

Return of Organization Exempt from Income Tax

2003

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 2003 calendar year, or tax year beginning Jul 1, 2003, and ending Jun 30, 2004

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

C Name of organization: THE OJAI FOUNDATION
Number and street (or P O box if mail is not delivered to street addr) Room/suite: 9739 OJAI-SANTA PAULA ROAD
City, town or country State ZIP code + 4: OJAI CA 93023

D Employer Identification Number: 51-0151116
E Telephone number: (805) 646-8343
F Accounting method: Cash [X] Accrual [] Other (specify) []

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

- H and I are not applicable to section 527 organizations
H (a) Is this a group return for affiliates? Yes [] No [X]
H (b) If 'Yes,' enter number of affiliates
H (c) Are all affiliates included? Yes [] No []
H (d) Is this a separate return filed by an organization covered by a group ruling? Yes [] No [X]
I Group Exemption Number
M Check [] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

G Web site: N/A

J Organization type (check only one): [X] 501(c) 3 (insert no.) [] 4947(a)(1) or [] 527

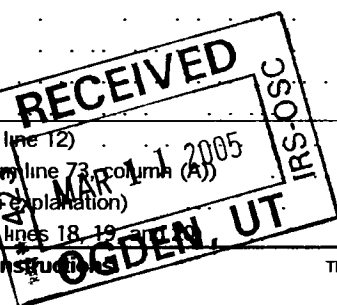
K Check here [] if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: 573,931.

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

SCANNED MAR 23 2005

Table with 21 rows and multiple columns for revenue, expenses, and net assets. Includes sub-rows for categories like 'Direct public support', 'Government contributions', 'Special events', and 'Total revenue/expenses'. Total revenue is 573,034 and total expenses are 679,091, resulting in a deficit of 106,057.



613/5

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	46,859.	23,330.	11,629.
26 Other salaries and wages	26	132,364.	66,182.	66,182.
27 Pension plan contributions	27			
28 Other employee benefits	28	28,096.	21,072.	7,024.
29 Payroll taxes	29	17,276.	12,957.	4,319.
30 Professional fundraising fees	30			
31 Accounting fees	31	1,454.	727.	727.
32 Legal fees	32			
33 Supplies	33	3,902.	1,951.	975.
34 Telephone	34	5,836.	2,918.	1,459.
35 Postage and shipping	35	4,440.	2,220.	1,110.
36 Occupancy	36	9,960.	9,960.	0.
37 Equipment rental and maintenance	37			
38 Printing and publications	38	13,278.	6,541.	3,272.
39 Travel	39			
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42	79,656.	39,828.	19,914.
43 Other expenses not covered above (itemize).				
a OFFICE RENT NJ	43a	3,547.	1,773.	887.
b OUTREACH & MKTG.	43b	7,891.	5,919.	0.
c PROGRAM FEES	43c	269,189.	269,189.	0.
d BANK CHARGES	43d	2,105.	2,105.	0.
e See Other Expenses Stmt	43e	53,238.	36,858.	15,844.
44 Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	679,091.	503,530.	133,342.

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? <input checked="" type="checkbox"/> TO PROMOTE/TEACH THE WAY OF COUNCIL 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) & (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
a THE ORGANIZATION SPONSORS VARIOUS RETREATS AND WORKSHOPS PROVIDING AN EDUCATIONAL ENVIRONMENT AND COMMUNITY FOR ITS PARTICIPANTS (Grants and allocations \$ 0.)	503,530.
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)	503,530.

