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Return of Organization Exempt From Income Tax

2006

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)

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

A For the 2006 calendar year, or tax year beginning, 2006, and ending

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: LEAGUE OF UNITED LATIN AMERICAN CITIZENS. D Employer identification number: 74-6090399. E Telephone number: (915) 577-0726. F Accounting method: Cash, Accrual.

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)

H(d) Is this a separate return filed by an organization covered by a group ruling?

G Website:

J Organization type (check only one): 501(c)(4), 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000

I Group Exemption Number

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

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 604,935

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions)

Table with 21 rows detailing Revenue (lines 1-12), Expenses (lines 13-17), and Net Assets (lines 18-21). Includes sub-rows for contributions, program service revenue, membership dues, interest, dividends, rents, sales of assets, special events, and inventory.

Revenue

Expenses

Net Assets

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

Handwritten notes: 5-10 and a signature.

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 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
22a	Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25a	Compensation of current officers, directors, key employees, etc listed in Part V-A (attach schedule)				
25b	Compensation of former officers, directors, key employees, etc listed in Part V-B (attach schedule)				
25c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)				
26	Salaries and wages of employees not included on lines 25a, b, and c	186,637	143,283	43,354	
27	Pension plan contributions not included on lines 25a, b, and c				
28	Employee benefits not included on lines 25a - 27				
29	Payroll taxes	15,668	12,030	3,638	
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees				
33	Supplies	20,772	10,447	10,325	
34	Telephone	14,723	7,362	7,361	
35	Postage and shipping	7,882	3,941	3,941	
36	Occupancy	20,843	20,843		
37	Equipment rental and maintenance				
38	Printing and publications				
39	Travel	111,301	96,273	15,028	
40	Conferences, conventions, and meetings	175,359	175,359		
41	Interest				
42	Depreciation, depletion, etc (attach schedule)	1,064		1,064	
43	Other expenses not covered above (itemize)				
43a	Schedule Attached	176,012	170,213	5,799	
43b					
43c					
43d					
43e					
43f					
43g					
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	730,261	639,751	90,510	

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 the instructions)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? Awareness of Hispanic Culture and iss 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.)
a 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, employment, citizenship and economic development. (Grants and allocations \$ 604,935) If this amount includes foreign grants, check here <input type="checkbox"/>	639,751
b (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
c (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
d (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	639,751

Part IV Balance Sheets (See 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	187,666	45	125,275
	46 Savings and temporary cash investments		46	
	47a Accounts receivable	47a 13,591		
	b Less allowance for doubtful accounts	47b	47c	13,591
	48a Pledges receivable	48a		
	b Less allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54a Investments - publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54a	
	b Investments - other securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b	
	55a Investments - land, buildings, and equipment basis	55a		
	b Less accumulated depreciation (attach schedule)	55b	55c	
	56 Investments - other (attach schedule)		56	
	57a Land, buildings, and equipment basis	57a 55,947		
b Less accumulated depreciation (attach schedule)	57b 49,948	7,063	57c 5,999	
58 Other assets, including program-related investments (describe <input type="checkbox"/> Deposits)		1,000	58 2,906	
59 Total assets (must equal line 74) Add lines 45 through 58		195,729	59 147,771	
Liabilities	60 Accounts payable and accrued expenses	20,423	60	42,791
	61 Grants payable		61	
	62 Deferred revenue		62	55,000
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe <input type="checkbox"/>)		65	
66 Total liabilities. Add lines 60 through 65		20,423	66 97,791	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	168,806	67	40,480
	68 Temporarily restricted	6,500	68	9,500
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21))		175,306	73 49,980	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73		195,729	74 147,771	

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	615,898
b	Amounts included on line a but not on Part I, line 12		
1	Net unrealized gains on investments	b1	
2	Donated services and use of facilities	b2	10,963
3	Recoveries of prior year grants	b3	
4	Other (specify) -----	b4	
	Add lines b1 through b4	b	10,963
c	Subtract line b from line a	c	604,935
d	Amounts included on Part I, line 12, but not on line a:		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify) -----	d2	
	Add lines d1 and d2	d	
e	Total revenue (Part I, line 12) Add lines c and d	e	604,935

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements	a	741,224
b	Amounts included on line a but not on Part I, line 17		
1	Donated services and use of facilities	b1	10,963
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify) -----	b4	
	Add lines b1 through b4	b	10,963
c	Subtract line b from line a	c	730,261
d	Amounts included on Part I, line 17, but not on line a:		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify) -----	d2	
	Add lines d1 and d2	d	
e	Total expenses (Part I, line 17) Add lines c and d	e	730,261

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See 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 plans	(E) Expense account and other allowances
Rosa Rosales 915 Guadalupe San Antonio, Texas	President 20 Hrs.	0	0	0
Hector M. Flores 909 Carolyn Way Irvine, Texas	Past Pres. 20 Hrs.	0	0	0
Jaime P. Martinez 731 Spacious Sky San Anronio, Texas	Treasurer 20 Hrs.	0	0	0
Margaret Moran P. O. Box 100931 San Antonio, Texas	Vice Pres. 20 Hrs.	0	0	0
Laura Medrano 41 Eden Street Framingham, Maine	Vice Pres. 20 Hrs.	0	0	0
Haydee Rivera 1780 San Alejandro San Juan, Puerto Ri	Vice Pres. 20 Hrs.	0	0	0
Maria D. Rodriguez-Salazar P. O. Box 87943 Vancouver, Washingt	Vice Pres. 20 Hrs.	0	0	0
Alicia Rios 9862 Grant Place Crown Point, Indian	Vice Pres. 20 Hrs.	0	0	0
David Rodriguez P. O. Box 23291 Ventura, California	Vice Pres. 20 Hrs.	0	0	0
Javier Montanez 318 Cupples Road San Antonio, Texas	Vice Pres. 20 Hrs.	0	0	0

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 14
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) 75b X
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization". 75c X
If "Yes," attach a statement that includes the information described in the instructions
d Does the organization have a written conflict of interest policy? 75d X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation (if not paid, enter -0-), (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. Rows include Brent A. Wilkes (30,000), Gabriella Lumus (68,175), Carolina Munoz (17,250), and Guadalupe Morales (39,666).

