

Short Form

Return of Organization Exempt From Income Tax
 Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation), section 527, or section 4947(a)(1) nonexempt charitable trust
 ▶ 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.

OMB No. 1545-1150

2000

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2000 calendar year, or tax year beginning , 2000, and ending

B Check if applicable: <input type="checkbox"/> Change of address <input checked="" type="checkbox"/> Change of name <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return	Please use IRS label or print or type. See Specific Instructions.	C Name of organization RAPTOR, Inc. c/o GINNY FANTETTI Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 1586 COVERED BRIDGE ROAD City or town, state or country, and ZIP + 4 CINCINNATI, OHIO 45231	D Employer identification number 31-0955114
			E Telephone no. (513) 825-3325
			F Check <input type="checkbox"/> if application pending

G Accounting method: Cash Accrual Other (specify) ▶ **H Enter 4-digit group exemption no. (GEN)** ▶

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

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

J 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.

K Add back 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 ▶ **S**

L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ) ▶

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 34.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1		
	2	Program service revenue including government fees and contracts	2		
	3	Membership dues and assessments	3		
	4	Investment income	4		
	5	a	Gross amount from sale of assets other than inventory	5a	
		b	Less: cost or other basis and sales expenses	5b	
		c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	5c	
	6	Special events and activities (attach schedule):			
		a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
		b	Less: direct expenses other than fundraising expenses	6b	
	7	c Net income or (loss) from special events and activities (line 6a less line 6b)		6c	
		a	Gross sales of inventory, less returns and allowances	7a	
		b	Less: cost of goods sold	7b	
		c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c	
		8	Other revenue (describe ▶ _____)	8	
		9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	111801
	Expenses	10	Grants and similar amounts paid (attach schedule)	10	
11		Benefits paid to or for members	11		
12		Salaries, other compensation, and employee benefits	12		
13		Professional fees and other payments to independent contractors	13		
14		Occupancy, rent, utilities, and maintenance	14		
15		Printing, publications, postage, and shipping	15		
16		Other expenses (describe ▶ _____)	16		
	17	Total expenses (add lines 10 through 16)	17		
Net Assets	18	Excess or (deficit) for the year (line 9 less line 17)	18		
	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)	19		
	20	Other changes in net assets or fund balances (attach explanation)	20		
	21	Net assets or fund balances at end of year (combine lines 18 through 20)	21		

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 Specific Instructions on page 37.)

	(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 Total assets		25
26 Total liabilities (describe ▶ _____)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		27

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Part III Statement of Program Service Accomplishments (See Specific Instructions on page 38.)

Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

What is the organization's primary exempt purpose? Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

Table with 2 columns: Description (lines 28-31) and Expenses (lines 28a-31a). Includes 'Total program service expenses' on line 32.

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See Specific Instructions on page 38.)

Table with 5 columns: (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.

Part V Other Information (See Specific Instructions on page 38 and General Instruction V on page 14.)

Yes No

Table with 2 columns: Question (lines 33-43) and Yes/No columns. Includes questions about IRS reporting, business income, political expenditures, and tax imposed.

Return, including accompanying schedules and statements, and to the best of my knowledge and belief, other than officer) is based on all information of which preparer has any knowledge.

11-15-01 Charles R. Clark, President
Type or print name and title.