

Return of Organization Exempt From Income Tax

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

2005

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 2005 calendar year, or tax year beginning and ending

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

Please use IRS label or p/n/r/t or type See Specific Instructions

C Name of organization
Richmond Gay Community Foundation

Number and street (or P O box if mail is not delivered to street address) Room/suite
1407 Sherwood Ave.

City or town, state or country, and ZIP + 4
Richmond, VA 23220

D Employer identification number
31-1669279

E Telephone number
804-353-8890

F Accounting method Cash Accrual
 Other (Specify) ▶

G Website: ▶ **www.diversitythrift.org**

J Organization type (check only one) ▶ 501(c) (3) ◀ (insert no) 4947(a)(1) or 527

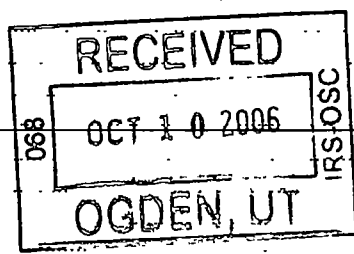
K Check here ▶ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return **Some states require a complete return.**

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **1,721,457.**

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 ▶ **N/A**
H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number ▶ **N/A**
M Check ▶ if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue					
1	Contributions, gifts, grants, and similar amounts received:				
a	Direct public support	1a			
b	Indirect public support	1b	50,421.		
c	Government contributions (grants)	1c			
d	Total (add lines 1a through 1c) (cash \$ 50,421. noncash \$)	1d		50,421.	
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2			
3	Membership dues and assessments	3			
4	Interest on savings and temporary cash investments	4		1,879.	
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 checked="" type="checkbox"/>				
a	Gross revenue (not including \$ 0. of contributions reported on line 1a)	9a	1,037,491.		
b	Less direct expenses other than fundraising expenses	9b	907,820.		
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	See Statement 1	129,671.	
10 a	Gross sales of inventory, less returns and allowances	10a	630,346.		
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	Stmt 2	630,346.	
11	Other revenue (from Part VII, line 103)	11		1,320.	
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		813,637.	
Expenses					
13	Program services (from line 44, column (B))	13		629,505.	
14	Management and general (from line 44, column (C))	14		37,906.	
15	Fundraising (from line 44, column (D))	15		49,500.	
16	Payments to affiliates (attach schedule)	16			
17	Total expenses (add lines 16 and 44, column (A))	17		716,911.	
Net Assets					
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18		96,726.	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		435,764.	
20	Other changes in net assets or fund balances (attach explanation)	20		0.	
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		532,490.	



SCANNED OCT 23 2006

EXTENSIONS ATTACHED

Handwritten initials and number: EWS 10

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 (attach schedule) (cash \$ 37,998. noncash \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	22 37,998.	37,998.	Statement 4	
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc.	25 3,600.	3,600.	0.	0.
26 Other salaries and wages	26 263,344.	263,344.		
27 Pension plan contributions	27			
28 Other employee benefits	28 22,439.	18,731.	3,708.	
29 Payroll taxes	29 20,421.	20,421.		
30 Professional fundraising fees	30 49,500.			49,500.
31 Accounting fees	31 5,500.	2,750.	2,750.	
32 Legal fees	32 4,079.	2,040.	2,039.	
33 Supplies	33 13,292.	11,963.	1,329.	
34 Telephone	34			
35 Postage and shipping	35 335.	302.	33.	
36 Occupancy	36 61,371.	55,234.	6,137.	
37 Equipment rental and maintenance	37			
38 Printing and publications	38 1,730.	1,557.	173.	
39 Travel	39			
40 Conferences, conventions, and meetings	40 714.	643.	71.	
41 Interest	41 50,759.	45,683.	5,076.	
42 Depreciation, depletion, etc. (attach schedule)	42 2,015.	1,814.	201.	
43 Other expenses not covered above (itemize):				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e _____	43e			
f _____	43f			
g See Statement 3	43g 179,814.	163,425.	16,389.	
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 716,911.	629,505.	37,906.	49,500.