Part VI Other Information (See the instructions.)

76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change 76 X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? 77 X
If "Yes," attach a conformed copy of the changes
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78a X
b If "Yes," has it filed a tax return on Form 990-T for this year? 78b
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement 79 X
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? 80a X
b 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
b Did the organization file Form 1120-POL for this year? 81b X

Part VI Other Information (continued)

Yes No

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?
82b If "Yes," you may indicate the value of these items here
83a Did the organization comply with the public inspection requirements for returns and exemption applications?
83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84a Did the organization solicit any contributions or gifts that were not tax deductible?
84b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?
85a b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85b If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year
85c Dues, assessments, and similar amounts from members
85d Section 162(e) lobbying and political expenditures
85e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
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?
86 501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12
86a b 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 b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)
87b
88 b 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
88a b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI
88b
89 a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911
89a b 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 c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
89c d Enter Amount of tax on line 89c, above, reimbursed by the organization
89d e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
89e f All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?
89f g For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?
89g
90 a List the states with which a copy of this return is filed
90a b Number of employees employed in the pay period that includes March 12, 2006 (See instructions)
90b
91 a The books are in care of
91a b Telephone no
91b Located at
91c ZIP + 4
91d
b 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)?
91b If "Yes," enter the name of the foreign country
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts

Part VI Other Information (continued)

Yes	No
	X

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c Yes No
 If "Yes," enter the name of the foreign country _____

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 92 |

Part VII Analysis of Income-Producing Activities (See 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	
93 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					147,533
95 Interest on savings and temporary cash investments					3,572
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a <u>Donations</u>					453,830
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))					604,935
105 Total (add line 104, columns (B), (D), and (E))					604,935

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See 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)
95 & 96	Affiliation on a national level allows local councils the opportunity to pursue
103	goals and objectives on a national perspective. The National Council, in turn, utilizes these membership fees and other revenue to pursue ths issues impacting Hispanics on a local, regional and national level.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See 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 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)

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13)

106 Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a	-----					X
b	-----					
c	-----					
Totals						

107 Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a	-----					X
b	-----					
c	-----					
Totals						

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

		Yes	No
			X

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

		Yes	No
			X

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

▶ Rosa Rosales, NATIONAL PRESIDENT Date MAY 5, 2007

Signature of officer

▶ ROSA ROSALES, National President

Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ <u>[Signature]</u>	Date <u>05/02/2007</u>	Check if self-employed ▶ <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst X) <u>455-82-1391</u>
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ <u>GILBERT PINEDA, C.P.A.</u>	EIN ▶ <u>74-2560268</u>		Phone no ▶ <u>(915) 594-0252</u>
<u>EL PASO, TX 79925-1315</u>			

L.U.L.A.C. National Office
Depreciation Schedule
 December 31, 2006

Description	Date Acquired	Cost Basis	Additions	Deletions	Balance	Method	Life or Rate	Beginning Balance	Expense	Deletions	Ending Balance	
FURNITURE and EQUIPMENT:												
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 (LI 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	
LJ/LAC Tapesry	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	449 29			449 29	
Office Cubicles for DC Office	03-01-2000	10,000 00			10,000 00	S/L	4 Years	10,000 00			10,000 00	
Chairs (3)	06-09-2000	899 97			899 97	S/L	4 Years	899 97			899 97	
Fax Machine	06-30-2000	349 99			349 99	S/L	4 Years	349 99			349 99	
Color Portable Printer	09-30-2000	311 98			311 98	S/L	4 Years	311 98			311 98	
Office Refrigerator	08-31-2000	97 41			97 41	S/L	3 Years	97 41			97 41	
Chair	09-25-2000	99 99			99 99	S/L	3 Years	99 99			99 99	
Portable Printer	11-03-2000	309 98			309 98	S/L	3 Years	309 98			309 98	
Binding Machine	11-03-2000	316 76			316 76	S/L	3 Years	316 76			316 76	
Refrigerator	03-09-2001	169 92			169 92	S/L	3 Years	169 92			169 92	
Flags	04-13-2001	4,064 00			4,064 00	S/L	3 Years	4,064 00			4,064 00	
Laptop Computers	05-01-2003	5,065 63			5,065 63	S/L	5 Years	2,701 68	506 57		4,064 00	
Computer	05-21-2003	1,163 61			1,163 61	S/L	5 Years	620 59	116 36		3,208 25	
Digital Camera	06-04-2003	699 98			699 98	S/L	7 Years	258 33	50 00		736 95	
Telephone System	09-10-2003	3,445 00			3,445 00	S/L	7 Years	1,107 32	246 07		308 33	
Computer	09-10-2003	1,079 96			1,079 96	S/L	7 Years	347 13	77 14		1,353 39	
Computer	09-10-2003	948 96			948 96	S/L	7 Years	305 02	67 78		424 27	
											372 80	
TOTALS		55,946 93	0 00	0 00	55,946 93			48,883 86	1,063 92	0 00	49,947 78	