For	<b></b> 990	Return of Organization Exempt From Inco	ome	Tax	OMB No. 1545-0047
		Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (ex			<u> 2</u> 003
	artment of the T		a-ti	sanukamanta	Open to Public
Inte	mai Revenue Se	The organization may have to use a copy of this return to satisfy state rep 03 calendar year, or tax year beginning 04/01 , 2003, and ending		requirements.	Inspection 20 04
^				D Employer iden	tification number
	Check if applica Address chan	USE IRS   Canage of Rusingsemen's Association of America Inc		95 365831	4
_	Name change	print or Number and street (or P.O. box if mail is not delivered to street address) Room/s	uite	E Telephone nur	mber
$\overline{}$	Initial return	Son 3725 Meadowlark Drive	_	( )	
	Final return	tions. City or town, state or country, and ZIP + 4 Reno, NV 89506	_ l ¹	F Accounting method	
	Amended retu	IM Handla	re not a	Other (spe	ion 527 organizations.
ш	Application per			oup return for affi	
G	Website: ▶			nter number of aff	
_	Omanization			iates included? Iach a list. See in	Yes No
		Hido is the	is a sec	arate return filed by	/an
	organization n	reed not file a return with the IRS, but if the organization received a Form 990 Package arga	nization	covered by a group	pruilng? ∐Yes ∐No
	en the mail, it s	The state of the s		mption Number >	
L	Gross receip				inization is not required 0, 990-EZ, or 990-PF).
		venue, Expenses, and Changes in Net Assets or Fund Balances (Se			
	1 Con	tributions, gifts, grants, and similar amounts received:			
	a Dire	ct public support	20.00	2	
	t .	rect public support		-666	
	I .	ernment contributions (grants)		1d	49445
		II (add lines 1a through 1c) (cash \$ 30020.00 noncash \$ 19424.56 arm service revenue including government fees and contracts (from Part VII, line	,	2	10110
		nbership dues and assessments	33)	3	124243
	1	rest on savings and temporary cash investments	•	4	0
	5 Divid	tends and interest from securities		5	
	6a Gros	ss rents s: rental expenses RECEIVED 60 60 60 60			
	<b>b</b> Less	s: rental expenses 66			
	C Net	rental income or (loss) (subtract line) 6b (rent line 6a)	٠,	6c   7	
휥	8a Gros	s amount from sales of assets other This Securities (8) Other			
Revenue	1 .	. 981			
•	b Less:	cost or other basis an Gales expenses 8b			
	, •	(0) (1000) (0.000)			
		gain or (loss) (combine line 8c, columns (A) and (B))	·	8d	
		ial events and activities (attach schedule). If any amount is from <b>gaming</b> , check here	٠. ١١		
	a Gros	ss revenue (not including \$ of ributions reported on line 1a)	25.00		
		s: direct expenses other than fundraising expenses 9b			
		income or (loss) from special events (subtract line 9b from line 9a)		9c	2025
	ſ	s sales of inventory, less returns and allowances   10a			
		s: cost of goods sold		10c	
		s profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 1 er revenue (from Part VII, line 103)		11	
	12 Tota	Prevenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	• •	12	175713
		ram services (from line 44, column (B))		13	177737
268	14 Man	agement and general (from line 44, column (C))		14	42257
Expenses	15 Fund	draising (from line 44, column (D))		15	31602
a		nents to affiliates (attach schedule)		16	251598
-			• • •	17	-75885
Assets		ess or (deficit) for the year (subtract line 17 from line 12)		19	-20946
٨	20 015	is shounds in not assets as fund belongs (ottook symboustics)	• •	20	· · · · · · · · · · · · · · · · · · ·

Net assets or fund balances at end of year (combine lines 18, 19, and 20)

For Paperwork Reduction Act Notice, see the separate instructions.