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 \$ N/A ; (ii) the amount allocated to Program services \$ N/A ,
 (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

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? **See Statement 5**

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 The Organization operates a thrift store to raise money to distribute back to the community through grants and donations. Currently, all profits are being used to renovate new quarters, with the expectation of higher profits

(Grants and allocations \$) If this amount includes foreign grants, check here

629,505.

b

(Grants and allocations \$) If this amount includes foreign grants, check here

c

(Grants and allocations \$) If this amount includes foreign grants, check here

d

(Grants and allocations \$) If this amount includes foreign grants, check here

e Other program services (attach schedule)
(Grants and allocations \$) If this amount includes foreign grants, check here

f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) **629,505.**

Form 990 (2005)

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	24,515.	45	6,406.
	46 Savings and temporary cash investments	39,603.	46	12,698.
	47 a Accounts receivable	47a		
	b Less: allowance for doubtful accounts	47b	47c	
	48 a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable	51a		
	b Less: allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 Investments - securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55 a Investments - land, buildings, and equipment: basis	55a		
b Less: accumulated depreciation	55b	55c		
56 Investments - other		56		
57 a Land, buildings, and equipment: basis	57a 13,281.			
b Less: accumulated depreciation	57b 9,486.	57c 5,810.	3,795.	
58 Other assets (describe <input type="checkbox"/> See Statement 6)		58 1,169,963.	1,470,566.	
59 Total assets (must equal line 74). Add lines 45 through 58		1,239,891.	59 1,493,465.	
Liabilities	60 Accounts payable and accrued expenses	8,500.	60	2,250.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable	795,627.	64b	958,725.
	65 Other liabilities (describe <input type="checkbox"/>)		65	
66 Total liabilities. Add lines 60 through 65)		804,127.	66 960,975.	
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	435,764.	67	532,490.
	68 Temporarily restricted		68	
	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)		435,764.	73 532,490.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73		1,239,891.	74 1,493,465.	

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	813,637.
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		
3	Recoveries of prior year grants	b3		
4	Other (specify): _____	b4		
	Add lines b1 through b4		b	0.
c	Subtract line b from line a		c	813,637.
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	0.
e	Total revenue (Part I, line 12). Add lines c and d		e	813,637.

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

a	Total expenses and losses per audited financial statements		a	716,911.
b	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1		
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	0.
c	Subtract line b from line a		c	716,911.
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	0.
e	Total expenses (Part I, line 17). Add lines c and d		e	716,911.

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
Jon Klein 1407 Sherwood Ave Richmond, VA 23220	President 5.00	3,600.	0.	0.
Barbara Dill 1407 Sherwood Ave Richmond, VA 23220	Secretary 2.00	0.	0.	0.
Jim Todd 1407 Sherwood Ave Richmond, VA 23220	Treasurer 2.00	0.	0.	0.
Bill Conkle 1407 Sherwood Ave Richmond, VA 23220	Director 2.00	0.	0.	0.
Liisa Gardner 1407 Sherwood Ave Richmond, VA 23220	Director 2.00	0.	0.	0.
Christine Maggard 1407 Sherwood Ave Richmond, VA 23220	Director 2.00	0.	0.	0.
Martha Mainous 1407 Sherwood Ave Richmond, VA 23220	Director 2.00	0.	0.	0.
Eugene Robinson 1407 Sherwood Ave	Director 2.00	0.	0.	0.

Part VI Other Information (continued)

82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?
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.
83 a 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?
84 a 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?
85b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
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) organizations. Enter: a Initiation fees and capital contributions included on line 12
86b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders
87b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)
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?
88a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911
88b 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?
89 Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
90 Enter: Amount of tax on line 89c, above, reimbursed by the organization
90 a List the states with which a copy of this return is filed
90b Number of employees employed in the pay period that includes March 12, 2005
91 a The books are in care of
91b 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)?
91c At any time during the calendar year, did the organization maintain an office outside of the United States?
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

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

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion 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					
95 Interest on savings and temporary cash investments			14	1,879.	
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					129,671.
102 Gross profit or (loss) from sales of inventory					630,346.
103 Other revenue:					
a <u>Miscellaneous</u>					1,320.
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		1,879.	761,337.
105 Total (add line 104, columns (B), (D), and (E))					763,216.

