Form **99**(

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)

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Α	For th	For the 2003 calendar year, or tax year beginning , 2003			, 2003, and	dending	, 20					
В	Check if	applicable:	Please	C Name of organization				D Employer identification number				
$\overline{}$		Address change						:				
$\overline{}$		9	label or print or	Number and street (or P.O. box	if mail is not delivered to	street addres	E Telephone number					
$\overline{}$		triange type.						()				
$\overline{}$	Initial re		Specific		nd 7ID ± 1							
\sqsubseteq	Final ret	turn	Instruc- tions.	City of town, state of country, an	IU ZII + 4			F Accounting method:				
Ш	Amende	ed return	☐ Other (specify) ► ot applicable to section 527 organizations.									
	Applicati	ion pending		ection 501(c)(3) organizations and				group return for affiliates?				
			tru	usts must attach a completed Sch	edule A (Form 990 or 99	U-EZ).		enter number of affiliates >				
G	Website	e: ►					''					
	Organi	zation typ	n (chock i	only one) ► ☐ 501(c) () < (i	asort no)	or 🗍 527		affiliates included? Yes No attach a list. See instructions.)				
	_		1				, ,	separate return filed by an				
K				organization's gross receipts are no return with the IRS; but if the organ			organizati	ion covered by a group ruling? Yes No				
	•			return with the IRS, but if the organization without financial data. Some st				xemption Number ►				
							-	if the organization is not required				
L	Gross	receipts:	Add line	es 6b, 8b, 9b, and 10b to line 1	2 ▶			h Sch. B (Form 990, 990-EZ, or 990-PF).				
Р	art I	Revei	nue. Ex	xpenses, and Changes in	Net Assets or Fu	ınd Balaı	nces (See p	age 18 of the instructions.)				
				gifts, grants, and similar am			(\(\(\)\(\)\(\)				
	1			0 0		1a						
	a			support		1b						
	b											
	C			· ·		1c						
				s 1a through 1c) (cash \$				1d				
	2			e revenue including governme								
	3			lues and assessments				. 3				
	4	Interest on savings and temporary cash investments					. 4					
	5	Dividen	ds and	interest from securities .	,			. 5				
	6a	Gross r	ents .			6a						
	b	Less: re	ental ex	kpenses	l	6b						
	С	Net ren	tal inco	ome or (loss) (subtract line 6	o from line 6a)			. 6c				
ā	7	Other in	nvestme	ent income (describe ►) 7				
Revenue	8a	Gross a	amount	from sales of assets other	(A) Securities	(B) Other					
Rev		than inv	ventory	′		8a						
	b	Less: co	st or oth	her basis and sales expenses.		8b						
	С	Gain or	(loss) ((attach schedule)		8c						
	d	Net gair	n or (los	ss) (combine line 8c, columns	(A) and (B))			. 8d				
	9	Special	events a	and activities (attach schedule). If	any amount is from g	aming, che	ck here 🕨 🗆					
	а	Gross r	evenue	e (not including \$	of							
		contrib	utions r	reported on line 1a)		9a						
	b			xpenses other than fundraisi		9b						
	С	Net inc	ome or	(loss) from special events (s	subtract line 9b from	n line 9a)		. 9c				
	10a	Gross s	sales of	f inventory, less returns and		10a						
	b	Less: c	ost of g	goods sold	[10b						
	С	Gross p	rofit or ((loss) from sales of inventory (at	tach schedule) (subtra	ct line 10b	from line 10a)	10c				
	11	Other r	evenue	(from Part VII, line 103)				. 11				
	12	Total re	evenue	(add lines 1d, 2, 3, 4, 5, 6c, 7	', 8d, 9c, 10c, and 11)		. 12				
	13	Progran	m servi	ces (from line 44, column (B)))			. 13				
ses	14	_		and general (from line 44, co	. 14							
Expenses	15	_		•				. 15				
Ë	16	Payme	nts to a	affiliates (attach schedule)	. 16							
	17	Total e	xpense	es (add lines 16 and 44, colu	ımn (A))			. 17				
şts	18	Excess	or (def	ficit) for the year (subtract lir	ne 17 from line 12).			. 18				
SSE	19			fund balances at beginning	'							
Net Assets	20			s in net assets or fund balar								
ž	21			fund balances at end of year (
	- D		-l4:	A A Mation and the concrete	in a tour a tiere a		O I N 4400	2)/				

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions.)

