

Return of Organization Exempt from Income Tax

2004

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

C Name of organization
NATIONAL BOARD OF CHIROPRACTIC EXAMINERS
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
901 54TH AVENUE
 City, town or country State ZIP code + 4
GREELEY CO 80634

D Employer identification number
74-6069951

E Telephone number
(970) 356-9100

F Accounting method: Cash Accrual
 Other (specify) _____

G Web site: **N/A**

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

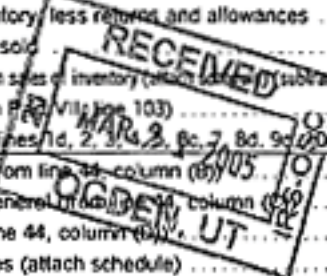
K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **8,396,633.**

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 **6**
H (c) Are all affiliates included? ... Yes No
 (If "No," attach a list. See instructions.)
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 Schedule B (Form 990, 990-EZ, or 990-PF).

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

1 Contributions, gifts, grants, and similar amounts received:			
a Direct public support	1a		
b Indirect public support	1b		
c Government contributions (grants)	1c		
d Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)	1d		
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		8,000,944.
3 Membership dues and assessments	3		
4 Interest on savings and temporary cash investments	4		276,594.
5 Dividends and interest from securities	5		
6a Gross rents	6a	116,411.	
b Less: rental expenses	6b	143,733.	
c Net rental income or (loss) (subtract line 6b from line 6a)	6c		-27,322.
7 Other investment income (describe _____)	7		
8a Gross amount from sales of assets other than inventory	(A) Securities	8a	
b Less: cost or other basis and sales expenses	(B) Other	8b	
c Gain or (loss) (attach schedule)		8c	
d Net gain or (loss) (combine line 8c, columns (A) and (B))		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		
10a 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 (subtract line 10b from line 10a)	10c		
11 Other revenue (from Part VIII, line 103)	11		2,684.
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		8,252,900.
13 Program services (from line 2, column (B))	13		6,342,778.
14 Management and general expenses (from line 14, column (B))	14		585,663.
15 Fundraising (from line 44, column (B))	15		0.
16 Payments to affiliates (attach schedule)	16		
17 Total expenses (add lines 16 and 44, column (A))	17		6,928,441.
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		1,324,459.
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		13,010,638.
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		14,335,097.



SCANNED APR 05 2005

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) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att sch) (cash \$ _____ non-cash \$ _____)	22			
23 Specific assistance to individuals (att sch)	23			
24 Benefits paid to or for members (att sch)	24			
25 Compensation of officers, directors, etc.	25	148,779.	148,779.	0.
26 Other salaries and wages	26	1,473,757.	1,473,757.	0.
27 Pension plan contributions	27	95,700.	83,985.	11,715.
28 Other employee benefits	28	339,094.	339,094.	0.
29 Payroll taxes	29	120,083.	112,376.	7,707.
30 Professional fundraising fees	30			
31 Accounting fees	31	4,827.	0.	4,827.
32 Legal fees	32	29,253.	0.	29,253.
33 Supplies	33	81,237.	81,237.	0.
34 Telephone	34	30,768.	30,768.	0.
35 Postage and shipping	35	95,400.	95,400.	0.
36 Occupancy	36	175,340.	0.	175,340.
37 Equipment rental and maintenance	37	87,707.	87,707.	0.
38 Printing and publications	38	259,914.	259,914.	0.
39 Travel	39	652,877.	638,603.	14,274.
40 Conferences, conventions, and meetings	40	5,261.	5,261.	0.
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42	198,301.	0.	198,301.
43 Other expenses not covered above (itemize):				
a <u>AUTO EXPENSE</u>	43a	5,030.	5,030.	0.
b <u>BANK CHARGES & MISCELLANEOUS</u>	43b	5,760.	0.	5,760.
c <u>EXAM ACCOMODATIONS</u>	43c	23,394.	23,394.	0.
d <u>EXAM ADMINISTRATION EXPENSES</u>	43d	1,590,956.	1,590,956.	0.
e <u>See Other Expenses Stmt</u>	43e	1,505,003.	1,366,517.	138,486.
44 Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	6,928,441.	6,342,778.	585,663.

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

What is the organization's primary exempt purpose? <u>PREP OF SEMI-ANNUAL NATIONAL CHIROPRACTIC EXAM</u>	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a <u>PREPARATION OF SEMI-ANNUAL NATIONAL CHIROPRACTIC EXAM</u> ----- ----- ----- (Grants and allocations \$ 0.)	6,362,200.
b ----- ----- ----- (Grants and allocations \$)	
c ----- ----- ----- (Grants and allocations \$)	
d ----- ----- ----- (Grants and allocations \$)	
e Other program services (Grants and allocations \$)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	6,362,200.

