## Form **990**

### - Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

Open to Public

A	For th	ne 2002 calendar year, or tax year beginning	, 2002	2, and ending J	ure 2	30,2003
В	Check if a	applicable ************************************		-	D Employe	er identification number
		applicable 3-DIGIT 038 s change 29 IB RF 02-0468770 200306		1	12 0	1468770
	Name d	TAMETON OUR DISCRETE VERSON DAMINO		ļ	E Telepho	
	Initial re			R	(603)	926-6573
	Final ret			3		method: Cash Accrual
_		ed return		<b>⊿</b>	Oth	er (specify)
		ion pending • Section 501(c)(3) organizations and 4947(a)(1) nonexempt	ot charit			to section 527 organizations
	, фриоцо	trusts must attach a completed Schedule A (Form 990 or		H(a) Is this a g	roup return	for affiliates?
G	Web sit	te > N/A		H(b) If "Yes," e		
J	Organiz	zation type (check only one) ► 🛛 501(c) (3)    (insert no) 🗆 4947(a)(	liates includ ttach a list	led? Yes No See instructions)		
		here > 1 if the organization's gross receipts are normally not more than		H(d) is this a se	oarate return	filed by an
		ation need not file a return with the IRS but if the organization received a Form			n covered by	a group ruling? Yes No
	in the m	nail it should file a return without financial data. Some states require a complete	te return	l Enter 4-de	git GEN 🕨	
						ne organization is not required
		receipts Add lines 6b, 8b, 9b, and 10b to line $12 \triangleright 123$ , 99				m 990, 990-EZ, or 990-PF)
	art I	Revenue, Expenses, and Changes in Net Assets or	runa t	salances (See pa	ige i / oi	the instructions )
	1	Contributions, gifts, grants, and similar amounts received	امدا	20 000		
•	a	Direct public support	1a	7 500	-////	
5		Indirect public support	1b	6, <u>584</u>		
í		Government contributions (grants)		<u> </u>		30,407
		Total (add lines 1a through 1c) (cash 😓nca		)	1d 2	97/17
<b>)</b>	2	Program service revenue including government fees and contra	cts (fror	n Part VII, line 93)		10,61
₹	3	Membership dues and assessments			3	0//
_	4	Interest on savings and temporary cash investments			5	966
ป	5	Dividends and interest from securities	16-1	_	77777	
OCANNED Revenue	6a	Gross rents	6a	0	<del>-</del> //////	
É	b	Less rental expenses	6b			0-
3	_c	Net rental income or (loss) (subtract line 6b from line 6a)	6c 7			
りョ	7	Other investment income (describe (A) Securities	1 1	(B) Other	111111	
Ş	8a	Gross amount from sales of assets other	8a	<i>•</i>	- <i>/////</i> //	
ď		than inventory	8b	<del></del>		
		Less cost or other basis and sales expenses	8c	0	<b>-</b> //////	
	1	Gain or (loss) (attach schedule)	1_00			-0-
	_	Net gain or (loss) (combine line 8c, columns (A) and (B))				
	9	Special events and activities (attach schedule)				
	a	Gross revenue (not including \$ of	9a	0		
	١,	contributions reported on line 1a)  Less direct expenses other than fundraising expenses	9b	0		
	1	Net income or (loss) from special events (subtract line 9b from			9c	O
	10a	Gross sales of inventory, less returns and allowances	10a	නි		
	Ь	Less cost of goods sold	10b	0		
		Gross profit or (loss) from sales of inventory (attach schedule) (subt			10c	O
	11	Other revenue (from Part VII, line 193)		, tob troist into rou,	11	0
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, [2] 80 (9c, 10d, [arg])	11)		12	123.990
	13	Program services (from line 44, column (B))	T		13	125,912
888	14	Management and general (from line 44, column (C))	ᄀᅈᆈ		14	25, 778
Expenses	15	Fundraising (from line 44, column (D)) OCT 0"7 2003	0-9		15	0
ā	16	Payments to affiliates (attach schedule)	-기호		16	
_	17	Total expenses (add lines 16 and 44, column (A) [ ]			17	151,690
ងី	18	Excess or (deficit) for the year (subtract-line-17 from line 12)			18	(27,700)
188	19	Net assets or fund balances at beginning of year (from line		umn (A))	19	65,195
Net Assets	20	Other changes in net assets or fund balances (attach explain	nation)		20	
	21	Net assets or fund balances at end of year (combine lines 18,	19, and		21	<u> 37,495                                     </u>
Fo	r Pape	rwork Reduction Act Notice, see the separate instructions		Cat No	11282Y	5) 2 Form 990 (2002)