Part IV Balance Sheets (See Instructions)

		(A) Beginning of year		(B) End of year
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.				
ASSETS	45 Cash – non-interest-bearing	95,956.	45	85,589.
	46 Savings and temporary cash investments	46,592.	46	37,400.
	47a Accounts receivable	47a 5,537.		
	b Less: allowance for doubtful accounts	47b	47c	5,537.
	48a Pledges receivable	48a		
	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		
	b Less: allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use	535.	52	163.
	53 Prepaid expenses and deferred charges		53	
	54 Investments – securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
	55a Investments – land, buildings, & equipment: basis	55a		
	b Less: accumulated depreciation (attach schedule)	55b	55c	
56 Investments – other (attach schedule)		56		
57a Land, buildings, and equipment: basis	57a 1,447,281.			
b Less: accumulated depreciation (attach schedule)	57b 692,732.	834,208.	57c	754,549.
58 Other assets (describe ► CONSTRUCTION IN PROGRESS)	5,000.	58	14,926.	
59 Total assets (add lines 45 through 58) (must equal line 74)	989,043.	59	898,164.	
LIABILITIES	60 Accounts payable and accrued expenses	74,281.	60	2,376.
	61 Grants payable		61	
	62 Deferred revenue		62	14,914.
	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 ►)		65	
66 Total liabilities (add lines 60 through 65)	74,281.	66	17,290.	
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	464,762.	67	298,577.
	68 Temporarily restricted		68	132,297.
	69 Permanently restricted	450,000.	69	450,000.
	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)	914,762.	73	880,874.	
74 Total liabilities and net assets/fund balances (add lines 66 and 73)	989,043.	74	898,164.	

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	N/A
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	
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):		
----- \$		
Add amounts on lines (1) and (2)	d	
e Total revenue per line 12, Form 990 (line c plus line d)	e	

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

a Total expenses and losses per audited financial statements	a	N/A
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	
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):		
----- \$		
Add amounts on lines (1) and (2)	d	
e Total expenses per line 17, Form 990 (line c plus line d)	e	

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
MARLOW HOTCHKISS 9739-B OJAI-SANTA PAULA RD OJAI, CA. 93023	DIRECTOR 25	19,975.	0.	0.
LOLA RAE LONG 7450 SULPHUR MT. ROAD OJAI, CA. 93023	CO-CHAIRPERSON 25	0.	0.	0.
LEON BERG P.O. BOX 1843 OJAI, CA. 93023	SEC.-TREAS. 25	9,750.	0.	0.
JACK ZIMMERMAN 9739-B OJAI SANTA PAULA D OJAI, CA. 93023	CO-CHAIRPERSON 10	17,134.	0.	0.
MARK IVENER 19 LOMBARD STREET PACIFIC PALISADES, CA. 90272	VICE PRES. 0	0.	0.	0.
See List of Officers, Etc. Statement		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	b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement		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
80b	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	b 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
82b	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	b 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
84b	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85a	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	N/A	
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	N/A	
85c	c Dues, assessments, and similar amounts from members	85c	
85d	d Section 162(e) lobbying and political expenditures	85d	
85e	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
85f	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?		X
85h	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?		X
86a	86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	
86b	b Gross receipts, included on line 12, for public use of club facilities	86b	
87a	87 501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	
87b	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	89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ _____; section 4912 ▶ _____; section 4955 ▶ _____		
89b	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		N/A
	c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
	d Enter: Amount of tax on line 89c, above, reimbursed by the organization		
90a	90a List the states with which a copy of this return is filed ▶ CALIFORNIA		
90b	b Number of employees employed in the pay period that includes March 12, 2003 (See instructions.)	90b	18
91	91 The books are in care of ▶ MARLOW HOTCHKISS Telephone number ▶ (805) 646-8343 Located at ▶ 9739-B OJAI-SANTA PAULA RD. OJAI CA. 93023 CA ZIP + 4 ▶ 93023-2040		
92	92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> 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.

- 93 Program service revenue:
 - a PROGRAMS
 - 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 invmnts
- 96 Dividends & 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 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
- c
- d
- e
- 104 Subtotal (add columns (B), (D), and (E))
- 105 Total (add line 104, columns (B), (D), and (E))

	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					224,109.
94					
95			14	683.	
96					
97					
98					
99					
100					
101					
102					315.
103					
104				683.	224,424.
105					225,107.

