

2005 Exempt Org. Return prepared by:

Gary L. Woehl, CPA
7488 Shoreline Drive Suite A-2
Stockton, CA 95219-5433

Blood Centers of California, Inc.
P.O. Box 2569
Sacramento, CA 95814

CLIENT 40

**GARY L. WOEHL, CPA
7488 SHORELINE DRIVE SUITE A-2
STOCKTON, CA 95219-5433
(209) 951-9999**

July 5, 2006

Blood Centers of California, Inc.
P.O. Box 2569
Sacramento, CA 95814

Dear Roger:

Enclosed is your 2005 Federal Return of Organization Exempt from Income Tax. The original should be signed at the bottom of page three. No tax is payable with the filing of this return. Mail your Federal return on or before August 15, 2006 to:

INTERNAL REVENUE SERVICE
OGDEN, UT 84201-0027

Enclosed is your 2005 California Exempt Organization Annual Information Return. The original should be signed at the bottom of page one. There is a balance due of \$10 payable by November 15, 2006. Mail the California return on or before November 15, 2006 and make the check payable to:

FRANCHISE TAX BOARD
P.O. BOX 942857
SACRAMENTO, CA 94257-0701

Please be sure to call us if you have any questions.

Sincerely,



Gary L. Woehl, CPA

**Short Form
Return of Organization Exempt From Income Tax**

2005

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.

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

A For the 2005 calendar year, or tax year beginning _____, **2005, and ending** _____

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Final return
 - Amended return
 - Application pending

Please use IRS label or print or type. See Specific Instructions.

C
Blood Centers of California, Inc.
P.O. Box 2569
Sacramento, CA 95814

D Employer identification number
33-0312364

E Telephone number
(415) 567-6400

F Group Exemption Number

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash Accrual
Other (specify) ▶

I Web site: ▶ N/A

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

J Organization type (check only one) — 501(c) (6) (insert no.) 4947(a)(1) or 527

K Check if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. **Some states require a complete return.**

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions) ▶ \$ **85,222.**

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
REVENUE	1																											
	2																											
	3																											
	4																											
	5a																											
	5b																											
	5c																											
	6																											
	6a																											
	6b																											
6c																												
7a																												
7b																												
7c																												
8																												
9																												
EXPENSES	10																											
	11																											
	12																											
	13																											
	14																											
	15																											
	16																											
	17																											
ASSETS	18																											
	19																											
	20																											
	21																											
	21																											

Part II Balance Sheets — If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.
(See Instructions)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	194,739.	181,535.
23 Land and buildings		
24 Other assets (describe ▶ _____)		
25 Total assets	194,739.	181,535.
26 Total liabilities (describe ▶ See Statement 2)	43,981.	12,439.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	150,758.	169,096.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments (See Instructions)

What is the organization's primary exempt purpose? **See Statement 3**
 Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

Expenses
 (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

28	See Statement 4		
29	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a	
30	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a	
31	Other program services (attach schedule) (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a	
32	Total program service expenses (add lines 28a through 31a)	32	

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See 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 and deferred compensation	(E) Expense account and other allowances
See Statement 5		0.	0.	0.

Part V Other Information (Note the attachment requirement in the instructions) **See Statement 6**

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		N/A
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If 'Yes,' att a stmt.)		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37 a 0.		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b If 'Yes,' attach the sch specified in the ln 38 instructions and enter the amount involved 38 b N/A		
39 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39 a N/A		
b Gross receipts, included on line 9, for public use of club facilities 39 b N/A		
40a 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		
b 501(c)(3) and (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 an explanation 40 b N/A		
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Enter amount of tax on line 40c reimbursed by the organization		0.

Part V Other Information (Note the attachment requirement in the instructions) (Continued)

- 41** List the states with which a copy of this return is filed ▶ CA
- 42 a** The books are in care of ▶ Roger Svoboda Telephone no. ▶ (415) 749-6603
 Located at ▶ 270 Masonic Avenue - San Francisco, CA, ZIP + 4 ▶ 94118
- | | Yes | No |
|--|-----|----|
| 42b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?..... | | X |
| If 'Yes,' enter the name of the foreign country: . . . ▶ _____ | | |
| See the instructions for exceptions and filing requirements for Form TD F 90-22.1. | | |
| 42c At any time during the calendar year, did the organization maintain an office outside of the U.S.? | | X |
| If 'Yes,' enter the name of the foreign country: . . . ▶ _____ | | |
- 43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check here..... ▶ N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year..... ▶ **43** | N/A

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.