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e Other program services (attach schedule)

Form	990 (2002)					Page 2
Par			plete column (A) Column xempt chantable trusts t			
	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)		اُ م			
	(cash \$)	22	0	0		
23	Specific assistance to individuals (attach schedule)	23	0	0		
24	Benefits paid to or for members (attach schedule)	24	0			
25	Compensation of officers, directors, etc	25	0	0	7.0	-
26	Other salaries and wages	26	104,409	83,485	20,924	0
27	Pension plan contributions	27	. 0		, 0	
28	Other employee benefits	28	7,660	6,125	1,535	_ ව
29	Payroll taxes	29	5,534	4,425	1,109	Ò
30	Professional fundraising fees	30	0	. 0	. 0	0
31	Accounting fees	31	0	0		0
32	Legal fees	32	0	<i>D</i>	0	0
33	Supplies	33	3,837	3:327	510	<u>ව</u>
34	Telephone	34		·	<u> </u>	_
35	Postage and shipping	35				
36	Occupancy	36	14,736	14,736	0	වව
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				
b	Insurance	43b	3,908	3,908	0	0
C	u tilihus,	43c	3,469	3,469	0	2
d	Transportation	43d	1490	1490	0	0
е	1711 Other	43e	7,647	<i>5,947</i>	1,700	O
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13—15	44	151,690	125.912	25.778	O
	t Costs. Check ► ☐ If you are following SOP my joint costs from a combined educational campaign		indraising solicitation	reported in (B) Pro	gram services?	► 🗀 Yes 🗆 N
	s," enter (i) the aggregate amount of these joint cos					s \$
			, and (iv) the			,
Par						
What	is the organization's primary exempt purpose?					Program Service
All or of clu	ganizations must describe their exempt purpose a ents served, publications issued, etc. Discuss act nizations and 4947(a)(1) nonexempt charitable trusts	chiever neveme	ents that are not m	easurable (Section	n 501(c)(3) and (4)	Expenses (Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others)
а	Low Income Family Preschool		and allocations	Pare	-	123,808
b	Family Literous		and allocations			1,502
c	Family Readly Every Everly			<del></del>		,602
_	((	<u>Grants</u>	and allocations	\$	)	
d		-				
		 Frants	and allocations	s	1	