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 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)
101	To operate a charity thrift store and distribute its profits to other tax-exempt organizations to better the lives of lesbian, gay, bisexual and transgender people.
102	
103	

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
N/A	%			
	%			
	%			
	%			

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).

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: Jon Klein Date: 9/24/06 Type or print name and title: Jon Klein, Exec. Director

Paid Preparer's Use Only

Preparer's signature: A. Marshall Neithinger Date: 9/21/06 Check if self-employed: Preparer's SSN or PTIN: _____

Firm's name (or yours if self-employed), address, and ZIP + 4: Wells, Coleman & Co., LLP
3800 Patterson Avenue
Richmond, VA 23221

EIN: _____ Phone no: 804-358-1150

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2005

Name of the organization **Richmond Gay Community Foundation** Employer identification number **31 1669279**

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions List each one If there are none, enter "None ")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$50,000 ▶	0			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services ▶	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms If there are none, enter "None " See page 2 of the instructions)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over \$50,000 for other services ▶	0	

Part III Statements About Activities (See page 2 of the instructions)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
e	Transfer of any part of its income or assets?		X
3 a	Do you make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)		X
b	Do you have a section 403(b) annuity plan for your employees?		X
c	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		X
4 a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)

- The organization is not a private foundation because it is (Please check only **ONE** applicable box)
- 5** A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
 - 6** A school Section 170(b)(1)(A)(ii) (Also complete Part V)
 - 7** A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
 - 8** A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
 - 9** A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ▶ _____
 - 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A.)
 - 11a** An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
 - 11b** A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
 - 12** An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)
 - 13** An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above; or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) Check the box that describes the type of supporting organization ▶ Type 1 Type 2 Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14** An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	53,834.	1,511.	2,915.	1,800.	60,060.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	1,421,042.	1,317,596.	487,575.	259,183.	3,485,396.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	805.	1,271.	667.	1,323.	4,066.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.	447.	734.	581.	339.	2,101.
23 Total of lines 15 through 22	1,476,128.	1,321,112.	491,738.	262,645.	3,551,623.
24 Line 23 minus line 17	55,086.	3,516.	4,163.	3,462.	66,227.
25 Enter 1% of line 23	14,761.	13,211.	4,917.	2,626.	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	26a	N/A
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	26b	N/A
c Total support for section 509(a)(1) test. Enter line 24, column (e)	26c	N/A
d Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____	26d	N/A
e Public support (line 26c minus line 26d total)	26e	N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f	N/A %

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2004) 0. (2003) 0. (2002) 0. (2001) 0.		
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2004) 0. (2003) 0. (2002) 0. (2001) 0.		
c Add Amounts from column (e) for lines 15 60,060. 16 _____ 17 3,485,396. 20 _____ 21 _____	27c	3,545,456.
d Add Line 27a total 0. and line 27b total 0.	27d	0.
e Public support (line 27c total minus line 27d total)	27e	3,545,456.
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)	27f	3,551,623.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g	99.8264%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h	.1145%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

Part V Private School Questionnaire (See page 7 of the instructions)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain. (If you need more space, attach a separate statement)		
<hr/> <hr/> <hr/>			
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.)	32d	
<hr/> <hr/> <hr/>			
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)	33h	
<hr/> <hr/> <hr/>			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group Check **b** if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations												
(The term "expenditures" means amounts paid or incurred)		N/A													
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36													
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37													
38	Total lobbying expenditures (add lines 36 and 37)	38													
39	Other exempt purpose expenditures	39													
40	Total exempt purpose expenditures (add lines 38 and 39)	40													
41	Lobbying nontaxable amount Enter the amount from the following table -														
	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">If the amount on line 40 is -</td> <td style="width: 50%;">The lobbying nontaxable amount is -</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>	If the amount on line 40 is -	The lobbying nontaxable amount is -	Not over \$500,000	20% of the amount on line 40	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000	41	
If the amount on line 40 is -	The lobbying nontaxable amount is -														
Not over \$500,000	20% of the amount on line 40														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
42	Grassroots nontaxable amount (enter 25% of line 41)	42													
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43													
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44													

