No			
atter	npt to influence public op	inion on a legislative ma	itter or referendum, thi	rough the use o	01		163 140	<u> </u>	Amount	
	a Volunteers							_[		
	<b>b</b> Paid staff or management (Include compensation in expenses reported on lines <b>c</b> through <b>h</b> .)									
	: Media advertisements d Mailings to members, le	gielatore or the author					<b> </b>	+		
	a Mainings to members, le e Publications, or publishe	•	nts				<del></del>	-		
	Grants to other organiza						-			
	Direct contact with legis			egislative body				1		
	Rallies, demonstrations.	=			ans					
	Total lobbying expenditu		•	•						
	If 'Yes' to any of the abo	ove, also attach a staten	nent giving a detailed (	description of th	he lobby	ng activitie	S			
DΛΛ						C-1	l . l . A ./C		or 900 E 7) 2004	

BAA

Schedule A (Form 990 or 990-EZ) 2004

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

51 Did the	e reporting organization o Code (other than section	directly or in-	directly engage in any of the following rganizations) or in section 527 relation	g with any other organization describe	d in section	501(	c)
			a noncharitable exempt organizatio	-	ĺ	Yes	No
<b>(i)</b> Ca	sh		. ,		51 a (i)		X
<b>(ii)</b> Ott	her assets				a (ii)		X
	transactions						
<b>(i)</b> Sa	les or exchanges of asse	ets with a no	oncharitable exempt organization		b (i)		_X
, -	rchases of assets from a		, ,		b (ii)		X
• •	ntal of facilities, equipme	•	assets		b (iii)		<u>X</u> _
• •	imbursement arrangeme	ents			b (iv)		<u>X</u>
• •	ans or loan guarantees	.1 1			b (v)		<u>X</u>
			p or fundraising solicitations		b (vi)		X
d If the a	y or racilities, equipment answer to any of the abov	, mailing list ve is 'Yes.' (	s, other assets, or paid employees complete the following schedule. Coli	imp (h) should always show the fair n	c c	of	<u>X</u>
the god	ods, other assets, or ser	vices given ngement st	by the reporting organization if the co	umn (b) should always show the fair n organization received less than fair ma ods, other assets, or services receive	arket value i	n	
(a)	(b)		(c)	(d)	<u> </u>		
Line no	Amount involved	Name of	noncharitable exempt organization	Description of transfers, transactions, an	d sharing arran	igement	S
N/A							
							_
		·					
		<u> </u>					
52a Is the describ	organization directly or in	ndirectly affil	lated with, or related to, one or more than section 501(c)(3)) or in section	tax-exempt organizations			
	,' complete the following		Ter than section 301(c)(3)) or in section	011 327	► ∐ Ye	s X	No
	(a)		(b)	(c)			
	Name of organization		Type of organization	Description of relati	onship		
N/A							
·		-					
		<del></del>				<del></del>	
						<u>-</u>	
<del></del>							
<u>.                                    </u>							
				<del> </del>			

2004	Federal Statements	Page 1
Client RACAD	RENAISSANCE ACADEMY INC	95-4489540
10/27/05		12 56PM

Statement 1 Form 990, Part I, Line 9 Net Income (Loss) from Special Events

Special Events		Gross Receipts	Less Contri- butions	Gross Revenue	Less Direct Expenses	Net Income (Loss)
VARIOUS ART AUCTION RED APPLE PROGRAM YEARBOOK	Total }	6,456. 2,949. 2,742. 1,721. \$ 13,868.	0. 0. 0. 0. \$ 0.	6,456. 2,949. 2,742. 1,721. \$ 13,868.	1,004. 350. 125. 220. \$ 1,699. \$	5,452. 2,599. 2,617. 1,501.

Statement 2 Form 990, Part II, Line 43 Other Expenses

	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
ADURDMICING			a denerar	
ADVERTISING	31,960.	31,960.		I
ATHLETIC EXPENSE	16,694.	16,694.	0.700	0.7
BANK CHARGES	2,727.	4 650	2,700.	27.
COMMISSIONS	4,658.	4,658.	700	~
DUES & MEMBERSHIPS	715.	10.000	708.	7.
FIELD TRIP EXPENSES	18,098.	18,098.		
HOT LUNCH PROGRAM	4,597.	4,597.	16 157	1.60
INSURANCE	30,505.	14,185.	16,157.	163.
JANITORIAL	1,777.	1,599.	176.	2.
MEETINGS & SPEC EVENTS	8,566.	8,566.		
OFFICE EXPENSE	6,689.	2 640	6,622.	67.
OUTSIDE SERVICES	3,640.	3,640.	<b>5</b> 00	•
PAYROLL PROCESSING FEES	1,395.	809.	580.	6.
PROPERTY TAX	48.	43.	5.	•
REPAIRS & MAINTENANCE	8,827.	7,944.	874.	9.
TRADEMARK LICENSE FEES	36,054.	36,054.	<del></del>	<del></del>
	Total <u>\$ 176,950.</u>	\$ 148,847.	\$ 27,822.	\$ 281.

Statement 3 Form 990, Part IV, Line 57 Land, Buildings, and Equipment

Category			Basis	 Accum. Deprec.		Book Value
Machinery and Equipment	Total	\$ \$	89,025. 89,025.	\$ 80,981. 80,981.	\$ \$	8,044. 8,044.