1

-96831

Form **990** (2003)

Cat. No. 11282Y

	990 (2003)		alata asi wa (A) Calum	(D) (O) (D)	mind for postly F01/s	Page 2
Par	Functional Expenses and section 4947(a)	151 com (1) none	plete column (A). Colum exempt charitable trusts	ns (B), (C), and (D) are re but optional for others. (	See page 22 of the instr	uctions)
	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)	22				
22	(cash \$) Specific assistance to individuals (attach schedule)	23	0			
23 24	Benefits paid to or for members (attach schedule).	24	·			
25	Compensation of officers, directors, etc	25	65325	35275.50	3919.50	26130
26	Other salaries and wages	26	5940.12		5940.12	
27	Pension plan contributions	27				
28	Other employee benefits	28				
29	Payroll taxes	29	5027.57	2488.60	695.57	1843.40
30	Professional fundraising fees	30	0		2542.00	
31	Accounting fees	31	8518.20		8518.20 25.00	
32	Legal fees	32	25.00 0.00		23.00	
33	Supplies	34	5771.28	2137.03	4.70	3629.55
34	Telephone	35	14229.43	14229.43		
35 36	Postage and shipping	36	4669.24	4689.24		
30 37	Equipment rental and maintenance	37	4761.15	792.40	3968.75	
38	Printing and publications	38	15065.80	15065.80		
39	Travel	39	10201.32	10201.32		
40	Conferences, conventions, and meetings	40	0			<del></del>
41	Interest	41	361.24			
42	Depreciation, depletion, etc. (attach schedule)	42	1411.34	1411.34	40004.64	
43	Other expenses not covered above (itemize): a	43a	110291.35	91466.74	18824.61	0
b		43b 43c				
C		43d	<u></u>			
d		43e				
е 44	Total functional expenses (add lines 22 through 43). Organizations			<u> </u>		
	completing columns (B)-(D), carry these totals to lines 13-15.	44	251598.01	177737.40	42257.69	31602.95
	t Costs. Check  ightharpoonup if you are following SOP my joint costs from a combined educational campaign			s connected in (P) Dro	arom conicos?	Vac ZiNa
Are a	ny joint cosis from a compined educational campaign is," enter (i) the aggregate amount of these joint cost:	anu ii	nurasing suicitation	n reported in <b>(b)</b> Pro	gialli servicesi , P	
11 1 E	e amount allocated to Management and general \$	3 <b>4</b>	: and (iv) the	e amount allocated	to Fundraising \$	, +,
Par	III Statement of Program Service Acco	mpli	shments (See p	age 25 of the in	structions.)	
	is the organization's primary exempt purpose?					Program Service
All or	ganizations must describe their exempt numose ac	hleve	ments in a clear an	d concise manner.	State the number	Expenses (Recured for 501(c)(3) and
of cll	ents served, publications issued, etc. Discuss achi	eveme	ents that are not m	ieasurable. (Section	n 501(c)(3) and (4)	(4) orgs., and 4947(a)(1) trusts, but optional for
-	alzations and 4947(a)(1) nonexempt charitable trusts					others.)
	CBAA sponsores the childern's Set A Good E					
	tion in the crusade to eliminate drugs, crime, v grounds and neighborhoods by promoting a l					
اد			and allocations	\$	)	
_	ance, competence, industry and understandin			<u> </u>	talvst to pull	<del></del>
<b>D</b> .	together businesses, schools and communitie	s. Ti	ne concern of the	organization is t	he future of	
	youth and the integrity of the nation they will i	nheri	<b>L</b>			
	(G	rants	and allocations	\$	)	
C.						
-						
				·····		
_	(G	rants	and allocations	<u> </u>		
d.			·····			
•		•••••				
•	(G	rants	and allocations	\$	·····	
e Õ				\$	)	
	otal of Program Service Expenses (should equ	al line	44, column (B), P	rogram services)	🕨	