COPY

Signature of officer: _____ Date: _____ Type or print name and title: **Roger Svoboda Treasurer**

Paid Preparer's Use Only	Preparer's signature ▶ <u>Gary L. Woehl, CPA</u>	Date ▶ <u>7/05/06</u>	Check if self-employed ▶ <input checked="" type="checkbox"/> X	Preparer's SSN or PTIN (See General Instruction W) ▶ <u>P00169266</u>
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ <u>7488 Shoreline Drive Suite A-2 Stockton, CA 95219-5433</u>	EIN ▶ <u>94-2624880</u>	Phone no. ▶ <u>(209) 951-9999</u>	

Application for Extension of Time to File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return.

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

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time – Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension – check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

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

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization Blood Centers of California, Inc.	Employer identification number 33-0312364
	Number, street, and room or suite number. If a P.O. box, see instructions. P.O. Box 2569	
	City, town or post office. For a foreign address, see instructions. Sacramento, CA 95814	
	state	ZIP code

Check type of return to be filed (file a separate application for each return):

<input type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input checked="" type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

• The books are in the care of . ▶ Roger Svoboda

Telephone No. ▶ (415) 749-6603 FAX No. ▶ _____

- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the **whole** group, check this box . ▶ . If it is for part of the group, check this box . ▶ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until 8/15, 20 06, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 20 05 or
- ▶ tax year beginning _____, 20 _____, and ending _____, 20 _____.

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ 0.

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ 0.

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ 0.

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

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Client 40

Blood Centers of California, Inc.

33-0312364

7/05/06

02:51PM

Statement 1
Form 990-EZ, Part I, Line 16
Other Expenses

Advertising.....		\$	300.
Bank Charges.....			10.
Conferences, Conventions, And Meetings.....			6,605.
Consulting & Professional Fees.....			42,000.
Contract Services.....			783.
Dues.....			85.
Filing Fees.....			30.
Management Fees.....			6,000.
Supplies.....			116.
	Total	\$	<u>55,929.</u>

Statement 2
Form 990-EZ, Part II, Line 26
Total Liabilities

		<u>Beginning</u>	<u>Ending</u>
Deferred Revenue.....	\$	43,981.	\$ 12,439.
	Total	<u>\$ 43,981.</u>	<u>\$ 12,439.</u>

Statement 3
Form 990-EZ, Part III
Organization's Primary Exempt Purpose

Lobbying at the state level for blood bank regulations and standards.

Statement 4
Form 990-EZ, Part III, Line 28
Statement of Program Service Accomplishments

<u>Description</u>	<u>Grants and Allocations</u>	<u>Program Service Expenses</u>
The exempt function of the program expenses is related to the cost of lobbying at the state level for blood bank regulations and standards and promotion of common interests within the blood service areas.		
Includes Foreign Grants: No		
	<u>\$ 0.</u>	<u>\$ 0.</u>

**Statement 5
Form 990-EZ, Part IV
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
Vicki Finson 4119 Broad Street, Suite 100 San Luis Obispo, CA 93401	President 5	\$ 0.	\$ 0.	\$ 0.
Dean Eller 3445 N. First Street Fresno, CA 93726	President-Elect 5	0.	0.	0.
Thomas Schallert 2524 Harrison Avenue Eureka, CA 95501-3229	Past-President 5	0.	0.	0.
Roger Svoboda 270 Masonic Avenue San Francisco, CA 94118-4496	Treasurer 5	0.	0.	0.
Carma Lizza, MT Trans. Med. A4-238 POB 171315 Los Angeles, CA 90024-1713	Secretary 5	0.	0.	0.
Total		<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