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	THE ORGANIZATION'S VARIOUS PROGRAMS, INCLUDING TEACHING "THE WAY OF COUNCIL", OFFERS CONTINUOUS STUDY IN WHICH PARTICIPANTS CAN BENEFIT FROM THE EDUCATION CENTER.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions.) N/A

(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 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 attachments, and all information reported hereon, and to the best of my knowledge and belief, the information is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has knowledge.

Please Sign Here

Signature of officer: *GINNY GOODIN*

GINNY GOODIN SEC. TREAS.
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: *ROBYN T. WILSON*

Firm's name (or yours if self-employed) address, and ZIP + 4:
ROBYN T. WILSON
1205 SUNSET PLACE
OJAI

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 Section 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

2003

Name of the organization

THE OJAI FOUNDATION

Employer identification number

51-0151116

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See 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 and deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000	None			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See 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	None	

Part III Statements About Activities (See 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.)		X
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.		
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
3a 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
3b Do you have a section 403(b) annuity plan for your employees?		X
4 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

Part IV Reason for Non-Private Foundation Status (See 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) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3))

Provide the following information about the supported organizations (See 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 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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	347,927.	479,850.	361,323.	378,900.	1,568,000.
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	224,381.	282,016.	192,775.	202,733.	901,905.
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	683.	770.	1,277.	17,398.	20,128.
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					
23 Total of lines 15 through 22	572,991.	762,636.	555,375.	599,031.	2,490,033.
24 Line 23 minus line 17	348,610.	480,620.	362,600.	396,298.	1,588,128.
25 Enter 1% of line 23	5,730.	7,626.	5,554.	5,990.	

26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24	▶ 26a	31,763.
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 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts		▶ 26b	
c Total support for section 509(a)(1) test: Enter line 24, column (e)		▶ 26c	1,588,128.
d Add: Amounts from column (e) for lines:	18 20,128. 19	▶ 26d	20,128.
	22 26b	▶ 26e	1,568,000.
e Public support (line 26c minus line 26d total)		▶ 26f	98.73 %
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))			

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	(2002) (2001) (2000) (1999)
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 11, 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:	(2002) (2001) (2000) (1999)	
c Add: Amounts from column (e) for lines:	15 16 17 20 21	▶ 27c
d Add: Line 27a total and line 27b total		▶ 27d
e Public support (line 27c total minus line 27d total)		▶ 27e
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)	▶ 27f	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))		▶ 27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))		▶ 27h %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, 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 instructions.)
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

		N/A	
		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.) ----- ----- -----		
32	Does the organization maintain the following:		
32a	a Records indicating the racial composition of the student body, faculty, and administrative staff?		
32b	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
32c	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
32d	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.) ----- -----		
33	Does the organization discriminate by race in any way with respect to:		
33a	a Students' rights or privileges?		
33b	b Admissions policies?		
33c	c Employment of faculty or administrative staff?		
33d	d Scholarships or other financial assistance?		
33e	e Educational policies?		
33f	f Use of facilities?		
33g	g Athletic programs?		
33h	h Other extracurricular activities? If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
34b	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.		
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.		

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

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.)			
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 --		
	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	41	
	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.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See 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.)			

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

	Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of:		
(i) Cash		X
(ii) Other assets		X
b Other transactions:		
(i) Sales or exchanges of assets with a noncharitable exempt organization		X
(ii) Purchases of assets from a noncharitable exempt organization		X
(iii) Rental of facilities, equipment, or other assets		X
(iv) Reimbursement arrangements		X
(v) Loans or loan guarantees		X
(vi) Performance of services or membership or fundraising solicitations		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees		X

d If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If 'Yes,' complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions.
▶ Attach to your tax return.