Form 990 (2003) Page **3** 

Pa	irt IV	Balance Sheets (See page 25 of the	instru	ctions.)			
1	lote:	Where required, attached schedules and amounts column should be for end-of-year amounts only	within t	he description	(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing			4910	45	-862
	46	Savings and temporary cash investments .				46	
	47a	Accounts receivable	47a				
	Ь	Less: allowance for doubtful accounts	47b		·	47c	ļ
	1						
		Pledges receivable	48a				1
	b	Less: allowance for doubtful accounts	48b			48c	
	49	Grants receivable				49	
	50	Receivables from officers, directors, truste (attach schedule)				50	
	\$1a	Other notes and loans receivable (attach	1 1				
Assets	ļ	schedule)	51a	<del></del>			
28	b	Less: allowance for doubtful accounts , .	51b	<del></del>		51c	ļ
⋖	52	Inventories for sale or use			14803	52	32437
	53	Prepaid expenses and deferred charges .		. <u>.</u> <u>.</u>	·	53	<b>}</b>
	54	Investments—securities (attach schedule).	, .▶	○ □ Cost □ FMV		54	
	55a	Investments—land, buildings, and	1 1				
		equipment: basis	55a				
	b	Less: accumulated depreciation (attach					1
		schedule)	55b			55c	
	56	investments—other (attach schedule)	1 0		·····	56	
	57a	Land, buildings, and equipment: basis	57a	19812			
	ь	Loss: accumulated depreciation (attach		40404	4.440		,
		schedule).	57b	18401	1412 1880		0
	58	Other assets (describe ► Pacific Bell Phon	e depo	sit )	1000	58	
	59	Total assets (add lines 45 through 58) (must	egual	line 74)	23005	59	31575
	60	Accounts payable and accrued expenses .			43951	60	128387
	61	Grants payable				61	
	62	Deferred revenue		ľ		62	
Ś	63	Loans from officers, directors, trustees, and					
Liabilities	0.5	schedule)				63	20
ā	64a	Tax-exempt bond liabilities (attach schedule)				64a	
		Mortgages and other notes payable (attach s		le)		64b	
	65	Other liabilities (describe >				65	
	66	Total liabilities (add lines 60 through 65) .			43951	66	128406.88
	Orga	nizations that follow SFAS 117, check here	• 🗷 a	nd complete lines			
S		67 through 69 and lines 73 and 74.			-20946		-96831
ĕ	67	Unrestricted			-20940	67	-30031
문	68	Temporarily restricted ,		· · · · · · · ·	<del></del>	68	
-	69	Permanently restricted				69	
Func	Orga	nizations that do not follow SFAS 117, check complete lines 70 through 74.	here I	► ☐ and			
6	70	Capital stock, trust principal, or current fund				70	
ets	71	Paid-in or capital surplus, or land, building, a				71	
155	72	Retained earnings, endowment, accumulated				12	<del></del>
Net Assets or Fund Balances	73	Total net assets or fund balances (add line 70 through 72;	s 67 th	rough 69 ar lines			
		column (A) must equal line 19; column (B) m			-20946	73	-96831
	74	Total liabilities and net assets / fund balance	es (ad	I lines 66 and 73)	23005	74	31575

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.

Form	990 (2003)						Page 4
Pa	t IV-A Reconciliation of Revenue per Aud Financial Statements with Revenue Return (See page 27 of the instruction	e per	Part	F	Reconciliation of inancial Stater Return		
а	Total (District) Same and and Carlot appear		a	•	penses and lo		
b	per audited financial statements ▶ a  Amounts included on line a but not on line 12, Form 990:		ь	Amounts	nancial statemer included on line , Form 990:		
(1)	Net unrealized gains on investments \$		(1)	Donated and use of			
(2)	Donated services and use of facilities \$		(2)	reported or	i line 20,		
` '	Recoveries of prior year grants , , . \$		(3)	Form 990 .	orted on		
(4)	Other (specify):		(4)	tine 20, Fo Other (spe	ecify):		
	Add amounts on lines (1) through (4) b		]	Add amou	s on lines (1) th	rough (4) b	
c d	Line a minus line b		c d	Line a mir Amounts i	nus line <b>b</b> ncluded on line but not on line :	▶ c	
	Investment expenses not included on line 6b, Form 990 \$		(1)	Investment not include 6b, Form 99	d on line 90 <u>\$</u>		
(2)	Other (specify):		(2)	Other (spe	:city): s		
e	Add amounts on lines (1) and (2)   Total revenue per line 12, Form 990 (line c plus line d) • e		e	Total expe	ints on lines (1) anses per line 17, s line d)	Form 990	
Par	List of Officers, Directors, Trustees, at the instructions.)	nd Key E	mplo				t; see page 27 of
	(A) Name and address	(B) Title a	nd avera	ige hours per to position	(C) Compensation (If not paid, enter -0-3)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
	ERT AYASH INA DEL REY	CHAIRN	AAN, 4	0 HOURS	15968		
BAR	BARA AYASH INA DEL REY	CEO, 60	HOU	RS	16915		
	RAY GOULD ANGELES	VICE CI	HAIRM	AN	0		
	IARD PALMQUIST EWOOD, CA	SECRE	TARY		0		
HAR	N WHEATLEY TFORD, CT	DIRECT	OR		0		
BRY	NIS DUBIN N MAWR, PA	DIRECT	OR	<u></u>	0		
FRE	RY NORTON SNO, CA	DIRECT	OR		0		
CUL	RY MILLER VER CITY, CA	DIRECT	OR		0	- · · · · · · · · · · · · · · · · · · ·	
	IARD LEE TCHESTER, CA	DIRECT	OR		0		ļ <del></del>
•••••		{			32883		
	Did any officer, director, trustee, or key employee rece organization and all related organizations, of which mon if "Yes," attach schedule—see page 28 of the ins	e than \$10	),000 w	npensation o as provided	of more than \$100 by the related orga	,000 from your anizations?	☐ Yes ☑ No

