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**Return of Organization Exempt From Income Tax**

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)

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

**A For the 2004 calendar year, or tax year beginning** , 2004, and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>LEAGUE of UNITED LATIN AMERICAN CITIZENS</b>	<b>D</b> Employer identification number <b>74-6090399</b>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>201 E. MAIN STREET, SUITE 605</b>	<b>E</b> Telephone number <b>(915) 577-0726</b>
	City or town, state or country, and ZIP + 4 <b>EL PASO, TX 79901</b>	<b>F</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify)

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

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates?  Yes  No

H(b) If "Yes," enter number of affiliates

H(c) Are all affiliates included? (If "No," attach a list. See instructions.)  Yes  No

H(d) Is this a separate return filed by an organization covered by a group ruling?  Yes  No

I Group Exemption Number

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

G Website:

J Organization type (check only one)  501(c) ( 4 ) (insert no.)  4947(a)(1) or  527

K Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **640,978**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 18 of the instructions.)

Revenue	1 Contributions, gifts, grants, and similar amounts received:				
	a Direct public support	1a		504,040	
	b Indirect public support	1b			
	c Government contributions (grants)	1c			
	d Total (add lines 1a through 1c) (cash \$ 482,177 noncash \$ 21,863)				1d 504,040
	2 Program service revenue including government fees and contracts (from Part VII, line 93)				2
	3 Membership dues and assessments				3 134,578
	4 Interest on savings and temporary cash investments				4 2,360
	5 Dividends and interest from securities				5
	6 a Gross rents	6a			
	b Less: rental expenses	6b			
	c Net rental income or (loss) (subtract line 6b from line 6a)				6c
7 Other investment income (describe )				7	
8 a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
b Less: cost or other basis and sales expenses	8a				
c Gain or (loss) (attach schedule)	8b				
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8c			8d	
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>					
a Gross revenue (not including \$ of contributions reported on line 1a)	9a				
b Less: direct expenses other than fundraising expenses	9b				
c Net income or (loss) from special events (subtract line 9b from line 9a)				9c	
10 a Gross sales of inventory, less returns and allowances	10a				
b Less: cost of goods sold	10b				
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)				10c	
11 Other revenue (from Part VII, line 103)				11	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)				12 640,978	
Expenses	13 Program services (from line 44, column (B))			13 468,709	
	14 Management and general (from line 44, column (C))			14 104,819	
	15 Fundraising (from line 44, column (D))			15	
	16 Payments to affiliates (attach schedule)			16	
	17 Total expenses (add lines 16 and 44, column (A))				17 573,528
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)			18 67,450	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))			19 292,357	
	20 Other changes in net assets or fund balances (attach explanation)			20	
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)				21 359,807

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**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the 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
<b>22</b> Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)				
<b>23</b> Specific assistance to individuals (attach schedule)				
<b>24</b> Benefits paid to or for members (attach schedule)				
<b>25</b> Compensation of officers, directors, etc.				
<b>26</b> Other salaries and wages	135,018	103,989	31,029	
<b>27</b> Pension plan contributions				
<b>28</b> Other employee benefits				
<b>29</b> Payroll taxes	9,856	7,482	2,374	
<b>30</b> Professional fundraising fees	9,517	9,517		
<b>31</b> Accounting fees	6,000	6,000		
<b>32</b> Legal fees				
<b>33</b> Supplies	11,965	2,733	9,232	
<b>34</b> Telephone	18,564	9,282	9,282	
<b>35</b> Postage and shipping	9,196	4,598	4,598	
<b>36</b> Occupancy	42,481	20,618	21,863	
<b>37</b> Equipment rental and maintenance	55		55	
<b>38</b> Printing and publications	4,048	3,036	1,012	
<b>39</b> Travel	88,144	71,138	17,006	
<b>40</b> Conferences, conventions, and meetings	98,266	98,266		
<b>41</b> Interest				
<b>42</b> Depreciation, depletion, etc. (attach schedule)	7,776		7,776	
<b>43</b> Other expenses not covered above (itemize): <b>a</b> _____	<b>43a</b>			
<b>b See Schedule</b> _____	<b>43b</b> 132,642	<b>132,050</b>	<b>592</b>	
<b>c</b> _____	<b>43c</b>			
<b>d</b> _____	<b>43d</b>			
<b>e</b> _____	<b>43e</b>			
<b>44</b> Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	<b>44</b> 573,528	<b>468,709</b>	<b>104,819</b>	

Joint Costs. Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_;  
 (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments** (See page 25 of the instructions.)

