

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

2002

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2002 calendar year, or tax year period beginning **and ending**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization CONSERVATION CENTER FOR ART AND HISTORIC ARTIFACTS		D Employer identification number 23-2047295
		Number and street (or P O box if mail is not delivered to street address) Room/suite 264 SOUTH 23RD STREET		E Telephone number 215-545-0613
		City or town, state or country, and ZIP + 4 PHILADELPHIA, PA 19103		F Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶

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

H and **I** are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

G Web site ▶ **WWW.CCAHA.ORG**

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

K Check here 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

I Enter 4-digit GEN ▶

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **2,396,016.**

M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1	Contributions, gifts, grants, and similar amounts received			
	a	Direct public support	1a	668,205.	
	b	Indirect public support	1b		
	c	Government contributions (grants)	1c	477,755.	
	d	Total (add lines 1a through 1c) (cash \$ <u>1,145,960.</u> noncash \$ _____)	1d	1,145,960.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	1,131,972.	
	3	Membership dues and assessments	3	12,140.	
	4	Interest on savings and temporary cash investments	4	2,907.	
	5	Dividends and interest from securities	5		
	6a	Gross rents	6a		
	b	Less: rental expenses	6b		
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7	Other investment income (describe _____)	7			
Revenue	8a	Gross amount from sale of assets other than inventory	(A) Securities	103,037.	8a
	b	Less: cost or other basis and sales expenses		126,881.	8b
	c	Gain or (loss) (attach schedule)		<23,844.>	8c
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))		STMT 1	8d
Revenue	9	Special events and activities (attach schedule)			
	a	Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a		
	b	Less: direct expenses other than fundraising expenses	9b		
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
Revenue	10a	Gross sales of inventory, less returns and allowances	10a		
	b	Less: cost of goods sold	10b		
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		
11	Other revenue (from Part VII, line 103)	11			
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	2,269,135.		
Expenses	13	Program services (from line 44, column (B))	13	1,458,140.	
	14	Management and general (from line 44, column (C))	14	179,046.	
	15	Fundraising (from line 44, column (D))	15	119,471.	
	16	Payments to affiliates (attach schedule)	16		
	17	Total expenses (add lines 16 and 44, column (A))	17	1,756,657.	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	512,478.	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	1,073,399.	
	20	Other changes in net assets or fund balances (attach explanation)	20	SEE STATEMENT 2	<93,463.>
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	1,492,414.	

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**CONSERVATION CENTER FOR ART AND
HISTORIC ARTIFACTS**

23-2047295

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

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 \$ _____				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc	0.	0.	0.	0.
26	Other salaries and wages				
27	Pension plan contributions				
28	Other employee benefits				
29	Payroll taxes				
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees				
33	Supplies				
34	Telephone				
35	Postage and shipping				
36	Occupancy				
37	Equipment rental and maintenance				
38	Printing and publications				
39	Travel				
40	Conferences, conventions, and meetings				
41	Interest				
42	Depreciation, depletion, etc (attach schedule)				
43	Other expenses not covered above (itemize)				
a	SEE STMT 10	1,756,657.	1,458,140.	179,046.	119,471.
b					
c					
d					
e					
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D) carry these totals to lines 13-15	1,756,657.	1,458,140.	179,046.	119,471.

Joint Costs Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____,

(iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? **SEE STATEMENT 3**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts, but optional for others.)

a	CONSERVATION, PRESERVATION AND TREATMENT OF HISTORIC ARTIFACTS, PRINCIPALLY ON THE PAPER MEDIUM	
	(Grants and allocations \$ _____)	1,458,140.
b		
	(Grants and allocations \$ _____)	
c		
	(Grants and allocations \$ _____)	
d		
	(Grants and allocations \$ _____)	
e	Other program services (attach schedule)	(Grants and allocations \$ _____)
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	1,458,140.