Name(s) shown on return
THE OJAI FOUNDATION

Identifying number
51-0151116

Business or activity to which this form relates
Form 990 / Form 990EZ

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See instructions for a higher limit for certain businesses	1	\$100,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	\$400,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2002 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2004. Add lines 9 and 10, less line 12	▶ 13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election (see instructions)	15	
16	Other depreciation (including ACRS) (see instructions)	16	67,208.

Part III MACRS Depreciation (Do not include listed property.) (See instructions)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2003	17	12,448.
18	If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here	▶ <input type="checkbox"/>	

Section B – Assets Placed in Service During 2003 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only – see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			27.5 yrs	MM	S/L	
			39 yrs	MM	S/L	

Section C – Assets Placed in Service During 2003 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (see instructions)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations – see instructions	22	79,656.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? ... Yes No 24b If 'Yes,' is the evidence written? ... Yes No
(a) Type of property (list vehicles first) (b) Date placed in service (c) Business/investment use percentage (d) Cost or other basis (e) Basis for depreciation (business/investment use only) (f) Recovery period (g) Method/Convention (h) Depreciation deduction (i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) ... 25
26 Property used more than 50% in a qualified business use (see instructions):
27 Property used 50% or less in a qualified business use (see instructions):
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 ... 28
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 ... 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles - see instructions)
31 Total commuting miles driven during the year
32 Total other personal (noncommuting) miles driven
33 Total miles driven during the year. Add lines 30 through 32
34 Was the vehicle available for personal use during off-duty hours?
35 Was the vehicle used primarily by a more than 5% owner or related person?
36 Is another vehicle available for personal use?
(a) Vehicle 1 (b) Vehicle 2 (c) Vehicle 3 (d) Vehicle 4 (e) Vehicle 5 (f) Vehicle 6
Yes No Yes No Yes No Yes No Yes No Yes No

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See instructions for vehicles used by corporate officers, directors, or 1% or more owners
39 Do you treat all use of vehicles by employees as personal use?
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?
41 Do you meet the requirements concerning qualified automobile demonstration use? (see instructions)
Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs (b) Date amortization begins (c) Amortizable amount (d) Code section (e) Amortization period or percentage (f) Amortization for this year
42 Amortization of costs that begins during your 2003 tax year (see instructions):
43 Amortization of costs that began before your 2003 tax year ... 43
44 Total. Add amounts in column (f). See instructions for where to report ... 44

Form 990, Page 2, Part II, Line 43

Other Expenses Stmt

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Other expenses not covered above (itemize):				
UTILITIES	10,450.	9,405.	1,045.	0.
INSURANCE	24,209.	17,495.	6,714.	0.
COUNTY & STATE FEES	1,337.	1,337.	0.	0.
LAND STEWARD	15,098.	7,549.	7,549.	0.
DIRECTOR'S DISCRETIONARY	2,144.	1,072.	536.	536.
Total	<u>53,238.</u>	<u>36,858.</u>	<u>15,844.</u>	<u>536.</u>

Form 990, Page 4, Part V

List of Officers, Etc. Statement

(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
DOUG ADRIANSON 613 CANADA STREET OJAI, CA. 93023	DIRECTOR 0	0.	0.	0.
JOE PROVISIO 1240 MARCO PLACE LOS ANGELES, CA. 90066	DIRECTOR 0	0.	0.	0.
KELLY KAGAN 4143 VIA MARINA #517 MARINA DEL REY, CA.	DIRECTOR 0	0.	0.	0.
Total		<u>0.</u>	<u>0.</u>	<u>0.</u>

Miscellaneous Statement

990 PG.1 LN. # 20 EXPLANATION

<u>THE CHANGE IN NET ASSETS AND FUND BALANCES WAS</u>		
<u>DUE TO THE CHANGE IN ACCOUNTING METHOD FROM</u>		
<u>CASH TO ACCRUAL BASIS.THESE ADJUSTMENTS WERE</u>		
<u>MADE PER CERTIFIED AUDIT STATEMENTS.</u>		

72,169.