What is the organization's primary exempt purpose? **Awareness of Hispanic culture and issues**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**  
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

<b>a</b> L.U.L.A.C.'s primary exempt purpose is to develop an awareness of the specific needs, contributions and culture of Hispanics emphasizing civil rights, education, housing, health, employment, citizenship and economic development. (Grants and allocations \$ _____)	<b>468,709</b>
<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</b> Total of Program Service Expenses (should equal line 44, column (B), Program services)	<b>468,709</b>

**Part IV Balance Sheets** (See page 25 of the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year	
Assets	45 Cash - non-interest-bearing . . . . .	208,203	45	278,263	
	46 Savings and temporary cash investments . . . . .		46		
	47a Accounts receivable . . . . .	108,100			
	47b Less: allowance for doubtful accounts . . . . .		61,827	47c	
	47c			108,100	
	48a Pledges receivable . . . . .				
	48b Less: allowance for doubtful accounts . . . . .			48c	
	48c				
	49 Grants receivable . . . . .			49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .			50	
	51a Other notes and loans receivable (attach schedule) . . . . .				
	51b Less: allowance for doubtful accounts . . . . .		10,000	51c	
	51c				
	52 Inventories for sale or use . . . . .			52	
	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 . . . . .				
	55b Less: accumulated depreciation (attach schedule) . . . . .			55c	
	55c				
56 Investments - other (attach schedule) . . . . .			56		
57a Land, buildings, and equipment: basis . . . . .	55,947				
57b Less: accumulated depreciation (attach schedule) . . . . .	47,820				
57c		15,903	57c		
57c			8,127		
58 Other assets (describe ► )			58		
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74) . . . . .		295,933	59	394,490	
Liabilities	60 Accounts payable and accrued expenses . . . . .	3,576	60	34,683	
	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	
	64b Mortgages and other notes payable (attach schedule) . . . . .			64b	
	64b				
65 Other liabilities (describe ► )			65		
66 <b>Total liabilities</b> (add lines 60 through 65) . . . . .		3,576	66	34,683	
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted . . . . .	285,857	67	353,307	
	68 Temporarily restricted . . . . .	6,500	68	6,500	
	69 Permanently restricted . . . . .		69		
	<b>Organizations that do not follow SFAS 117, check here</b> <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; column (B) must equal line 21) . . . . .		292,357	73	359,807
	74 <b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73) . . . . .		295,933	74	394,490

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 page 27 of the 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>	640,978
<b>b</b>	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments . . \$		
(2)	Donated services and use of facilities \$ 21,863		
(3)	Recoveries of prior year grants . . . . \$		
(4)	Other (specify):		
	\$		
	Add amounts on lines (1) through (4) ▶	<b>b</b>	21,863
<b>c</b>	Line a minus line b . . . . . ▶	<b>c</b>	619,115
<b>d</b>	Amounts included on line 12, Form 990 but not on line a:		
(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 c plus line d) . . . . . ▶	<b>e</b>	619,115

<b>a</b>	Total expenses and losses per audited financial statements . . . . . ▶	<b>a</b>	573,528
<b>b</b>	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities \$ 21,863		
(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>	21,863
<b>c</b>	Line a minus line b . . . . . ▶	<b>c</b>	551,665
<b>d</b>	Amounts included on line 17, Form 990 but not on line a:		
(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 c plus line d) . . . . . ▶	<b>e</b>	551,665

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated; see page 27 of the 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 compensation	(E) Expense account and other allowances
Hector Flores 909 Carolyn Way Irvine, Texas	President 20 Hrs.	0	0	0
Frank Ortiz 16815 Townes Road Friendship, Texas	Treasurer 20 Hrs.	0	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 page 28 of the instructions.