Caution. If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 11 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Application for Extension of Time To File an Exempt Organization Return

▶ 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	Name of Exempt Organization Richmond Gay Community Foundation	Employer identification number 31-1669279
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. 1729 W. Cary St.	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Richmond, VA 23220-5308	

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

- | | | |
|--|---|------------------------------------|
| <input checked="" 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 (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input 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 ▶ Jon Klein
 Telephone No. ▶ 804-353-8890 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 August 15, 2006 to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year 2005 or
 ▶ tax year beginning _____, and ending _____.

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 \$ _____

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 \$ _____

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 \$ N/A

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.

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

• If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.		
Type or print. File by the extended due date for filing the return See instructions	Name of Exempt Organization Richmond Gay Community Foundation	Employer identification number 31-1669279
	Number, street, and room or suite no. If a P.O. box, see instructions. 1407 Sherwood Ave.	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Richmond, VA 23220	

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

- Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A Form 5227 Form 8870
- Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720 Form 6069

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **Jon Klein**
Telephone No. **804-353-8890** 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 is for.

4 I request an additional 3-month extension of time until **November 15, 2006.**

5 For calendar year **2005**, or other tax year beginning _____ and ending _____.

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

7 State in detail why you need the extension
All information necessary for the preparation of a complete and accurate return is not yet available

8a 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 \$ _____

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____

c **Balance Due.** Subtract line 8b from line 8a. 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 \$ **N/A**

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature *Marshall Watkins* Title *CPA* Date *8/10/06*

Notice to Applicant - To Be Completed by the IRS

- We **have** approved this application. Please attach this form to the organization's return.
- We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We **cannot consider** this application because it was filed after the extended due date of the return for which an extension was requested.
- Other _____

Director _____ By _____ Date _____

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name Wells, Coleman & Co., LLP	SEP 06 2006 FIELD DIRECTOR, SUBMISSION PROCESSING, OGDEN
	Number and street (include suite, room, or apt. no.) or a P.O. box number 3800 Patterson Avenue	
	City or town, province or state, and country (including postal or ZIP code) Richmond, VA 23221	

Form 990 Special Events and Activities Statement 1

Description of Event	Gross Receipts	Contribut. Included	Gross Revenue	Direct Expenses	Net Income
Bingo	1035745.		1035745.	907820.	127,925.
Other Events	1,746.		1,746.	0.	1,746.
To Fm 990, Part I, line 9	1037491.		1037491.	907820.	129,671.

Form 990

Income and Cost of Goods Sold
Included on Part I, Line 10

Statement 2

Income

1. Gross receipts	630,346	
2. Returns and allowances		
3. Line 1 less line 2		630,346
4. Cost of goods sold (line 13)		
5. Gross profit (line 3 less line 4)		630,346

Cost of Goods Sold

6. Inventory at beginning of year		
7. Merchandise purchased		
8. Cost of labor		
9. Materials and supplies		
10. Other costs		
11. Add lines 6 through 10		
12. Inventory at end of year		
13. Cost of goods sold (line 11 less line 12).		

Form 990	Other Expenses			Statement 3
Description	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
Advertising	10,751.	10,751.		
Bank fees	24,609.	22,148.	2,461.	
Insurance	25,996.	23,396.	2,600.	
Maintenance & repairs	4,857.	4,371.	486.	
Miscellaneous	1,583.	1,583.		
Taxes & Licenses	15,858.	14,272.	1,586.	
Utilities	68,254.	61,429.	6,825.	
Vehicle	24,306.	21,875.	2,431.	
Volunteers	3,600.	3,600.		
Total to Fm 990, ln 43	179,814.	163,425.	16,389.	