(Grants and allocations

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

#### Part IV Balance Sheets (See page 24 of the instructions )

			<del></del>		<del>                                      </del>	<del></del>
Note		Where required, attached schedules and amounts column should be for end-of-year amounts only	within the description	(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing	<u> </u>	<u> 28,538-</u>	45	5,540
	46	Savings and temporary cash investments		36,65-6	46	31,954
	47a	Accounts receivable	47a	,		·
		Less allowance for doubtful accounts	47b		47c	
				<del>-</del>		
	48a	Pledges receivable	48a			
		Less allowance for doubtful accounts	48b		48c	
	49	Grants receivable			49	
	50	Receivables from officers, directors, truste (attach schedule)	es, and key employees		50	
	E10	Other notes and loans receivable (attach				· · · · · · · · · · · · · · · · · · ·
93	SIA	schedule)	51a			
Assets	h	Less allowance for doubtful accounts	51b		51c	
As	52	Inventores for sale or use			52	
	53	Prepaid expenses and deferred charges			53	<del></del>
	54	Investments—securities (attach schedule)	► ☐ Cost ☐ FMV		54	
	- '	Investments—land, buildings, and				<del>-</del>
	334	equipment basis	55a			
	, h	Less accumulated depreciation (attach				
	~	schedule)	55b		55c	
	56	Investments—other (attach schedule)			56	·-
	57a	Land, buildings, and equipment basis	57a			
	ı	Less accumulated depreciation (attach				
		schedule)	57b		57c	
	58	Other assets (describe ►	)	<del>-</del> -	58	<u>-</u> -
	59_	Total assets (add lines 45 through 58) (mus	t equal line 74)	65,195	59	37,494
	60	Accounts payable and accrued expenses	·		60	
	61	Grants payable	_		61	
	62	Deferred revenue	<u> </u>		62	
es	63	Loans from officers, directors, trustees, and	d key employees (attach			
Liabilities		schedule)	-		63	
ap		Tax-exempt bond liabilities (attach schedule)			64a	
_	I	Mortgages and other notes payable (attach	schedule)		64b	· · · · · · · · · · · · · · · · · · ·
	65	Other liabilities (describe ►			65	·
	66	Total liabilities (add lines 60 through 65)			66	
	Orga	anizations that follow SFAS 117, check here t	▶ ☐ and complete lines			
9	ł	67 through 69 and lines 73 and 74		50 -011		33.647
ĕ	67	Unrestricted		59,094	67	20,017
ala	68	Temporanly restricted		0,100	68	<del></del>
20	69	Permanently restricted			<i>iiiii</i>	
Fund Balances	Orga	anizations that do not follow SFAS 117, checl complete lines 70 through 74	chere ► □ and			
ō	70	Capital stock, trust principal, or current fund		<u></u> , <u>-</u>	70	· · · · · · · · · · · · · · · · · · ·
ets	71	Paid-in or capital surplus, or land, building,			71	······································
133	72	Retained earnings, endowment, accumulate			72	
Net Assets or	73	Total net assets or fund balances (add line	es 67 through 69 or lines			
Z		70 through 72, column (A) must equal line 19, column (B) r		73		
	74	Total liabilities and net assets / fund balan	_	65.195	74	37 49H
		Total Indentition and their deserts / fully Dalati	out land miss of and rol	<del></del>	1 4 4	<del></del>

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.

	990 (2002) t IV-A	Reconciliation of Revenue Financial Statements with Return (See page 26 of the	n Revenue	per	Part	F	econciliation o inancial Staten eturn			
a	per audite	nue, gains, and other support d financial statements	a <i>N</i>		a .	audited fin	enses and lo ancial statemen	ts 🕨	a	
b	Ine 12, F	included on line <b>a</b> but not on orm 990			Ь		ncluded on line Form 990	a but not		
(1)	Net unrea on investr	lized gains nents \$			(1)	Donated and use of				
(2)		services of facilities \$			(2)	Prior year ad reported on	•			
(3)	Recoverie	es of prior ts \$			(3)	Form 990 Losses rep	S sorted on	<del></del>		
(4)	Other (sp					line 20, For Other (spe	rm 990 <u>\$</u>			
		<u>\$</u>			(4)		 e			
	Add amou	ints on lines (1) through (4) ▶	b N/	/ <del>T</del>		Add amour	nts on lines (1) thi	rough (4)▶	Ь	
c d	Amounts	nus line <b>b</b> Included on line 12, but not on line <b>a</b> :			c d	-	ous line <b>b</b> ncluded on line but not on line a	•	C	
(1)	Investment	t expenses ed on line			(1)	Investment not include	expenses d on line			
(2)	6b, Form 9 Other (sp				(2)	6b, Form 99 Other (spe				
		<b>. \$</b>				-	<u> </u>			
e		unts on lines (1) and (2) enue per line 12, Form 990 is line d)	e <i>N</i> /	—— А	e		ints on lines <b>(1)</b> a nses per line 17, s line <b>d</b> )		d e	
Par		st of Officers, Directors, Transtructions)	ustees, a	nd Key I	Emplo	<b>yees</b> (List e	each one even if	not compen	sated	, see page 26 o
		(A) Name and address		(B) Title a	and avera devoted	age hours per to position	(C) Compensation (If not paid, enter -0-)	(D) Contribution employee benefit   deferred compen	olans &	(E) Expense account and other allowances
	Pan 1	elr.		Presi	Ven t	5	0	(	2	0
	Brown	Jacobson		Treas	Her	10	0	-	Ø	0
				<u> </u>		<del></del>		_		
					_					
		<u> </u>		_						
									:	
-			-			_				
75	organizatio	fficer, director, trustee, or key en on and all related organizations, o attach schedule—see page 2	of which mor	e than \$1	0,000 w				our • [	□ Yes 🎾 No