Total

72,169.

10:05 AM

02/13/05

Accrual Basis

The Ojai Foundation
Balance Sheet
As of June 30, 2004

	Jun 30, 04
ASSETS	
Current Assets	
Checking/Savings	
Wells Fargo Premier CCT	21,724.15
Wells Fargo Checking CLC	36,080.27
Wells Fargo Checking CCT	10,798.67
Petty Cash	290.00
Wells Fargo Council House	35,490.02
Wells Fargo Funding Office	2,928.68
Working Assets**Wells Fargo CD	15,676.05
Wells Fargo Brokerage	1.20
Total Checking/Savings	122,989.04
Accounts Receivable	
Accounts Receivable	5,537.00
Total Accounts Receivable	5,537.00
Other Current Assets	
Inventory	162.55
Total Other Current Assets	162.55
Total Current Assets	128,688.59
Fixed Assets	
Accumulated Depreciation	-692,732.00
BUILDINGS/STRUCTURES	
Building/Equip 81'-2001	1,320,992.20
Council House	48,526.02
Gateway Building	77,763.68
Total BUILDINGS/STRUCTURES	1,447,281.90
Sculpture	5,000.00
Total Fixed Assets	759,549.90
Other Assets	
Construction in Progress	9,925.85
Total Other Assets	9,925.85
TOTAL ASSETS	898,164.34
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
Accounts Payable	2,376.01
Total Accounts Payable	2,376.01
Other Current Liabilities	
Deferred Revenues	14,913.75
Payroll Liabilities	-0.01
Total Other Current Liabilities	14,913.74
Total Current Liabilities	17,289.75
Total Liabilities	17,289.75
Equity	
Restricted Fund Per 990 6-02	450,000.00

10:05 AM
02/13/05
Accrual Basis

The Ojai Foundation
Balance Sheet
As of June 30, 2004

	<u>Jun 30, 04</u>
RESTRICTED FUNDS	
Capital Projects	14,397 26
Community	8,694 67
Council House	63,443.11
Endowment	314.16
Funding Office	5,555 60
Threshold	30 00
Total RESTRICTED FUNDS	<u>92,434 80</u>
Retained Earnings	444,496 33
Net Income	-106,056 54
Total Equity	<u>880,874 59</u>
TOTAL LIABILITIES & EQUITY	<u><u>898,164.34</u></u>

The Ojai Foundation
Profit & Loss
 July 2003 through June 2004

	Jul '03 - Jun 04
Ordinary Income/Expense	
Income	
DONATIONS	
Benefactors	194,986 15
Council of Friends	5,035 00
Designated Donations	66,848.00
Hagman photos	486 13
Miscellaneous donations	10,556 27
Sustainers	69,000.00
Tithing	340 50
TOF Board Giving Fund	675 00
Total DONATIONS	347,927 05
FOUNDATION STUDIES	78,158.44
INDIVIDUAL RETREATS	17,086 50
INTEREST & DIVIDEND INCOME	683 11
LAND USE & RENTALS	3,385 00
MERCHANDISE SALES	1,211 95
PILGRIMAGES	1,000.00
ROPES PROGRAM	30,288 98
YOUTH PROGRAMS	94,190 00
Total Income	573,931.03
Cost of Goods Sold	
COST OF GOODS SOLD	897.00
Total COGS	897 00
Gross Profit	573,034.03
Expense	
BUSINESS SERVICES	
Bank Charges	2,105 19
Consulting Fees, Bookkeeping	1,454.00
Taxes and Fees	1,337.12
Total BUSINESS SERVICES	4,896.31
CONSTR. IN PROGRESS	
Council House	0 00
Gateway Building	0 00
Roads	0.00
Stonepeople Yurt	0 00
Total CONSTR. IN PROGRESS	0 00
GUEST SERVICES	
Housekeeping & housewares	3,171 71
Supplies	6,787 51
Total GUEST SERVICES	9,959 22
INSURANCE	
Auto	1,019.00
Directors & Officers	2,009 46
Fire & Earthquake	3,685 30
Liability	11,701 50
Workers Compensation	5,793.28
Total INSURANCE	24,208.54
LAND STEWARD	
Animals	243.78
Auto/Generator	396.60
Garden	940 82
Gasoline	787 90
Landscaping [Cap Proj]	328 82
Repair & Maintenance	11,600 41
LAND STEWARD - Other	800.00
Total LAND STEWARD	15,098.33

