

Form **990-EZ**

**Short Form**

**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)

OMB No 1545-1150

**2002**


**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

► For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.  
► The organization may have to use a copy of this return to satisfy state reporting requirements.

**A** For the 2002 calendar year, or tax year beginning JULY 1, 2002, and ending JUNE 30, 2003

- Address change
- Name change
- Initial return
- Final return
- Amended return
- Application pending

PI: \*\*\*\*\*5-DIGIT 95476  
US 29 IB HJ 94-2524840 200306  
lat INQUIRING SYSTEMS INC  
pr  
ty  
Se  
Sp: PO BOX 2037  
in: SONOMA CA 95476-2037 P-64 P74  
tion: 

Employer identification number  
94-9524840  
Telephone number  
(707) 486-0725  
Enter 4-digit (GEN) ►

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

**G** Accounting method:  Cash  Accrual  
Other (specify) ►

**I** Web site: ► WWW.INQUIRINGSYSTEMS.ORG

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

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

**K** Check  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** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ. ► \$

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 36 of the instructions.)

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Revenue	1	Contributions, gifts, grants, and similar amounts received																								12,795		
	2	Program service revenue including government fees and contracts																								121,876		
	3	Membership dues and assessments																								0		
	4	Investment income																								0		
	5a	Gross amount from sale of assets other than inventory																								0		
	5b	Less: cost or other basis and sales expenses																								0		
	5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)																								0		
	6a	Gross revenue (not including \$ of contributions reported on line 1)																								0		
	6b	Less: direct expenses other than fundraising expenses																								0		
	6c	Net income or (loss) from special events and activities (line 6a less line 6b)																								0		
7a	Gross sales of inventory, less returns and allowances																								0			
7b	Less: cost of goods sold																								0			
7c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)																								0			
8	Other revenue (describe ►)																								0			
9	<b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)																								134,671			
Expenses	10	Grants and similar amounts paid (attach schedule)																								0		
	11	Benefits paid to or for members																								0		
	12	Salaries, other compensation, and employee benefits																								102,812		
	13	Professional fees and other payments to independent contractors																								29,240		
	14	Occupancy, rent, utilities, and maintenance																								22,777		
	15	Printing, publications, postage, and shipping																								160		
	16	Other expenses (describe ► TRAVEL (1699); LIAB INS (563); INT EXP (724) BANK'S																								2436		
17	<b>Total expenses</b> (add lines 10 through 16)																								137,040			
Net Assets	18	Excess or (deficit) for the year (line 9 less line 17)																								(2368)		
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)																										
	20	Other changes in net assets or fund balances (attach explanation)																										
	21	Net assets or fund balances at end of year (combine lines 18 through 20)																										

**Part II Balance Sheets**—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ

(See page 39 of the instructions.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments		22
23 Land and buildings		23
24 Other assets (describe ►)		24
25 <b>Total assets</b>		25
26 <b>Total liabilities</b> (describe ►)		26
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)		27

Part III Statement of Program Service Accomplishments (See page 39 of the instructions.)		Expenses
What is the organization's primary exempt purpose? <u>IMPROVEMENT OF HUMAN CONDITION</u>		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others)
28	PROVIDED TRAINING + TECHNICAL ASSISTANCE TO ALAMEDA COUNTY NONPROFIT ORGANIZATION UNDER CONTRACT WITH COUNTY OF ALAMEDA CALIFORNIA (Grants \$ 38,885)	28a 38,885
29	PROVIDED BUSINESS MANAGEMENT SERVICES + TRAINING TO SENIOR CITIZEN SERVICES SERVICE FEES (Grants \$ 82,064)	29a 82,064
30	PROVIDED TRAINING, TECHNICAL ASSISTANCE TO SOCIALS ORGANIZATIONS CONTRIBUTIONS (Grants \$ 12,795)	30a 12,795
31	Other program services (attach schedule) (Grants \$ )	31a
32	<b>Total program service expenses</b> (add lines 28a through 31a)	<b>32 134,671</b>

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 40 of the instructions.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
S. LORREN COLB Ph.D. 91885 BONNERS RD SONOMA, CA ROBERT BERKHOSE	CEO BOARD CHAIR - 60 HRS	32,500	0	0
	SENIOR BUSINESS MANAGER 40 HRS	27,695	0	0
JOHN STEPHANS	BUSINESS MANAGER 40 HRS	95,908	0	0

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		/
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		/
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.	/	/
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		/
b	If "Yes," has it filed a tax return on Form 990-T for this year?		/
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)		/
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0	/	/
b	Did the organization file Form 1120-POL for this year?		/
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	/	/
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved. 38b =	/	/
39	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 39a =	/	/
b	Gross receipts, included on line 9, for public use of club facilities 39b =	/	/
40a	501(c)(3) organizations. Enter. Amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0	/	/
b	501(c)(3) and (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 an explanation.		/
c	Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 ▶ 0		/
d	Enter: Amount of tax on line 40c, above, reimbursed by the organization ▶ 0		/
41	List the states with which a copy of this return is filed ▶ CA		/
42	The books are in care of ▶ S. LORREN COLB, Ph.D. Located at ▶ 91885 BONNERS RD SONOMA, CA		/
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 and enter the amount of tax-exempt interest received or accrued		/

Under penalties of perjury, I declare that I have examined this return, in and belief, it is true, correct, and complete Declaration of preparer (other than the taxpayer) is based on all information of which preparer has knowledge.

**Please Sign Here**

Signature of officer: S. LORREN COLB

Type or print name and title: S. LORREN COLB

**Paid Preparer's Use Only**

Preparer's signature: \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP + 4: \_\_\_\_\_