Form	990 (2003)		β	age
Pa	rt VI 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		1
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77	annn.	<i>V</i>
	If "Yes," attach a conformed copy of the changes.			
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?.	78a 78b		7
	If "Yes," has it filed a tax return on Form 990-T for this year?	78	<del></del>	1
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement			
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common	80a		
	membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?			
ט	and check whether it is exempt or nonexempt.			
R1a	Enter direct and indirect political expenditures. See line 81 instructions			
	Did the organization file Form 1120-POL for this year?	81b		~
	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge			1
	or at substantially less than fair rental value?	82a	,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
ь	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]			
	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	•	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	~	<u> </u>
84 <del>a</del>	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	mm	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions			
	or gifts were not tax deductible?	84b		
85	501(c)(4), (5), or (6) organizations, a Were substantially all dues nondeductible by members?	85a 85b		$\vdash$
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.			
~	Dues, assessments, and similar amounts from members			
	Section 162(e) lobbying and political expenditures			
a	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices			
f	The second of th			
g	The state of the s	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its	1 1		
	reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax			
	year?	85h	min	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 . 86a	-		
Ь	Gross receipts, included on line 12, for public use of club facilities	<i>*////</i> //		
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	<i>-{////</i> //		
ь	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Socious against amounts due of reservos from arching			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or			V
	partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-37 If "Yes," complete Part IX	88	l	ı
RQa	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:			
000	section 4911 ▶; section 4912 ▶; section 4955 ▶			
ь	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction	1		
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach	l [	]	-
	a statement explaining each transaction	89b		
C	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under			
_	sections 4912, 4955, and 4958			
	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 CA NY CT  Number of employees employed in the pay period that includes March 12, 2003 (See instructions.)   90b		•••••	
	Number of employees employed in the pay period that includes March 12, 2003 (See instructions.)  See instructions.			
91	The books are in care of ▶ BARBARA AYASH  Located at ▶ 3725 MEADOWLARK DRIVE, RENO, NV 89506  ZIP + 4 ▶			• • • • • •
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here			<b>-</b>
72	and enter the amount of tax-exempt interest received or accrued during the tax year   92	- • •		
	<u></u>			