Form 990	Cash Grants and Allocations			Statement 4
Classification	Donee's Name	Donee's Address	Donee's Relationship	Amount
	See schedule attached		None	37,998.
Total Included on Form 990, Part II, line 22				37,998.

Form 990	Statement of Organization's Primary Exempt Purpose Part III	Statement 5
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Explanation

To improve the lives of lesbian, gay, bisexual, and transgender people through funding and education.

Form 990	Other Assets	Statement	6
Description		Amount	
Security Deposits		940.	
Real Estate Under Renovation		1,469,626.	
Total to Form 990, Part IV, line 58, Column B		1,470,566.	

Schedule A	Other Income				Statement	7
Description	2004 Amount	2003 Amount	2002 Amount	2001 Amount		
Miscellaneous	447.	734.	581.	339.		
Total to Schedule A, line 22	447.	734.	581.	339.		

RICHMOND GAY COMMUNITY FOUNDATION, INC.
31-1669279
FORM 990-YEAR ENDED 12/31/05

Part II, Line 22 - Grants and Allocations

NAME	STREET ADDRESS	CITY - STATE - ZIP	AMOUNT
Appomattox Regional Gov. Sch.	512 W. Washington St	Petersburg, VA 23803	(170)
CNU - GSSA	1 University Place	Newport News, VA 23606	(250)
CNU - Tau Delta Phi	1 University Place	Newport News, VA 23606	(1,020)
Commonwealth Public Broadcasting	23 Sesame Place	Richmond, VA 23235	(7,500)
Compassionate Action For Animals	PO Box 6692	Richmond, VA 23230	(915)
East District Family Resource Center	320 Hull Street, Suite 209	Richmond, VA 23219	(1,670)
Equality Virginia Education Fund	421 E. Franklin St, Suite 310	Richmond, VA 23224	(500)
Free Temple Outreach	PO Box 1984	Petersburg, VA 23805	(1,910)
FURS	3420 Short Pump Rd #228	Richmond, VA 23223	(1,800)
GLSEN Richmond	PO Box 5180	Midlothian, VA 23112	(350)
GLSEN, Inc	PO Box 5180	Midlothian, VA 23112	(1,550)
James River High School (GSA)	3700 James River Rd	Richmond, VA 23113	(1,235)
Legal Information Network for Cancer	PO Box 1163	Richmond, VA 23118	(320)
MCC Fredericksburg	PO Box 7425	Fredericksburg, Va 22404	(3,255)
MCC Richmond	2501 Park Avenue	Richmond, VA 23220	(1,400)
New Directions - University of Richmond	28 Westhampton Way	Richmond, VA 23173	(2,460)
Peacework International	1001 W. Franklin St, PO Box 842027	Richmond, VA 23284	(490)
Phi Sigma Pi	907 Floyd Avenue	Richmond, VA 23284	(640)
Richmond Queer Space Project	PO Box 7138	Richmond, VA 23221	(3,588)
ROSMY	PO Box 5542	Richmond, VA 23220	(250)
RPEC	400 W. 32nd St	Richmond, VA 23225	(100)
St Marks Episcopal Church	520 N.Boulevard	Richmond, VA 23220	(1,300)
Transformation Retreats	823 Park Avenue	Richmond, VA 23220	(2,760)
VCU - Queer Action	907 Floyd Avenue	Richmond, VA 23284	(385)
VCU School Of Social Work	ABSW 1001 W Franklin St, PO Box 842027	Richmond, VA 23284	(1,300)
Vegan Action	PO Box 4288	Richmond, VA 23220	(580)
William & Mary NAACP	PO Box 8795	Williamsburg, VA 23187	(300)
			<u>(37,998)</u>