	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)					
	(cash \$ noncash \$)	22				
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				
26	Other salaries and wages	26				
27	Pension plan contributions	27				
28	Other employee benefits	28				
29	Payroll taxes	29				
30	Professional fundraising fees	30				
31	Accounting fees	31				
32	Legal fees	32				
33	Supplies	33				
34	Telephone	34				
35	Postage and shipping	35				
36	Occupancy	36				
37	Equipment rental and maintenance	37				
38	Printing and publications	38				
39	Travel	39				
40	Conferences, conventions, and meetings	40				
41	Interest	41				
42	Depreciation, depletion, etc. (attach schedule)	42				
43	Other expenses not covered above (itemize): a	43a				
-J b	•	43b				
C		43c				
d		43d				
e		43e				
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13—15	44				
Are If "Y (iii)	nt Costs. Check ► ☐ if you are following SOP any joint costs from a combined educational campaign (es," enter (i) the aggregate amount of these joint costs the amount allocated to Management and general \$	and fu s \$; (ii) the ; and (iv) the	e amount allocated e amount allocated	to Program services to Fundraising \$	
Pa	rt III Statement of Program Service Acco	ompli	shments (See p	age 25 of the in	istructions.)	
All o	at is the organization's primary exempt purpose? organizations must describe their exempt purpose ac dients served, publications issued, etc. Discuss achi anizations and 4947(a)(1) nonexempt charitable trusts	hieve ievem	ments in a clear an ents that are not m	d concise manner. neasurable. (Section	State the number n 501(c)(3) and (4)	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
а						
	(G	rants	and allocations	\$)	
b						
	(G	Frants	and allocations	\$)	
С						
	(G	rants	and allocations	\$)	
d						
	in.	rants	and allocations	\$	······	
е			and allocations	\$)	
	, ,					
f	Total of Program Service Expenses (should equ	ıal line	e 44, column (B), F	rogram services)		

Part IV Balance Sheets (See page 25 of the instructions.)

N	lote:	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
	45	Cash—non-interest-bearing		45	
	46	Savings and temporary cash investments		46	
			•		
	47a	Accounts receivable			
		Less: allowance for doubtful accounts 47b		47c	
	48a	Pledges receivable			
		Less: allowance for doubtful accounts		48c	
	49	Grants receivable		49	
	50	Receivables from officers, directors, trustees, and key employee			
		(attach schedule)		50	
	51a	Other notes and loans receivable (attach			
şts		schedule)			
Assets	b	Less: allowance for doubtful accounts		51c	
A	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges		53	
	54	Investments—securities (attach schedule) ▶ ☐ Cost ☐ FN	MV	54	
	55a	Investments—land, buildings, and			
		equipment: basis			
	b	Less: accumulated depreciation (attach schedule) 55b		55c	
	_,	361104410).		56	
	56	Investments—other (attach schedule)		//////	
		Land, ballangs, and equipment. basis			
	D	Less: accumulated depreciation (attach schedule)		57c	
	58	Other assets (describe >)	58	
			/		
	59	Total assets (add lines 45 through 58) (must equal line 74)		59	
	60	Accounts payable and accrued expenses		60	
	61	Grants payable		61	
	62	Deferred revenue		62	
es	63	Loans from officers, directors, trustees, and key employees (attac			
Liabilities		schedule)		63	
iab	64a	Tax-exempt bond liabilities (attach schedule)		64a	
_		Mortgages and other notes payable (attach schedule)		64b	
	65	Other liabilities (describe ►)	65	
	66	Total liabilities (add lines 60 through 65)			
		Total liabilities (add lines 60 through 65)		66	
	Orga	inizations that follow SFAS 117, check here ► and complete line	PS		
es	67	67 through 69 and lines 73 and 74. Unrestricted		67	
anc	68	Temporarily restricted		68	
3al	69	Permanently restricted	•	69	
þ		inizations that do not follow SFAS 117, check here ▶ □ and			
Fur	Orga	complete lines 70 through 74.			
or	70	Capital stock, trust principal, or current funds		70	
ts	71	Paid-in or capital surplus, or land, building, and equipment fund .		71	
sse	72	Retained earnings, endowment, accumulated income, or other fund		72	
Net Assets or Fund Balances	73	Total net assets or fund balances (add lines 67 through 69 or line			
Se		70 through 72;			
_		column (A) must equal line 19; column (B) must equal line 21).	.	73	
	74	Total liabilities and net assets / fund balances (add lines 66 and 73	3)	74	