**Statement 6
Form 990-EZ, Part V
Regarding Transfers Associated with Personal Benefit Contracts**

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?..... No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?..... No

7/05/06

02:51PM

Investment Income -
Interest on Savings:

Wells Fargo Bank.....	\$	1,447.
Total	\$	<u>1,447.</u>

YEAR
2005

California Exempt Organization Annual Information Return

FORM
199

For calendar or fiscal year beginning month _____ day _____ year 2005, and ending month _____ day _____ year	
IMPORTANT: Your number is required.	
California corporation number D-1423669	Federal employer identification number (FEIN) 33-0312364
Corporation/Organization name Blood Centers of California, Inc.	
Address P.O. Box 2569	PMB no.
City Sacramento, CA 95814	State ZIP Code
A Final return? Check applicable box. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Dissolved <input type="checkbox"/> Withdrawn <input type="checkbox"/> Merged/Reorganized (attach explanation) If a box is checked, enter date ●	
B Check forms filed this year: State: <input type="checkbox"/> 109 <input type="checkbox"/> 100 <input type="checkbox"/> 100S <input type="checkbox"/> 100W Fed: <input type="checkbox"/> 990 Fed: <input checked="" type="checkbox"/> 990EZ <input type="checkbox"/> 990T <input type="checkbox"/> 990PF <input type="checkbox"/> 1041 <input type="checkbox"/> 1120H <input type="checkbox"/> 1120	
C If organization is exempt under R&TC Section 23701d and is a school, public charity, religious organization, or is controlled by a religious operation, check box. See General Instruction F. No filing fee is required. <input type="checkbox"/>	
D Is this a group filing? See General Instruction N. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
E Accounting method used . . . Accrual	
F Type of organization <input checked="" type="checkbox"/> Exempt under Section 23701 <u>e</u> (insert letter) <input type="checkbox"/> IRC Section 4947(a)(1) trust	

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues <small>(Enclose, but do not staple, any payment.)</small>	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8. ●	1	1,447.
	2 Gross dues and assessments from members and affiliates ●	2	83,775.
	3 Gross contributions, gifts, grants, and similar amounts received. See instructions. ●	3	
	4 Total gross receipts for filing requirement test. Add line 1 through line 3 This line must be completed. If the result is less than \$25,000, see General Instruction C. ●	4	85,222.
	5 Cost of goods sold.	5	
	6 Cost or other basis, and sales expenses of assets sold.	6	
	7 Total costs. Add line 5 and line 6.	7	
	8 Total gross income. Subtract line 7 from line 4.	8	85,222.
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18.	9	66,884.
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8.	10	18,338.
Filing Fee	11 Filing fee \$10 or \$25. See General Instruction F.	11	10.
	12 Penalty for failure to file on time. See General Instruction L.	12	
	13 Use tax. See instructions. ●	13	
	14 Balance due. Add line 11, line 12, and line 13.	14	10.

- 15** If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If 'Yes,' complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations. N/A Yes No
- 16** Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If 'Yes,' complete an explanation and attach copies of revised documents. Yes No
- 17** Is the organization exempt under R&TC Section 23701g? Yes No
 If 'Yes,' enter amount of gross receipts from nonmember sources. . . \$ _____ Yes No
- 18** Did the organization file Form 100, Form 100S, 100W, or Form 109 to report taxable income? Yes No
 If 'Yes,' enter amount of total income reported. . . . \$ _____
- 19** The financial records are in care of. Roger Svoboda Daytime telephone (415) 749-6603
 located at 270 Masonic Avenue - San Francisco, CA 94118

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 taxpayer) is based on all information of which preparer has any knowledge.	
	Signature of Officer COPY Date _____	Title <u>Treasurer</u> ● (415) 567-6400 Daytime telephone
Paid Preparer's Use Only	Paid Preparer's signature <u>Gary L. Woehl, CPA</u> Date <u>7/05/06</u> Firm's name (or yours, if self-employed) and address <u>Gary L. Woehl, CPA</u> <u>7488 Shoreline Drive Suite A-2</u> <u>Stockton, CA 95219-5433</u>	Check if self-employed <input checked="" type="checkbox"/> Paid preparer's SSN or PTIN ● <u>P00169266</u> FEIN ● <u>94-2624880</u> Daytime telephone ● <u>(209) 951-9999</u>

Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts – complete Part II or furnish substitute information. See Specific Line Instructions.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	1	
	2	Interest	2	1,447.
	3	Dividends	3	
	4	Gross rents	4	
	5	Gross royalties	5	
	6	Gross amount received from sale of assets	6	
	7	Other income. Attach schedule	7	
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1.	8	1,447.
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	9	
	10	Disbursements to or for members	10	
	11	Compensation of officers, directors, and trustees. Attach schedule. See Statement 1	11	0.
	12	Other salaries and wages	12	
	13	Interest	13	
	14	Taxes	14	
	15	Rents	15	
	16	Depreciation and depletion	16	
	17	Other. Attach schedule. See Statement 2	17	66,884.
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.	18	66,884.

Schedule L Balance Sheets		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		194,739.		181,535.
2	Net accounts receivable				
3	Net notes receivable. Attach schedule				
4	Inventories				
5	Federal and state government obligations				
6	Investments in other bonds. Attach schedule				
7	Investments in stock. Attach schedule				
8	Mortgage loans (number of loans _____)				
9	Other investments. Attach schedule				
10a	Depreciable assets				
	b Less accumulated depreciation				
11	Land				
12	Other assets. Attach schedule				
13	Total assets		194,739.		181,535.
Liabilities and net worth					
14	Accounts payable				
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable. Attach schedule				
17	Mortgages payable				
18	Other liabilities. Attach schedule. St. 3		43,981.		12,439.
19	Capital stock or principle fund				
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund		150,758.		169,096.
22	Total liabilities and net worth		194,739.		181,535.

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000

1	Net income per books	18,338.	7	Income recorded on books this year not included in this return. Attach schedule	
2	Federal income tax		8	Deductions in this return not charged against book income this year. Attach schedule	
3	Excess of capital losses over capital gains		9	Total. Add line 7 and line 8	
4	Income not recorded on books this year. Attach schedule		10	Net income per return. Subtract line 9 from line 6	18,338.
5	Expenses recorded on books this year not deducted in this return. Attach schedule				
6	Total. Add line 1 through line 5	18,338.			

Client 40

Blood Centers of California, Inc.

33-0312364

7/05/06

02:51PM

Statement 1
Form 199, Part II, Line 11
Compensation of Officers, Directors, and Trustees

Name and Address	Title and Average Hours Per Week Devoted	Compensation	Contribution to EBP & DC	Expense Account/Other
Vicki Finson 4119 Broad Street, Suite 100 San Luis Obispo, CA 93401	President 5	\$ 0.	\$ 0.	\$ 0.
Dean Eller 3445 N. First Street Fresno, CA 93726	President-Elect 5	0.	0.	0.
Thomas Schallert 2524 Harrison Avenue Eureka, CA 95501-3229	Past-President 5	0.	0.	0.
Roger Svoboda 270 Masonic Avenue San Francisco, CA 94118-4496	Treasurer 5	0.	0.	0.
Carma Lizza, MT Trans. Med. A4-238 POB 171315 Los Angeles, CA 90024-1713	Secretary 5	0.	0.	0.
Total		<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

Statement 2
Form 199, Part II, Line 17
Other Expenses

Accounting Fees.....	\$ 5,575.
Advertising.....	300.
Bank Charges.....	10.
Conferences, Conventions, and Meetings.....	6,605.
Consulting & Professional Fees.....	42,000.
Contract Services.....	783.
Dues.....	85.
Filing Fees.....	30.
Legal Fees.....	5,380.
Management Fees.....	6,000.
Supplies.....	116.
Total	<u>\$ 66,884.</u>

Statement 3
Form 199, Schedule L, Line 18
Other Liabilities

Deferred Revenue.....	12,439.
Total	<u>\$ 12,439.</u>

7/06/06

03:11PM

Investment Income -
Interest on Savings:

Wells Fargo Bank.....	\$	1,447.
	Total	<u>\$ 1,447.</u>