1:15 PM
 02/14/05
 Accrual Basis

The Ojai Foundation
Profit & Loss
 July 2003 through June 2004

	<u>Jul '03 - Jun 04</u>
OFFICE EXPENSE	
Rent	3,544 72
Postage, delivery, copying	4,335 87
Supplies	3,902.04
Telephone	5,836 42
OFFICE EXPENSE - Other	104 17
Total OFFICE EXPENSE	<u>17,723 22</u>
OTHER EXPENSES	
Bad Debts	40.00
Board of Directors	0 00
Director's Discretionary	1,251 59
Mileage Reimbursement	851 25
Total OTHER EXPENSES	<u>2,142.84</u>
OUTREACH & MARKETING	
Advertising,Marketing,Flyers	4,908 82
Brochures	8,173.09
Dues and subscriptions	815.98
OUTREACH & MARKETING - Other	7,074 81
Total OUTREACH & MARKETING	<u>20,972 70</u>
PAYROLL & BENEFITS	
Contract Labor	2,978 00
Hourly Support	64 75
Intern Expenses	52.50
Medical & Dental	28,095.87
Salaries	175,007 39
Severance	1,320 00
Taxes	17,276 02
Total PAYROLL & BENEFITS	<u>224,794 53</u>
PROGRAM EXPENSE	
CCT Program Expense	181,327.78
Catering	24,243 69
Leaders Fees	35,045 00
Path of Service Meals	767 14
Rental expenses	280.00
Supplies	826 70
Support Personnel	1,214 50
Travel	1,926 76
PROGRAM EXPENSE - Other	1,000.00
Total PROGRAM EXPENSE	<u>246,631.57</u>
ROPES EXPENSES	20,775 27
STAFF TRAINING	1,781 81
UTILITIES	
Electric	735.03
Propane	5,041 24
Trash	1,203 35
Water	3,470.61
Total UTILITIES	<u>10,450.23</u>
*Uncategorized Expenses	0.00
Total Expense	<u>599,434 57</u>
Net Ordinary Income	-26,400.54

1:15 PM

02/14/05

Accrual Basis

The Ojai Foundation
Profit & Loss
July 2003 through June 2004

	<u>Jul '03 - Jun 04</u>
Other Income/Expense	
Other Expense	
UNCATEGORIZED EXPENSES	0.00
Depreciation	79,656.00
Total Other Expense	<u>79,656.00</u>
Net Other Income	<u>-79,656.00</u>
Net Income	<u><u>-106,056.54</u></u>

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ 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)

Note: 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)

Note: 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

Type or print	Name of Exempt Organization THE OJAI FOUNDATION, INC.	Employer identification number 51-0151116
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 9739 OJAI-SANTA PAULA ROAD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions OJAI, CA. 93023	

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 |

- 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-month, for **990-T corporation**) extension of time until **FEB. 15**, 20**05**, to file the exempt organization return for the organization named above. The extension is for the organization's return for
 ▶ calendar year 20... or
 ▶ tax year beginning **7-1**, 20**03**, and ending **6-30**, 20**04**.

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 \$ **-0-**

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 ▶  Title ▶ **AUDITOR** Date ▶ **10/29/04**

For Paperwork Reduction Act Notice, see Instruction

Cat No 27916D

Form **8868** (12-2000)