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.

Par	t IV-A	Financia	liation of Revenu I Statements with See page 27 of th	h Revenue	per	Part	F	econciliation of inancial Stater leturn			
а			and other support statements •	a		а		enses and lo nancial statemen		a	
b	•	included or	n line a but not on			b	Amounts i				
(1)		lized gains nents	\$			(1)	Donated and use of	_			
(2)	Donated and use of	services of facilities	\$			(2)	Prior year acreported or	line 20,			
(3)		es of prior ts	\$			(3)	Form 990 . Losses rep				
(4)	Other (sp						line 20, Fo	rm 990 . <u>\$</u>			
			\$			(4)	Other (spe	-			
			s (1) through (4) ►	b		-		<u>\$</u>			
c d	Amounts	nus line b. included o) but not or	n line 12,	С		c d	Line a min Amounts i	nts on lines (1) th nus line b ncluded on line but not on line	► 17,	b C	
(1)	not includ	expenses ed on line	¢			(1)	Investment not include	d on line			
(2)	Other (sp	990 ecify):	Φ			(2)	6b, Form 99 Other (spe				
			¢					e			
		unts on line	es (1) and (2)	d]	Add amou		and (2) ▶	<u>d</u>	<i>(((((((((((((((((((((((((((((((((((((</i>
е	Total reve	enue per lii	ne 12, Form 990	e		е	Total expe	nses per line 17, s line d)	Form 990	e	
Par	t V Lis		ers, Directors, Ti		nd Key E	Emplo					l; see page 27 of
		(A) Name	e and address		(B) Title a	ind avera	age hours per to position	(C) Compensation (If not paid, enter -0)	(D) Contribution employee benefit p	olans &	(E) Expense account and other allowances
75	organizatio	on and all rel	or, trustee, or key er lated organizations, or edule—see page 2	of which mor	e than \$10	0,000 v					☐ Yes ☐ No

Par	Other Information (See page 28 of the 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.	76					
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77					
	If "Yes," attach a conformed copy of the changes.						
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?.						
	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	79					
	Is the organization related (other than by association with a statewide or nationwide organization) through common						
oua	membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	,,,,,,,,	,,,,,,,,			
h	If "Yes," enter the name of the organization ▶						
b	and check whether it is \square exempt or \square nonexempt.						
Q1 ₂	Enter direct and indirect political expenditures. See line 81 instructions						
	Did the organization file Form 1120-POL for this year?	81b	,,,,,,,	,,,,,,,,			
		0.12					
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?	82a					
	•						
D	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.)						
020	(*** *** *** *** *** *** *** *** *** **	83a	<i>(//////</i>	<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>			
	Did the organization comply with the public inspection requirements for returns and exemption applications?	83b					
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	84a					
	Did the organization solicit any contributions or gifts that were not tax deductible?			//////			
р	If "Yes," did the organization include with every solicitation an express statement that such contributions	84b	<i>(//////</i>	X///////			
0.5	or gifts were not tax deductible?	85a		\vdash			
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85b					
D	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. Dues assessments and similar amounts from members 85c						
	Dues, assessments, and similar amounts non-members						
	Section 162(e) lobbying and political expenditures	<i>\\\\\\</i>					
	Taxable amount of lobbying and political expenditures (line 85d less 85e)						
	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	<i>(1111111</i>	<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>			
_							
11	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax						
	year?	85h					
04	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 . 86a						
86 h	Gross receipts, included on line 12, for public use of club facilities						
	Gross receipts, included on line 12, for public use of club facilities	<i>\\\\\\</i>					
87	50 (c)(12) 0/93. Effect a Gross meetine from members of shareholders	<i>\\\\\\</i>					
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b						
	sources against amounts and or received from them,	_//////	<i>(1111111</i>	<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>			
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	88					
000	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:						
094	section 4911 ►; section 4912 ►; section 4955 ►						
h	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction	7/////	,,,,,,				
b	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach						
	a statement explaining each transaction.	89b					
C	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under						
C	sections 4912, 4955, and 4958						
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization						
90a	List the states with which a copy of this return is filed ▶						
b	Number of employees employed in the pay period that includes March 12, 2003 (See instructions.)						
91	The books are in care of ▶						
	Located at ► ZIP + 4 ►						
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here						
	and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92						