Part VI Other Information (See page 28 of the 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
77 Were any changes made in the organizing or governing documents but not reported to the IRS?
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
78b If "Yes," has it filed a tax return on Form 990-T for this year?
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement
80a 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?
80b If "Yes," enter the name of the organization L.U.L.A.C. Institute, Inc. and check whether it is [X] exempt or [ ] nonexempt.
81a Enter direct and indirect political expenditures. See line 81 instructions. 81a
81b Did the organization file Form 1120-POL for this year? 81b
82a 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
82b If "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 21,863
83a Did the organization comply with the public inspection requirements for returns and exemption applications? 83a
83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? 83b
84a Did the organization solicit any contributions or gifts that were not tax deductible? 84a
84b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 84b
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? 85a
85b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 85b
85c Dues, assessments, and similar amounts from members 85c
85d Section 162(e) lobbying and political expenditures 85d
85e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e
85f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f
85g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? 85g
85h 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
86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 86a
86b Gross receipts, included on line 12, for public use of club facilities 86b
87 501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a
87b 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 88
89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955
89b 501(c)(3) and 501(c)(4) orgs. 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 89b
90a List the states with which a copy of this return is filed Ogden, Utah
90b Number of employees employed in the pay period that includes March 12, 2004 (See instructions.) 90b 5
91 The books are in care of Carolina Munoz, National Fiscal Officer Telephone no. (915) 577-0726
Located at 201 E. Main Street, Suite 605 El Paso, Texas ZIP + 4 79901
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here
and enter the amount of tax-exempt interest received or accrued during the tax year 92

**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions.)

**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>93</b> Program service revenue:					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> Medicare/Medicaid payments . . . . .					
<b>g</b> Fees and contracts from government agencies . . . . .					
<b>94</b> Membership dues and assessments . . . . .					134,578
<b>95</b> Interest on savings and temporary cash investments . . . . .					
<b>96</b> Dividends and interest from securities . . . . .					2,360
<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 . . . . .					
<b>102</b> Gross profit or (loss) from sales of inventory . . . . .					
<b>103</b> Other revenue: <b>a</b> <u>Donations</u> . . . . .					244,890
<b>b</b> <u>Legislative Awards Gala</u> . . . . .					259,150
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>104</b> Subtotal (add columns (B), (D), and (E)) . . . . .					640,978
<b>105</b> Total (add line 104, columns (B), (D), and (E)) . . . . .					640,978

**Note:** Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
<b>94 &amp; 95</b>	<b>Affiliation on a national level allows local councils the opportunity to pursue goals and objectives on a national prespective. The National Council, in turn, utilizes these membership fees and other revenue to pursue the issues impacting Hispanics on a local, regional and national level.</b>

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 34 of the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No
- Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

**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.

Signature of officer: Hector M. Flores Date: 8/26/05

HECTOR M. FLORES, L.U.L.A.C. National President

Type or print name and title.

**Paid Preparer's Use Only**

Preparer's signature: Gilbert Pineda Date: 08/18/2005 Check if self-employed:  Preparer's SSN or PTIN (See Gen. inst. W): 455-82-1391

Firm's name (or yours if self-employed), address, and ZIP + 4: GILBERT PINEDA, C.P.A. EIN: 74-2560268

9201 MONTANA AVENUE Phone no.: (915) 594-0252

EL PASO, TX 79925-1315

**74-6090399**  
**LEAGUE of UNITED LATIN AMERICAN CITIZENS**  
**201 E. Main Street, Suite 605**  
**El Paso, Texas 79901**

Attachment to Form 990

**Page 2, Part II - STATEMENT OF FUNCTIONAL EXPENSES:**

	<b>TOTAL</b>	<b>Program Services</b>	<b>Management and General</b>	<b>Fundraising</b>
Automobile Parking Allowance	\$1,158	\$1,158		
Bank Service Charges	245	245		
Credit Card Expense	1,214	1,214		
Dues and Subscriptions	3,427	3,427		
Insurance - Group	9,544	9,544		
Insurance - Liability	2,038	2,038		
Membership Expansion	2,616	2,616		
Miscellaneous	10,633	10,041	592	
Promotional Costs	4,614	4,614		
Policy Expenses	3,631	3,631		
Vice President Allocations	43,140	43,140		
Social Security Project (AARP)	50,382	50,382		
	-----			
<b>TOTALS</b>	<b>\$132,642</b>	<b>\$132,050</b>	<b>\$592</b>	<b>\$0</b>
	=====			