Part	VII	Analysis of Income-Producing	Activities (See	page 31 of the	instructions	)	
Note	Ente	er gross amounts unless otherwise	Unrelated	business income	Excluded by sec	tion 512, 513 or 514	(E)
indica		<b>3</b>	(A)	(B)	(C)	(D)	Related or exempt function
93	Prog	ram service revenue	Business code	e Amount	Exclusion code	Amount	income
а		Preschool Tuition					20,322
b	2	Extended Day Care Tultin					58,07/
C		Summer Playmen					14,224
d		<del></del>					
e						_	
f	Med	icare/Medicaid payments			<del> </del>		
g	Fees	and contracts from government agence	ies		-		
		bership dues and assessments				G/	<del></del>
95	Inter	est on savings and temporary cash investme	nts			966	
96	Divid	fends and interest from securities					
		rental income or (loss) from real estate					
		-financed property					
		debt-financed property		-			
		ental income or (loss) from personal proper	ty <del>                                    </del>			. —	<del> </del>
		er investment income		<del>-</del> -			
		or (loss) from sales of assets other than invent	ory	<del>-</del>	<del></del>	_	
		income or (loss) from special events	<del></del>	<del>-  </del>	<del></del>	<del> </del>	-
		ss profit or (loss) from sales of inventor	l l	<del> </del>			
103		er revenue a	1		<del>-</del>		
b			<del></del>				<u> </u>
C			_				
d							· · · · · · · · · · · · · · · · · · ·
e 104	Subi	total (add columns (B), (D), and (E))	///////////////////////////////////			966	92617
104		i (add line 104, columns (B), (D), and (E)	-1)		· · · · · · · · · · · · · · · · · · ·	<b>•</b>	93.87.93
		105 plus line 1d, Part I, should equal t		e 12, Part I			- ما حارد ا
Part					poses (See pa	age 32 of the in	structions)
Line		Explain how each activity for which incor					
▼		of the organization's exempt purposes (c	ther than by provid	ing funds for suc	h purposes)	. ,	•
93	•	Substitud tuition for	incerne - cha	Herea Tori	Ties who	- can aft	and to pay
		partial tuition. Fan	11 lies under	fre ince	me ceili	re are ox	culde
		I full or partial schola	reknes bases	on need	· Rendis	Shout full	Dro Ada
		by doyle though ever a year					
Part	ΙX	Information Regarding Taxable Su	bsidiaries and D	sregarded Enti	ties (See page	32 of the instru	ictions)
	Narr	(A) ne address, and EIN of corporation,	(B) Percentage of	Nature of		(D) Total income	(E) End-of-year
	F	partnership, or disregarded entity	ownership interest				assets
		· · · · · · · · · · · · · · · · · · ·	%				<u> </u>
		None	%	<del>                                     </del>			
			<u> </u>	<del>-</del>			
			96			00 -( 1)	<u> </u>
Part	ΧL	Information Regarding Transfers As	sociated with Per	sonal Benefit Co	ontracts (See p	age 33 of the Ins	structions )
		ne organization, during the year, receive any funds					
		the organization, during the year, pay p					
Not		"Yes" to (b), file Form 8870 and Form					
	1	Under penalties of perjury. I declare that I have exa and belief it is true correct and complete. Decla	amined this return ration of prepare				
Pleas		2 2//					
Sign		Carl (hurst)					
Here		Signature of officer	00 . //				
			BOON				
	$\dashv$	Type or print name and title					
Paid		Preparer s signature )					
Prepare	er's	Firm's name (or yours					
Use On	ıly	if self employed)					
		address and ZIP + 4 V					

#### SCHEDULE A

(Form 990 or 990-EZ)

#### 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.)

омв но 1545-0047 20**02** 

Department of the Treasury MUST be completed by the above organizations and attached to their Form 990 or 990-EZ Name of the organization Employer Identification number Compensation of the Five Highest Paid/Employees Other Than Officers, Directors, and Trustees Part I (See page 1 of the instructions List each one If there are none, enter "None") (d) Contributions to (e) Expense (b) Title and average hours (a) Name and address of each employee paid more mployee benefit plans & account and other (c) Compensation than 50 000 per week devoted to position deferred compensation allowances Total number of other employees paid over \$50.000 Compensation of the Five Highest Paid Independent Contractors for Professional Services Part li (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None") (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation Total number of others receiving ove/\$50,000 professional services