Part '	VII	Analysis of Income-Producing Ac	tivities (See pa	age	33 of the ir	nstructi	ions.)		
Note:	Ent	er gross amounts unless otherwise	Unrelated b	usine	ss income	Excluded	by sec	tion 512, 513, or 514	(E)	
indica	ited.		(A)		(B)	_ (C)		(D)	Related or exempt function	
93	Prog	gram service revenue:	Business code		Amount	Exclusion	1 code	Amount	income	
a .			_							
b.			_							
С.			_							
d .			_							
е .										
		licare/Medicaid payments								
_		s and contracts from government agencies								
		nbership dues and assessments								
		est on savings and temporary cash investments								
		dends and interest from securities		<i>X////</i>						
		rental income or (loss) from real estate:		<i>X/////</i>		///////////////////////////////////////	///////		<i>(((((((((((((((((((((((((((((((((((((</i>	
		t-financed property								
		debt-financed property								
		er investment income								
		or (loss) from sales of assets other than inventory								
		income or (loss) from special events								
		ss profit or (loss) from sales of inventory.								
		er revenue: a								
C.			_							
d.			_							
е.						,,,,,,,,,,,	,,,,,,,			
104	Sub	total (add columns (B), (D), and (E))		<u> </u>						
		I (add line 104, columns (B), (D), and (E)).						. •		
Note: I		105 plus line 1d, Part I, should equal the Relationship of Activities to the Acc				/-				
Line I	No.	Explain how each activity for which income of the organization's exempt purposes (other	is reported in colu	ımn (E) of Part VII	contribu	ted in			
Part	IX	Information Regarding Taxable Subsi	diaries and Dis	rega	rded Entitie	s (See	page	34 of the instru	ctions.)	
	Nier	(A)	(B)		(C)		11 - 3 -	(D)	(E)	
	ıvan	ne, address, and EIN of corporation, partnership, or disregarded entity ow	Percentage of vnership interest		Nature of ac	tivities		Total income	End-of-year assets	
	•		%							
			%							
			%							
			%							
Part 1	X	Information Regarding Transfers Assoc	ciated with Perso	onal I	Benefit Cont	racts (S	See pa	age 34 of the ins	tructions.)	
(b)	Did	ne organization, during the year, receive any funds, di the organization, during the year, pay pren "Yes" to (b) , file Form 8870 and Form 47	niums, directly o	r indi					☐ Yes ☐ No☐ Yes ☐ No	
DI		Under penalties of perjury, I declare that I have examinand belief, it is true, correct, and complete. Declaration	ned this return, includen of preparer (other	ing ac than c	companying sch officer) is based	nedules ar on all info	nd stat ormatio	ements, and to the bon of which preparer	est of my knowledge has any knowledge.	
Please	е									
Sign		Signature of officer						ate		
Here										
		Type or print name and title.								
Paid		Preparer's signature			Date	Check if self-		Preparer's SSN or	PTIN (See Gen. Inst. W)	
Preparer	r's	Firm's name (or yours				employe	<u> </u>			
Use Only	y	if self-employed), address, and ZIP + 4					Phone	no. ▶ ()		
		addicas, and An + 4 y					i HOHE	110. 7		