Form 99	0 (200	03)					Page <b>6</b>
Part	VII	Analysis of Income-Producing I	Activities (See	page 33 of the	instructions.	)	
Note:	: Ent	er gross amounts unless otherwise	Unrelated	business income	Excluded by sec	tion 512, 513, or 514	(E)
indica 93		gram service revenue	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function income
	_						
b							
c							
ď							
ē							
f	Med	care/Medicaid payments					
		and contracts from government agencie					
-		bership dues and assessments				_	
		est on savings and temporary cash investmen					
		dends and interest from securities	4				
97	Net	rental income or (loss) from real estate:					
а	debt	-financed property					
		debt-financed property					
		ental income or (loss) from personal propert					
		er investment income	- 1				
		or (loss) from sales of assets other than invento	l l				
101	Net i	income or (loss) from special events .					
		s profit or (loss) from sales of inventory					
103	Othe	er revenue: a					
ь			\				
C			\		ļ.——		
đ.							
e							
		otal (add columns (B), (D), and (E)) .	. /////////////////////////////////////	<u> </u>			
		I (add line 104, columns (B), (D), and (E)		40.0		<b>-</b>	
		105 plus line 1d, Part I, should equal th			(C	24 45 45 4 4	
Part	_						
Line I	No.	Explain how each activity for which income of the organization's exempt purposes (or	e is reported in co	lumn (E) of Part VII	contributed in	portantly to the a	ccomplishment
		or the digamizacon's exempt purposes (or	ner dian by provide	ing rands for sacri	pui poscaj		
	-						
				,			
					<del> </del>		· · · · · ·
Part	IV	Information Regarding Taxable Sub	sidiaries and Di	regarded Entitio	oc (Soo nano	34 of the instru	ctions )
rait	1 A	(A)	(B)				(E)
	Nam	e, address, and EIN of corporation, artnership, or disregarded entity	Percentage of ownership interest	(C) Nature of a		(D) Total income	End-of-year assets
	P	arthership, or disregarded entity	%			<del></del>	สรวยเร
			%				
			%				
	-		%				
Part	Х	Information Regarding Transfers Ass		onal Benefit Con	tracts (See pa	age 34 of the inst	ructions.)
		e organization, during the year, receive any funds,					☐ Yes ☐ No
		he organization, during the year, receive any funds, he organization, during the year, pay pro					Yes No
		'Yes" to (b), file Form 8870 and Form			personal Ben	one consuct.	_ 165 140
		Under ponalties of perjury, I declare that I have exam	nined this return, inclu	ding accompanying so			
<b>D</b> 1	1	and belief, t is true, correct, and complete. Declara	ition of preparer (other	than officer) is based	d on all information	n of which preparer	has any knowledge
Please	e   1	Darliera Wy as	ih Ct	0-1 (Dresi)	dent 1	// // /4 /	2004
Sign		Signature of officer		V	D	ate /	
Here		Barbara Avalsh					
		Type or print name and title					
Paid	T,	Preparer's	:aarh)	Date	Check if self-	Preparer s SSN or	PTIN (See Gen Inst W)
Preparer	10	signature / WWC / -	NUNCI	1119/04	employed >	567~	37-8538
Use Only	1 '	Firm's name (or yours MOUNTAIN GLEN	TAX & ACCOU	TING SERVICE		► 91 1669	383
		address, and ZIP + 4 POST OFFICE BC	X # 921603 SYL	MAR, CA 91342	Phone	no ► (310)86	6-7263
			<b>A</b>				Form <b>990</b> (2003)

## **SCHEDULE A** (Form 990 or 990-EZ)

## **Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 601(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ Name of the organization

Employer Identification number

		OF AMERICA, INC.		95 3858314	
Part I	Compensation of the Five High (See page 1 of the instructions. I	est Paid Employees O list each one. If there a	ther Than Office e none, enter "f	ers, Directors, a None.")	nd Trustees
(a) Name an	d 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
					·····
	`				
Total numbe \$50,000	of other employees paid over				
Part II	Compensation of the Five Higher (See page 2 of the instructions. Lis	est Paid Independent ( t each one (whether indi	Contractors for viduals or firms).	Professional Se if there are none,	rvices enter "None.")
(a) Nan					
	nd and address of each independent contractor	paid more than \$50,000	(b) Type	of service	(c) Compensation
	ne and address of each Independent contractor	paid more than \$50,000	(b) Type	of service	(c) Compensation
	re and address of each Independent contractor	paid more than \$50,000	(ъ) Туре	of service	(c) Compensation
	re and address of each Independent contractor	paid more than \$50,000	(ъ) Туре	of service	(c) Compensation
	re and address of each Independent contractor	paid more than \$50,000	(ъ) Туре	of service	(c) Compensation
	re and address of each Independent contractor	paid more than \$50,000	(ъ) Туре	of service	(c) Compensation