004 `	Federal Statements	Page 2
lient RACAD	RENAISSANCE ACADEMY INC	95-4489540
W27/05		12 56PM
Statement 4 Form 990, Part IV, Line 58 Other Assets		
EMPLOYEE ADVANCES Rounding	Tot	\$ 1,700. 1. (a) \$ 1,701.
Statement 5 Form 990, Part IV, Line 65 Other Liabilities  DEPOSITS SALES TAX PAYABLE	Tot	\$ 18,500. 198. cal \$ 18,698.
Statement 6 Form 990, Part V List of Officers, Directors, Trustee	Title and Co Average Hours Compen- but	ontri- Expense
Form 990, Part V	Title and Co	cion to Account/ P & DC Other
Name and Address LAURA LEWIS 1649 OPECHEE WAY	Title and Compen- but Average Hours Compen- but Per Week Devoted sation EB  President \$ 6,258.\$	ion to Account/ P & DC Other
Name and Address  LAURA LEWIS 1649 OPECHEE WAY GLENDALE, CA 91208  DEBORAH SCHROCK 7930 DAY ST	Title and Compenbut Average Hours Compenbut Per Week Devoted sation EB  President \$ 6,258. \$ 40  Resign January 6, 2004  Secretary 0.	O. \$ 0.
Name and Address  LAURA LEWIS 1649 OPECHEE WAY GLENDALE, CA 91208  DEBORAH SCHROCK 7930 DAY ST SUNLAND, CA 91040  ANN HAZEN 6849 EAGAN ST	Title and Compenbut  Average Hours Compenbut  Per Week Devoted sation EB  President \$ 6,258. \$ 40  Resigned January 6, 2004  Secretary 0. 1  Resigned July 26, 2004  President 24,548.	O. \$ 0.

Director

Treasurer 20

RESIGNED JULY 26, 2004

0.

0.

0.

0.

0.

15,360.

FRANK NAVA 38 ASHWOOD IRVINE, CA 92604

ROLLA KOKEN 2408 BYWOOD DRIVE GLENDALE, CA 91206

$\sim$	^	^	. 4
٠,			
- 4		11	

## **Federal Statements**

Page 3

**Client RACAD** 

### RENAISSANCE ACADEMY INC

95-4489540

10/27/05

12 56PM

Statement 6 (continued)
Form 990, Part V
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
RAY LEPONE 2050 BALMER DRIVE LOS ANGELES, CA 90039	Director 1	\$ 0.	\$ 0.	\$ 0.
SHANNON BURKE 8412 OSWEGO ST SUNLAND, CA 91040	Secretary 1	0.	0.	0.
BERNARD PERCY 570 N. ROSSMORE AVE #610 LOS ANGELES, CA 90004	Director 1	0.	0.	0.
	Total	\$ 52,946.	<u>\$ 0.</u>	<u>\$</u> 0.

Statement 7 Schedule A, Part V, Line 31 Explanation

THE SOLICITATION PACK SENT OR AVAILABLE TO THE GENERAL PUBLIC THE SCHOOL SERVES INCLUDES THE STATEMENT THAT RENAISSANCE ACADEMY IS A NON-RELIGIOUS SCHOOL AND DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONALITY, RELIGION OR ETHIC ORIGIN IN THE ADMISSION OF ITS STUDENTS, IN ADMINISTRATING EDUCATIONAL POLICIES, OR ANY OTHER SCHOOL-ADMINISTERED PROGRAMS.

12/31/04		7	<b>304 Fe</b>	dera	l Boo	ok Dep	2004 Federal Book Depreciation Schedule	on Sc	hedu	<u>o</u>					Page 1
Client RACAD				R	ENAISS	ANCE A	RENAISSANCE ACADEMY INC	NC INC						95	95-4489540
10/25/05 10. Description	Date Acq. ired	Date Sold	Cost/ Basis	Bus	Cur 179 Banus	Special Depr Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec Bal. Depr.	Salvage /Basis Reductn	Depr Basis	Prior Depr.	Method Life Rate	Life J	Sate	09 05AM Current Depr.
990/990-PF								-		  - 					
Machinery and Equipment															
CLASSROOM EQUIPMENT	96/36/9		2,530	_						2,530	2,530	200DB HY	5		0
2 CLASSROOM EQUIPMENT	96/36/9		18,121							18,121	18,121	200DB HY	5		0
3 CLASSROOM EQUIPMENT	96/3(/88		10,309	-						10,309	10,309	200DB HY	5		0
4 CLASSROOM EQUIPMENT	9/3(1/00		32,957							32,957	27,262	200DB HY	2	11520	3,797
5 CLASSROOM EQUIPMENT	10/08/9		9,412	۵.						9,412	6,701	200DB HY	2	11520	1,084
6 CLASSROOM EQUIPMENT	6/30/02		15,696	, a :						15,696	8,162	200DB HY	5	19200	3,014
Total Machinery and Equipment			89,025		0	0	0	0	0	89,025	73,085				7,895
Total Depreciation			89,025	. "		0	0	0	0	89,025	73,085				7,895
Grand Total Depreciation			89,025	"	0	0	0	0	0	89,025	73,085			ľ	7,895
															-
		İ													
					! !										