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Page	
rayo	

Sched	ule A (l	-om 990 or 990-E2) 2002			
Par	t III	Statements About Activities (See page 2 of the instructions)		Yes	No
1	atternor inco Part V	g the year, has the organization attempted to influence national, state, or local legislation, including a spt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses pastured in connection with the lobbying activities   (Must equal amounts on line 3 /I-A, or line I of Part VI-B)	18,		X
	orgar the lo	nizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Oth nizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description obbying activities	of ////		
2	subst with owne	g the year, has the organization, either directly or indirectly, engaged in any of the following acts with a antial contributors, trustees, directors, officers, creators, key employees, or members of their families, any taxable organization with which any such person is affiliated as an officer, director, trustee, major ir, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining tractions.)	or ity		
а		exchange, or leasing of property?	2a		X
b	Lend	ing of money or other extension of credit?	2b	_	X
c	Fumi	shing of goods, services, or facilities?	2c		X
d	Paym	nent of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X	
е	Trans	sfer of any part of its income or assets?	2е		Х
3		the organization make grants for scholarships, fellowships, student loans, etc? (See Note below) ou have a section 403(b) annuity plan for your employees?	3 4	X	X
Note	Atta	ch a statement to explain how the organization determines that individuals or organizations receiving grants or it in furtherance of its charitable programs "qualify" to receive payments			
	rt IV	Reason for Non-Private Foundation Status (See pages 3 through 5 of the instruction	ns)		
The	organ	ization is not a private foundation because it is (Please check only ONE applicable box)			
5 6	_	church, convention of churches, or association of churches Section 170(b)(1)(A)(i)  A school Section 170(b)(1)(A)(ii) (Also complete Part V)			
7		hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii)			
8 9		A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the ind state ▶	hospital's	name	e, cıt
10		An organization operated for the benefit of a college or university owned or operated by a governmental unit Also complete the <b>Support Schedule</b> in Part IV-A)	Section 17	'0(b)(1	)(A)(i\
11a	$\mathbf{X}$	An organization that normally receives a substantial part of its support from a governmental unit or from a from the support schedule in Part IV-A)	m the ge	neral	publi
11b 12		A community trust Section 170(b)(1)(A)(vi) (Also complete the <b>Support Schedule</b> in Part IV-A) An organization that normally receives (1) more than 33%% of its support from contributions, membracecipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) not support from gross investment income and unrelated business taxable income (less section 511 tax) from the organization after June 30, 1975. See section 509(a)(2). (Also complete the <b>Support Schedule</b> in I	<b>more th</b> m busines:	an <b>33</b> ses ac	1/3%
13	C	An organization that is not controlled by any disqualified persons (other than foundation managers) and 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)(3))	supports o section 50	organi: 09(a)(2	zatioi ) (Se
	-	Provide the following information about the supported organizations (See page 5 of the instructions)			
	_	(a) Name(s) of supported organization(s) (b)	from abo		
	_				
	-			_	
	-		<del></del>		