		orm 990 or 990-EZ) 2003		$\Box$	age 2
Pai	t III	Statements About Activities (See page 2 of the instructions.)		Yes	No
1	or inci	the year, has the organization attempted to influence national, state, or local legislation, including any of to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid arred in connection with the lobbying activities   \$	1		V
	organi	izations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other zations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of obyling activities.			
2	substa with a owner	the year, has the organization, either directly or indirectly, engaged in any of the following acts with any initial contributors, trustees, directors, officers, creators, key employees, or members of their families, or ny taxable organization with which any such person is affiliated as an officer, director, trustee, majority, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the ctions)			
a	Sale, e	exchange, or leasing of property?	2a		~
b	Lendin	g of money or other extension of credit?	2b		7
C		hing of goods, services, or facilities?	2c	7	
ď	-	ent of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d 2e	-	~
		er of any part of its income or assets?		-	
Ja	-	to make grants for scholarships, fellowships, student loans, etc.? (ii ' ' tes, ' attach an explanation of now etermine that recipients qualify to receive payments.)	3a		•
b	•	I have a section 403(b) annuity plan for your employees?	3b		~
4	Did yo	u maintain any separate account for participating donors where donors have the right to provide advice use or distribution of funds?	4		•
Par	t IV	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)			
The	organiza	ation is not a private foundation because it is: (Please check only ONE applicable box.)			
5	□ A 0	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	_	nospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).			
8	_	Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).	- In - II		
	_ an	nedical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hosp  d state ▶			
	(Al:	organization operated for the benefit of a college or university owned or operated by a governmental unit. Sect so complete the <b>Support Schedule</b> in Part IV-A.)			
	_ Se	organization that normally receives a substantial part of its support from a governmental unit or from the ction 170(b)(1)(A)(vi). (Also complete the <b>Support Schedule</b> in Part IV-A.)	ne gen	erai p	ublic.
		community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)	. foor	and .	~~~~
12	rec its	organization that normally receives: (1) more than 33'4% of its support from contributions, membership tepts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no most support from gross investment income and unrelated business taxable income (less section 511 tax) from but the organization after June 30, 1975. See section 509(a)(2), (Also complete the Support Schedule in Part I	re tha: sinesse	n 33%	% o
13	des	organization that is not controlled by any disqualified persons (other than foundation managers) and supp scribed in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section stion 509(a)(3))	orts org on 509	ganiza (a)(2). 	tions (See
		Provide the following information about the supported organizations. (See page 5 of the instructions	)		
		(a) Name(s) of supported organization(s) (b) Line from	numbe above		

Page 3

Schedule A (Form 990 or 990-EZ) 2003

	It IV-A Support Schedule (Complete only s: You may use the worksheet in the instructions						
	indar year (or fiscal year beginning in) .	(a) 2002	(b) 2001	(c) 2000	(d) 199		(e) Total
15	Gifts, grants, and contributions received. (Do		<b>,_,</b> _,_,_,	(0) 2000	1-7		
••	not include unusual grants. See line 28.).	50457	208185	294227	302	977	855846
16	Membership fees received	140510	13306	32327	17	375	203518
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						
18	Grass income from interest, dividends,						
	amounts received from payments on securities	Í	i				
	loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less		1				
	section 511 taxes) from businesses acquired						
	by the organization after June 30, 1975						
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.	1	Ţ				
21	The value of services or facilities furnished to		-				
	the organization by a governmental unit						
	without charge. Do not include the value of	j	1				
	services or facilities generally furnished to the public without charge.	1					
22	Other income. Attach a schedule. Do not						
	include gain or (loss) from sale of capital assets						·
23	Total of lines 15 through 22	190967	221491	326554	320352		1059364
24	Line 23 minus line 17	190967	221491	326554		352	1059364
25	Enter 1% of line 23	1910	2215	3266		204	
						1	
26	Organizations described on lines 10 or 11:				· · · •	26a	21187.28
	Prepare a list for your records to show the nam	e of and amount	contributed by e	ach person (oth	erthan a	26a	
	Prepare a list for your records to show the nam governmental unit or publicly supported organizations.	e of and amount ation) whose total	contributed by e gifts for 1999 thr	ach person (otheough 2002 exce	er than a eded the	26a //// //// 26b	21187.28 60624.72
b	Prepare a list for your records to show the nam governmental unit or publicly supported organiza amount shown in line 26a. Do not file this list with	e of and amount ation) whose total th your return. En	contributed by e gifts for 1999 thr iter the total of all	ach person (othe ough 2002 exce these excess am	er than a eded the counts		
b b	Prepare a list for your records to show the nam governmental unit or publicly supported organiza amount shown in line 26a. <b>Do not file this list wit</b> Total support for section 509(a)(1) test: Enter lin	e of and amount ation) whose total th your return, En e 24, column (e)	contributed by e gifts for 1999 thr iter the total of all	ach person (othe ough 2002 exce these excess am	er than a eded the counts	26b	60624,72
b	Prepare a list for your records to show the name governmental unit or publicly supported organization amount shown in line 26a. <b>Do not file this list with Total support for section 509(a)(1) test:</b> Enter line Add: Amounts from column (e) for lines: 18	e of and amount ation) whose total th your return. En e 24, column (e)	contributed by e gifts for 1999 thr iter the total of all	ach person (other ough 2002 exce these excess am	er than a eded the counts	26b	60624.72 1059364
b c d	Prepare a list for your records to show the name governmental unit or publicly supported organizal amount shown in line 26a. <b>Do not file this list with Total support for section 509(a)(1) test: Enter line Add: Amounts from column (e) for lines:</b> 18	e of and amount ation) whose total th your return. Er e 24, column (e)	contributed by e gifts for 1999 three the total of all	ach person (other ough 2002 excepthese excess am	er than a edded the counts	26b 26c	60624.72 1059364
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Schedule A (Form 990 or 990-EZ) 2003 Page 4 Private School Questionnaire (See page 7 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV) Yes No Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, 29 29 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, 30 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 31 If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) ..... Does the organization maintain the following: 328 a Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . . b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 32b c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?.............. 32c 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.) ..... Does the organization discriminate by race in any way with respect to: 33a a Students' rights or privileges?. 33b Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? 33e Educational policies? 33f Use of facilities? 33<u>q</u> 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 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. Does the organization certify that it has compiled 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