31-1669279 Tax Asset Detail 1/01/05 - 12/31/05

FYE: 12/31/2005

Asset #	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period	
Group: Automobiles												
1	Truck	9/01/00	2,500.00	0.00	0.00	2,250.00	250.00	2,500.00	0.00	S/L	5.0	
21	1991 Honda Civic	6/30/02	3,000.00	0.00	0.00	1,500.00	600.00	2,100.00	900.00	S/L	5.0	
23	1987 Ford Truck	5/05/04	500.00	0.00	0.00	66.67	100.00	166.67	333.33	S/L	5.0	
	Automobiles		6,000.00	0.00c	0.00	3,816.67	950.00	4,766.67	1,233.33			
Group: Computer Equipment												
2	Computer	4/15/00	1,191.18	0.00	0.00	1,072.08	119.10	1,191.18	0.00	S/L	5.0	
3	Pin Pad	12/27/00	265.00	0.00	0.00	238.50	26.50	265.00	0.00	S/L	5.0	
4	Camera	8/06/01	317.06	0.00	0.00	221.94	63.41	285.35	31.71	S/L	5.0	
16	Camcorder	6/02/03	249.99	0.00	0.00	79.17	50.00	129.17	120.82	S/L	5.0	
17	Fax Machine	7/22/03	167.18	0.00	0.00	47.37	33.44	80.81	86.37	S/L	5.0	
18	Computer, Printer	8/27/03	955.57	0.00	0.00	254.81	191.11	445.92	509.65	S/L	5.0	
	Computer Equipment		3,145.98	0.00c	0.00	1,913.87	483.56	2,397.43	748.55			
Group: Furniture and Fixtures												
5	Ladder	5/31/00	79.42	0.00	0.00	51.08	11.35	62.43	16.99	S/L	7.0	
6	Hand Truck	6/09/00	93.01	0.00	0.00	59.81	13.29	73.10	19.91	S/L	7.0	
7	Cash Register 1	7/25/00	198.53	0.00	0.00	178.70	19.83	198.53	0.00	S/L	5.0	
8	Clothes Rack	12/31/02	355.87	0.00	0.00	127.10	50.84	177.94	177.93	S/L	7.0	
9	Safe	8/01/00	555.16	0.00	0.00	356.89	79.31	436.20	118.96	S/L	7.0	
10	Air Conditioner	7/05/00	406.51	0.00	0.00	261.32	58.07	319.39	87.12	S/L	7.0	
11	Phone System	10/12/02	459.76	0.00	0.00	164.20	65.68	229.88	229.88	S/L	7.0	
12	Cash Register 2	11/06/02	150.00	0.00	0.00	53.57	21.43	75.00	75.00	S/L	7.0	
13	Cash Register 3	1/11/03	208.99	0.00	0.00	59.72	29.86	89.58	119.41	S/L	7.0	
14	Telephone	4/17/03	83.59	0.00	0.00	19.90	11.94	31.84	51.75	S/L	7.0	
15	Hand Truck	4/25/03	94.01	0.00	0.00	22.38	13.43	35.81	58.20	S/L	7.0	
19	Punchclock	10/01/03	269.99	0.00	0.00	48.21	38.57	86.78	183.21	S/L	7.0	
20	Shelves	1/07/03	1,179.77	0.00	0.00	337.08	168.54	505.62	674.15	S/L	7.0	
	Furniture and Fixtures		4,134.61	0.00c	0.00	1,739.96	582.14	2,322.10	1,812.51			
Group: Land												
22	Land	12/10/03	800.00	0.00	0.00	0.00	0.00	0.00	800.00	Land	0.0	
25	Land - 1407 Sherwood Ave	4/28/04	250,200.00	0.00	0.00	0.00	0.00	0.00	250,200.00	Land	0.0	
	Land		251,000.00	0.00c	0.00	0.00	0.00	0.00	251,000.00			
	Grand Total		264,280.59	0.00c	0.00	7,470.50	2,015.70	9,486.20	254,794.39			