Sche	dule A (Form 990 or 990-EZ) 2002						Page 3
	TIV-A Support Schedule (Complete only You may use the worksheet in the instructions						accounting.
	ndar year (or fiscal year beginning in)	(a) 2001	<b>(b)</b> 2000	(c) 1999	(d) 199		(e) Total
15	Gifts, grants, and contributions received (Do				<del></del>		•
	not include unusual grants. See line 28.)	50,708	62,357	57,074	26,13	7	\$97,79
16	Membership fees received	,		-	<del>- ,, -</del>		_ <del>-</del>
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	101,979	94,590	89,216	80,75	53	366,538
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	1,488	1,497	۶ <sub>1</sub> 388	2,94	15	8,313
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		1 CQ 4 34	11.0145	109 8	735	. 0
23	Total of lines 15 through 22	155.695	130,777	148 635	121-00	<u>رک.</u> ایا	572642
24	Line 23 minus line 17	53.716	62 844	59 462	25.0	7 7	206.104
25	Enter 1% of line 23	537	628	698	29	1	
26	Organizations described on lines 10 or 11:		amount in colum	en (e) line 24	—— <i>—</i> ——,	26a	4.122
	Prepare a list for your records to show the nar governmental unit or publicly supported organiz amount shown in line 26a <b>Do not file this list w</b>	me of and amoun zation) whose tota	t contributed by all gifts for 1998 th	each person (otherrough 2001 exce	eded the	26b	<b>33</b> 500
С	Total support for section 509(a)(1) test. Enter li	-			<b>&gt;</b>	26c	206,104
d	Add Amounts from column (e) for lines 18	8,313	19 <u>O</u> 26h & 7.5	70	•	26d	9.5.813
e f	Public support (line 26c minus line 26d total)  Public support percentage (line 26e (numera	ator) divided by I	ine 26c (denomi	nator))	•	26e 26f	110,241
27	Organizations described on line 12: a For person," prepare a list for your records to show Do not file this list with your return. Enter the	the name of, and	total amounts rec	ceived in each yea			
	(2001) (2000)		(1999)		(1998)		
b	For any amount included in line 17 that was received show the name of, and amount received for each (Include in the list organizations described in lines the difference between the amount received and amounts) for each year	year, that was mo 5 through 11, as w	re than the larger rell as individuals)	of (1) the amount Do not file this lis	on line 25 fo st with your	or the return	year or (2) \$5,000 n After computing
	(2001) (2000)		(1999)		(1998)	-	
c	Add Amounts from column (e) for lines 15				•	27c	<u> </u>
d	Add Line 27a total	and line 27b tota	l		•	27d	
е	Public support (line 27c total minus line 27d to	otal)			•	27e	
f	Total support for section 509(a)(2) test. Enter a			▶ 27f			
g	Public support percentage (line 27e (numera					27g	%
<u>h</u>	investment income percentage (line 18, colu			•		27h	%
28	Unusual Grants For an organization describe prepare a list for your records to show, for eadescription of the nature of the grant <b>Do not</b>	ich year, the nam	e of the contribu	itor, the date and	amount o	f the 🤉	grant, and a brief

# Part V 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)

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?	29	Yes	No		
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?	30				
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)	31				
	These, please describe, in No., please explain (if you need more space, attach a separate statement)					
32	Does the organization maintain the following					
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a				
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b				
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32¢				
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	,,,,,,,,			
	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				
а	Students' rights or privileges?	558		-		
b	Admissions policies?	33b				
С	Employment of faculty or administrative staff?	33c				
d	Scholarships or other financial assistance?	33d				
e	Educational policies?	33e				
f	Use of facilities?	331				
g	Athletic programs?	33g				
h	Other extracurricular activities?	33h				
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)					
	in you anothered Tee to any of the above, produce explain (if you need more spaces attack a superate statement)					
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a				
		34b				
b	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			X/////		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Pay Pres 75 50, 1075 3.0 B, 597, apparent payable payable are provided by the complete section of the com	27////	<i>((((()</i>			
	of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation  Schedule A (Form	990 or	990 E	7) 2002		
	Schadna w (Lour	. ,,,,		-, 2004		