Sch	edule A (Form 990 or 990-EZ) 2003						Page
Pa	(To be completed ONLY by an	r eligible organ	ization that file			instructions.)	
Che	ck ▶ a □ If the organization belongs to an affili	ated group. Ch	eck ▶ b 🔲 il	you checked	<b>"a"</b> aı	nd "limited control"	provisions apply.
	Limits on Lobbyi					(a) Affiliated group totals	(b) To be completed for ALL electing organizations
	<del> </del>				36		- Organizations
36 37	Total lobbying expenditures to influence public Total lobbying expenditures to influence a legi				37		
38	Total lobbying expenditures (add lines 36 and	• •	- ·	' ' '	38		
39					39		
40	Total exempt purpose expenditures (add lines				40		
41	Lobbying nontaxable amount. Enter the amount	nt from the follow	ing table—				
		obbying nontaxe					
	Not over \$500,000 20%		-	1 1 1			
	Over \$500,000 but not over \$1,000,000 \$100,	•		1 1	41		
	Over \$1,000,000 but not over \$1,500,000 . \$175,	•		1 5	iiiii		
	Over \$1,500,000 but not over \$17,000,000 \$225, Over \$17,000,000 \$1,000	•	e excess over \$1,	300,000			
42	Grassroots nontaxable amount (enter 25% of				42		
43	Subtract line 42 from line 36. Enter -0- if line 4	,	ne 36		43		
44	Subtract line 41 from line 38. Enter -0- if line 4	1 is more than lir	те 38		44		
	Cardiana II share as an assessed as alst as time of	3 aa iina 44					
	Caution: If there is an amount on either line 43						
	(Some organizations that made a section	eraging Period			-6.4	five estimans to	
	See the instructions of						HOW.
	,		bying Expendit				riod
	Calendar year (or	(a)	(b)	(c)	Т	(d)	(e)
	fiscal year beginning in) ▶	2003	2002	2001		2000	Total
45	Lobbying nontaxable amount						
_							
46	Lobbying ceiling amount (150% of line 45(e)).						
47	Total lobbying expenditures						
48	Grassroots nontaxable amount			ļ			
49	Grassroots ceiling amount (150% of line 48(e))						
	Consequents labely to a support discourse				1		
50	Grassroots lobbying expenditures	tina Bublia Ch	· aritina				
	Lobbying Activity by Nonelect (For reporting only by organiza			Part VI-A) (9	See r	page 12 of the	instructions.)
Durk	ng the year, did the organization attempt to influ	****					
	npt to influence public opinion on a legislative m				iliy ai	Yes No	Amount
8	Volunteers						
b	Pald staff or management (Include compensation	on in expenses re	ported on lines	through h.)	٠.		
C	Media advertisements					.	<u> </u>
đ	Mailings to members, legislators, or the public					.   -   -	<del></del>
8	Publications, or published or broadcast stateme		. <b></b> .			.	·····
f	Grants to other organizations for lobbying purp		. <b></b> .			·	
9	Direct contact with legislators, their staffs, gove		•	-		· }	<del></del>
h	Rallies, demonstrations, seminars, conventions,		-				<del> </del>
1	Total lobbying expenditures (Add lines c throug if "Yes" to any of the above, also attach a state	in n.)	tailed description	n of the lobb	ying a	. <i>vaalaalaa</i> activities.	
				<del></del>	<del></del>		