**L.U.L.A.C. National Office**  
**Depreciation Schedule**  
 June 30, 2005

Description	Date Acquired	Cost Basis	Additions	Deletions	Balance	Method	Life or Rate	Beginning Balance	Expense	Deletions	Ending Balance	
<b>FURNITURE and EQUIPMENT:</b>												
Computer	01-01-1995	3,444.00			3,444.00	S/L	5 Years	3,444.00			3,444.00	
Computer Modem	03-24-1995	342.00			342.00	S/L	5 Years	342.00			342.00	
Copier	09-22-1995	4,200.00			4,200.00	S/L	5 Years	4,200.00			4,200.00	
Apple Printer	05-24-1996	1,224.48			1,224.48	S/L	5 Years	1,224.48			1,224.48	
McIntosh Computer (El Paso)	09-19-1996	1,747.78			1,747.78	S/L	5 Years	1,747.78			1,747.78	
Fax Machine	06-23-1997	455.21			455.21	S/L	5 Years	455.21			455.21	
Office Computer	12-01-1997	5,012.00			5,012.00	S/L	5 Years	5,012.00			5,012.00	
Filemaker's Program	04-08-1998	487.50			487.50	S/L	5 Years	487.50			487.50	
Credit Card Equipment	05-30-1998	973.28			973.28	S/L	5 Years	973.28			973.28	
Computer Software	06-02-1998	3,788.25			3,788.25	S/L	5 Years	3,788.25			3,788.25	
Desks (4)	09-01-1998	2,250.00			2,250.00	S/L	5 Years	2,250.00			2,250.00	
Chairs (29)	09-01-1998	600.00			600.00	S/L	5 Years	600.00			600.00	
Small Book Shelf	09-01-1998	75.00			75.00	S/L	5 Years	75.00			75.00	
Large Book Shelf	09-01-1998	125.00			125.00	S/L	5 Years	125.00			125.00	
LULAC Tapestry	09-01-1998	1,750.00			1,750.00	S/L	5 Years	1,750.00			1,750.00	
Filing Cabinet	01-26-1999	449.29			449.29	S/L	5 Years	352.99			449.29	
Office Cubicles for DC Office	03-03-2000	10,000.00			10,000.00	S/L	4 Years	7,205.58	2,794.42		10,000.00	
Chairs (3)	06-09-2000	899.97			899.97	S/L	4 Years	449.99	449.98		899.97	
Fax Machine	06-30-2000	349.99			349.99	S/L	4 Years	225.00	124.99		349.99	
Color Portable Printer	09-30-2000	311.98			311.98	S/L	4 Years	200.56	111.42		311.98	
Office Refrigerator	08-31-2000	97.41			97.41	S/L	3 Years	75.49	21.92		97.41	
Chair	09-25-2000	99.99			99.99	S/L	3 Years	55.34	44.65		99.99	
Portable Printer	11-03-2000	309.98			309.98	S/L	3 Years	160.52	149.46		309.98	
Binding Machine	11-03-2000	316.76			316.76	S/L	3 Years	164.03	152.73		316.76	
Refrigerator	03-09-2001	169.92			169.92	S/L	3 Years	81.95	87.97		169.92	
Flags	04-13-2001	4,064.00			4,064.00	S/L	3 Years	2,450.00	1,614.00		4,064.00	
Laptop Computers	05-01-2003	5,065.63			5,065.63	S/L	5 Years	1,181.98	1,013.13		2,195.11	
Computer	05-21-2003	1,163.61			1,163.61	S/L	5 Years	271.51	232.72		504.23	
Digital Camera	06-04-2003	699.98			699.98	S/L	7 Years	108.33	100.00		208.33	
Telephone System	09-10-2003	3,445.00			3,445.00	S/L	7 Years	369.11	492.14		861.25	
Computer	09-10-2003	1,079.96			1,079.96	S/L	7 Years	115.71	154.28		269.99	
Computer	09-10-2003	948.96			948.96	S/L	7 Years	101.67	135.57		237.24	
<b>TOTALS</b>		55,946.93	0.00	0.00	55,946.93			40,044.26	7,775.68	0.00	47,819.94	