Part IV Balance Sheets (See 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	135,143.	45	38,066.
	46 Savings and temporary cash investments	3,552,882.	46	4,710,237.
	47a Accounts receivable	47a 2,909.		
	b Less: allowance for doubtful accounts	47b	2,970.	47c 2,909.
	48a Pledges receivable	48a		48c
	b Less: allowance for doubtful accounts	48b		48c
	49 Grants receivable			49
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)			50
	51a Other notes & loans receivable (attach sch)	51a 284,856.		
	b Less: allowance for doubtful accounts	51b	292,196.	51c 284,856.
	52 Inventories for sale or use			52
	53 Prepaid expenses and deferred charges		173,953.	53 194,109.
	54 Investments – securities (attach schedule) L-54 Stmt <input type="checkbox"/> Cost <input type="checkbox"/> FMV		6,379,681.	54 4,503,490.
	55a Investments – land, buildings, & equipment: basis	55a 2,228,533.		
	b Less: accumulated depreciation (attach schedule) L-55 Stmt	55b 44,525.		55c 2,184,008.
	56 Investments – other (attach schedule) L-56 Stmt		298,000.	56 396,899.
	57a Land, buildings, and equipment: basis	57a 4,947,251.		
	b Less: accumulated depreciation (attach schedule) L-57 Stmt	57b 1,862,215.	3,073,041.	57c 3,085,036.
	58 Other assets (describe ▶ See Line 58 Stmt)		72,839.	58 57,789.
59 Total assets (add lines 45 through 58) (must equal line 74)		13,980,705.	59 15,457,399.	
LIABILITIES	60 Accounts payable and accrued expenses		60 26,140.	266,700.
	61 Grants payable		61	
	62 Deferred revenue		721,779.	62 588,293.
	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 ▶ See Line 65 Stmt)		222,148.	65 267,309.
66 Total liabilities (add lines 60 through 65)		970,067.	66 1,122,302.	
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		8,021,147.	67 8,433,961.
	68 Temporarily restricted		4,989,491.	68 5,901,136.
	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; column (B) must equal line 21)		13,010,638.	73 14,335,097.
	74 Total liabilities and net assets/fund balances (add lines 66 and 73)		13,980,705.	74 15,457,399.

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 per Return (See instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	8,396,633.
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		
(3)	Recoveries of prior year grants		
(4)	Other (specify):		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	8,396,633.
d	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):		
	RENTAL EXPENSES \$ -143,733.		
	Add amounts on lines (1) and (2)	d	-143,733.
e	Total revenue per line 12, Form 990 (line c plus line d)	e	8,252,900.

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

a	Total expenses and losses per audited financial statements	a	7,072,174.
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities		
(2)	Prior year adjustments reported on line 20, Form 990		
(3)	Losses reported on line 20, Form 990		
(4)	Other (specify):		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	7,072,174.
d	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):		
	RENTAL EXPENSES \$ -143,733.		
	Add amounts on lines (1) and (2)	d	-143,733.
e	Total expenses per line 17, Form 990 (line c plus line d)	e	6,928,441.

Part V 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
HORACE ELLIOTT GREELEY, COLORADO	EX DIRECTOR 40	148,779.	11,714.	0.
ATTACHED LIST OF BOARD OF DIRECTORS	ALL BD POST VAR	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 instructions.

Part 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		X
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.		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
78b	If 'Yes,' has it filed a tax return on Form 990-T for this year?		X
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement		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?		X
b If 'Yes,' enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.			
81a	Enter direct and indirect political expenditures. See line 81 instructions	81a	0
81b	Did the organization file Form 1120-POL for this year?		X
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?		X
b 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	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		84b	
85a	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		X
85b	b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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.	X	
c Dues, assessments, and similar amounts from members		85c	
d Section 162(e) lobbying and political expenditures		85d	0
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		85e	
f Taxable amount of lobbying and political expenditures (line 85d less 85e)		85f	
85g	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
h 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) organizations. 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) organizations. 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	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		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 _____; section 4912 _____; section 4955 _____		
b 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		89b	
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d Enter: Amount of tax on line 89c, above, reimbursed by the organization			
90a	List the states with which a copy of this return is filed	NONE	
90b	b Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)	90b	36
91	The books are in care of THE CORPORATION Telephone number (970) 356-9100 Located at 901 54TH AVENUE GREELEY CO ZIP + 4 80634		
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 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 EXAM FEES AND OTHER SERVICES					8,000,944.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash investm			14	276,594.	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	-27,322.	
98 Net rental income or (loss) from pers prop					
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					
b GAIN ON SALE OF FIXED ASSETS			18	2,684.	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				251,956.	8,000,944.
105 Total (add line 104, columns (B), (D), and (E))					8,252,900.

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 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).
93A	REVENUES GENERATED FROM TEST FEES AND RELATED SOURCES PROVIDED THE NECESSARY FUNDS TO PREPARE, ADMINISTER AND EVALUATE THE CURRENT EXAM AS WELL AS PREPARE FUTURE TEST QUESTIONS

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See 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	N/A
	0				
	0				
	0				
	0				

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See 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).