Sche	dule /	A (Form 980 or 990-EZ)					<del> </del>		ege 6
Pa	rt VI			<b>Fransfers To and Transa</b> see page 12 of the instruction		Relationships W	/ith Nonc	hari	table
51				indirectly engage in any of the 01(c)(3) organizations) or in sect				d in s	ection
а	Tra	nsfers from the rep	orting organization	to a noncharitable exempt orga	anization of.			Yes	No
-		Cash	orting organization	. to a manufacture of the manufa			51a(i)		
	OD.						a(ii)		
h		er transactions:							
_			as of assate with a	noncharitable exempt organiza	ition		b(i)		
	• • •	J		ritable exempt organization			b(ii)		
				her assets			b(iii)		
		Reimbursement a	• •				b(iv)		
		Loans or loan gue	-		• • • • •		b(v)		
		, •		ship or fundralsing solicitations			b(vi)		
c				sts, other assets, or paid emplo	vees		С		
				complete the following schedule		uld always show the	fair market	value	of the
_	Q00	ds, other assets, o	r services given by	y the reporting organization, if to a column (d) the value of the good	he organization	received less than fa	air market v	alue i	n any
(	9)	(b)		(c)		(d)			
Line	no	Amount Involved	Name of non	charitable exempt organization	Description of t	ransfers, transactions, a	nd sharing arra	angeme	ents
						· · · · · · · · · · · · · · · · · · ·			
					<del> </del>		<del></del>		
					-				
					<u> </u>				
		` <u>`</u>	L		<u>L</u>				
	des	cribed in section 50 (es," complete the	01(c) of the Code (			· · · · · · · · · · · · · · · · · · ·			No
		(a) Name of organiz	ation	(b) Type of organization		(c) Description of relatio	nship		
					-				
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		· · · · · · · · · · · · · · · · · · ·							
							····		
				<del></del>					
						<del></del>	<del></del>		
				❤	l,	Schedule A (	Form 890 or 6	990-EZ	2003

43. Other expense itemized:

b	Awards
	Bank charges
	Credit card procession
8	Golf/Fishing Event
	Educational Booklets
	Award Events
h	Sales tax
	Insurance
	Licenses, permits
k	Website
	Office expense
m	Office supplies
	PO Box rental
	Small tools
	Fundraising admin assistant
q	Internet service
	Incurred Pgm expenses
8	Auto Expense & Mileage
t	Utilites
u	Payroll tax Pen & Int

b	5,243.28	5,243.28		
C	147.00		147.00	
d	1,512.53		1,512.53	
8	1,845.00	1,845.00		
f	502.97	502.97		
9	18,786.55	18,786.55		•
h	0.00		0.00	
I.	938.27		938.27	
j	135.00		135.00	
k	7,000.00	7,000.00		
1	2,129.40		2,129.40	
m	2,654.51		2,654.51	
n	516.00	516.00		
0	488.64	., ., ., .,	488.64	
р	0.00			
q	1,146.30		1,146.30	
ſ	57,572.94	57,572.94		
8	1,731.92		1,731.92	
t	2,282.28		2,282.28	
u	5,658.76		5,658.76	
v				
	110.291.35	91,466.74	18,824.61	0.00

Total