			-			-		
	t VI-A Lobbying Expenditures by E (To be completed ONLY by an	lecting Public	Charities (Se	e page 9 c	f the 1	nstructions)	Page 5	
Che	ck ▶ a ☐ if the organization belongs to an affili					"limited control"	provisions apply	
<del></del>	Limits on Lobbyi (The term "expenditures" mea	-	es			(a) Affiliated group totals	(b) To be completed for ALL electing organizations	
— 36	<del></del>	<del></del>	<u></u>	<del></del> -	36	<del></del>	Organizations	
30 37	Total lobbying expenditures to influence public Total lobbying expenditures to influence a legi				<del></del>			
38	Total lobbying expenditures (add lines 36 and	• •	or loopsying)		37 38			
39	Other exempt purpose expenditures	<b>01</b> ,			39			
40	Total exempt purpose expenditures (add lines	38 and 39)			40			
41	Lobbying nontaxable amount Enter the amount	nt from the follow	ing table—					
		bbying nontaxab	-					
	Not over \$500,000 20% o	of the amount on i	ine 40	)				
	Over \$500,000 but not over \$1,000,000 \$100,0	00 plus 15% of the	excess over \$50	00,000				
		00 plus 10% of the		-	41			
		00 plus 5% of the	excess over \$1,5	00,000				
40	Over \$17,000,000 \$1,000	•		,				
42 43	Grassroots nontaxable amount (enter 25% of Subtract line 42 from line 36 Enter -0- if line 4	-	00		42	<u> </u>		
43 44	Subtract line 42 from line 38 Enter -0- if line 4	44						
•	Subtract time 41 from line 36 Enter 40-15 line 4	iiinu						
	Caution. If there is an amount on either line 43	3 or line 44, you n	nust file Form 47	720				
	(Some organizations that made a section See the instructions f	or lines 45 throug	do not have to on the state of	of the instr	uctions	)		
	Calendar year (or	(a)	(b)	(c)	· · ·	(d)	(e)	
	fiscal year beginning in) ▶	2002	2001	2000		1999	Total	
45	Lobbying nontaxable amount							
46	Lobbying ceiling amount (150% of line 45(e))							
47	Total lobbying expenditures							
48	Grassroots nontaxable amount							
49	Grassroots ceiling amount (150% of line 48(e))							
50	Grassroots lobbying expenditures							
Pal	t VI-B Lobbying Activity by Nonelectivity (For reporting only by organization)			Dort \/I_A\ /	Soo n	ago 11 of the	, instructions )	
							instructions)	
atter	ng the year, did the organization attempt to inflict to inflict to influence public opinion on a legislative n				ding an	Yes No	Amount	
a			madad as least		,	<del> </del>		
0	Paid staff or management (Include compensation Media advertisements	ion in expenses re	eported on lines	c through h	)			
d	Mailings to members, legislators, or the public							
e	Publications, or published or broadcast statem							
f	Grants to other organizations for lobbying purp							

g Direct contact with legislators, their staffs, government officials, or a legislative body
 h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means

Total lobbying expenditures (Add lines c through h.)

Page	6
raue	•

Sche <u>d</u>	lule A (Foi	m 990 or 990-EZ)			·	·		age 6
Par	t VII			nsfers To and Transaction page 12 of the instruction	ns and Relationships With None ns)	charital	ole 	
51	Did the 501(c) o	reporting orgai	nization directly or i ner than section 501	ndirectly engage in any of the (c)(3) organizations) or in sections	following with any other organization on 527, relating to political organization	described ns?	d in s	ection
				o a noncharitable exempt orga			Yes	No
_	(i) Ca		<b>3</b> - <b>3</b> -			51a(ı)	<u> </u>	
	• •	her assets				a(II)	<u> </u>	
ь	• •	ansactions					1	i
-			es of assets with a	noncharitable exempt organiza	tion	<b>b</b> (i)		<u></u>
	• • •	_		able exempt organization		b(II)	<u></u>	
			, equipment, or other	. •		b(III)		<u> </u>
	• •	imbursement a				b(iv)		_
		ans or loan gua	· ·			b(v)		<u> </u>
		_		hip or fundraising solicitations		b(vi)		<u> </u>
С	Sharing	of facilities, eq	uipment, mailing lis	ts, other assets, or paid emplo	yees	С	<u> </u>	<u> </u>
d 	goods.	other assets, or	services given by the	reporting organization. If the or	Column (b) should always show the fair r ganization received less than fair market is, other assets, or services received	narket va value in a	lue of	the
(a	· .	(b)	N	(c)	Description of transfers, transactions and	ebanna ar	20000	ente
Line	no A	mount involved	Name of nonc	naritable exempt organization	Description of transfers, transactions and	Stating at	anyem	
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			<del> </del>	<del></del>			-	
	describ	ed in section 5		affiliated with, or related to, or other than section 501(c)(3)) or	ne or more tax-exempt organizations in section 527?	☐ Ye	s [	No
		(a)		(b)	(c)	_		
	Name of organization		zation	Type of organization	Description of relations	hip		
					· <del></del>			
						<u> </u>		
			<del></del>	· · · · · · · · · · · · · · · · · · ·				
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