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.

Please Sharon C. Elliott Date 1/3/15/05

Executive Vice President

Date _____ Check if _____ Preparer's SSN or PTIN (See General Instruction W)

Form 990, Page 2, Part II, Line 43

Other Expenses Stmt

Other expenses not covered above (itemize):	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
EXAM DEVELOPMENT	101,616.	101,616.	0.	0.
EXAM PREPARATION EXPENSES	234,047.	234,047.	0.	0.
EXAM TRAINING	183,014.	183,014.	0.	0.
FOUNDATION GRANTS & ASSISTANCE	407,291.	407,291.	0.	0.
INSURANCE	121,217.	100,741.	20,476.	0.
INVESTMENT EXPENSES	39,239.	0.	39,239.	0.
IRT PROJECT	23,602.	23,602.	0.	0.
JOB ANALYSIS	97,201.	97,201.	0.	0.
LOSS ON DISPOSED FIXED ASSETS	3,635.	0.	3,635.	0.
LOSS ON INVESTMENTS	1,052.	0.	1,052.	0.
PROFESSIONAL RELATIONS	113,398.	113,398.	0.	0.
PROPERTY & MISC TAXES	74,084.	0.	74,084.	0.
WORKERS' COMPENSATION INSURANCE	42,660.	42,660.	0.	0.
MISCELLANEOUS PROFESSIONAL FEES	62,947.	62,947.	0.	0.
Total	1,505,003.	1,366,517.	138,486.	0.

Form 990, Page 3, Part IV, Line 54

Investments - Securities Statement

Line 54 - Investments - Securities:	Beginning of Year	End of Year
CORPORATE BONDS		
BELL ATLANTIC DEBENTURE	200,648.	319,845.
BELL SOUTH TELECOM INC DEBENTURE	327,870.	0.
BANK OF AMERICA	0.	255,315.
CHEVRON CAPITAL CORP	254,620.	251,110.
CITIGROUP INC	250,938.	0.
DUPONT EL NAMOUR	252,508.	254,963.
ENTERGY LOUISIANA 1ST MORTGAGE BOND	204,062.	0.
EXXON CAP CORP GUARANTEED NOTES	53,149.	50,728.
GENERAL ELECTRIC CAP CORP	457,255.	512,380.
NIAGARA MOHAWK POWER 1ST MORTGAGE	107,166.	101,908.
JP MORGAN CHASE & CO	0.	253,455.
TEXAS UTILITIES 1ST MORTGAGE	207,178.	0.
WAL-MART STORES	246,933.	0.
WISCONSIN ELECT SUB NOTE	220,546.	211,364.
US TREASURY INVESTMENTS	3,596,808.	2,292,422.
Total	6,379,681.	4,503,490.

Form 990, Page 3, Part IV, Line 56

Investments - Other Statement

Line 56 – Investments - Other:	Beginning of Year	End of Year
CERTIFICATES OF DEPOSIT	298,000.	396,899.
Total	<u>298,000.</u>	<u>396,899.</u>

Form 990, Page 3, Part IV, Lines 55a & 55b

Investments - Land, Buildings and Equipment Statement

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
5401 BUILDING	2,228,533.	44,525.	2,184,008.
Total	<u>2,228,533.</u>	<u>44,525.</u>	<u>2,184,008.</u>

Form 990, Page 3, Part IV, Lines 57a & 57b

Land, Buildings and Equipment Statement

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
LAND	1,224,243.	0.	1,224,243.
BUILDING AND IMPROVEMENTS	2,255,246.	773,442.	1,481,804.
OFFICE FURNITURE AND EQUIPMENT	1,017,492.	838,562.	178,930.
VEHICLE	27,291.	27,291.	0.
ARTWORK	67,514.	34,130.	33,384.
SOFTWARE	223,556.	188,790.	34,766.
CONSTRUCTION IN PROGRESS	131,909.	0.	131,909.
Total	<u>4,947,251.</u>	<u>1,862,215.</u>	<u>3,085,036.</u>

Form 990, Page 3, Part IV, Line 58

Other Assets Statement

Line 58 - Other Assets:	Beginning of Year	End of Year
ACCRUED INTEREST RECEIVABLE	72,839.	57,789.
Total	<u>72,839.</u>	<u>57,789.</u>

Form 990, Page 3, Part IV, Line 65

Other Liabilities Statement

Line 65 - Other Liabilities:	Beginning of Year	End of Year
ACCRUED PROPERTY TAXES PAYABLE	76,925.	92,996.
ACCRUED COMPENSATED ABSENCES	109,110.	114,629.
ACCRUED WAGES PAYABLE	36,113.	49,112.
SECURITY DEPOSITS	0.	10,572.
Total	<u>222,148.</u>	<u>267,309.</u>