Part IV Balance Sheets

Note 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
Assets	45 Cash - non-interest-bearing		45
	46 Savings and temporary cash investments	141,727.	46 129,770.
	47 a Accounts receivable	47a 212,771.	
	b Less allowance for doubtful accounts	47b	47c 212,771.
	48 a Pledges receivable	48a	
	b Less allowance for doubtful accounts	48b	48c
	49 Grants receivable	221,151.	49 382,553.
	50 Receivables from officers, directors, trustees, and key employees		50
	51 a Other notes and loans receivable	51a	
	b Less allowance for doubtful accounts	51b	51c
	52 Inventories for sale or use	0.	52
	53 Prepaid expenses and deferred charges	80,679.	53 61,976.
	54 Investments - securities <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	434,553.	54 342,161.
	55 a Investments - land, buildings, and equipment basis	55a	
	b Less accumulated depreciation	55b	55c
56 Investments - other	0.	56 0.	
57 a Land, buildings, and equipment basis	57a 578,178.		
b Less accumulated depreciation	57b 475,525.	57c 102,653.	
58 Other assets (describe <input type="checkbox"/>)		58 418,811.	
59 Total assets (add lines 45 through 58) (must equal line 74)	1,206,072.	59 1,650,695.	
Liabilities	60 Accounts payable and accrued expenses	113,521.	60 142,692.
	61 Grants payable		61
	62 Deferred revenue		62
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable		64b
	65 Other liabilities (describe <input type="checkbox"/> CLIENT DEPOSITS)	19,152.	65 15,589.
66 Total liabilities (add lines 60 through 65)	132,673.	66 158,281.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74		
	67 Unrestricted	354,657.	67 278,355.
	68 Temporarily restricted	718,742.	68 1,214,059.
	69 Permanently restricted		69
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74		
	70 Capital stock, trust principal, or current funds		70
	71 Paid-in or capital surplus, or land, building, and equipment fund		71
	72 Retained earnings, endowment, accumulated income, or other funds		72
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	1,073,399.	73 1,492,414.	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	1,206,072.	74 1,650,695.	

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.

**CONSERVATION CENTER FOR ART AND
HISTORIC ARTIFACTS**

Form 990 (2002)

23-2047295

Page 6

Part VII Analysis of Income-Producing Activities (See page 31 of the instructions)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
Note Enter gross amounts unless otherwise indicated					
93 Program service revenue					
a CONSERVATION SERVICES					1,113,934.
b WORKSHOP REG FEES					18,038.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					12,140.
95 Interest on savings and temporary cash investments			14	2,907.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	<23,844.>	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		<20,937.>	1,144,112.
105 Total (add line 104, columns (B), (D), and (E))					1,123,175.

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 32 of the instructions)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 of the instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 33 of the instructions)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note. If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Accompanying schedules and statements and to the best of my knowledge and belief, it is true information of which preparer has any knowledge

5/15/03 Date Check if Ingrid E Bogel, Exec Director Preparer's name and title

Preparer's SSN or PTIN

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No 1545-0047

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

2002

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization **CONSERVATION CENTER FOR ART AND HISTORIC ARTIFACTS** Employer identification number **23 2047295**

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions List each one If there are none, enter "None")

(a) Name and 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
<u>GLEN RUZICKA</u> ----- C/O CONS. CENTER FOR ART	DIR OF CONSER 35 HRS/ WK	65,055.	3,415.	
<u>ROLF KAT</u> ----- C/O CONS. CENTER FOR ART	SR CONSERVATO 35 HRS/ WK	50,494.	3,030.	
<u>VIRGILIA RAWNSLEY</u> ----- C/O CONS. CENTER FOR ART	DIR OF PRESER 35 HRS/ WK	50,690.	5,069.	

Total number of other employees paid over \$50,000 ▶	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(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
<u>NONE</u> -----		

Total number of others receiving over \$50,000 for professional services ▶	0	

Part III Statements About Activities (See page 2 of the instructions)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990	X	
e Transfer of any part of its income or assets?		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below)		X
4 Do you have a section 403(b) annuity plan for your employees?	X	
Note Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments		

Part IV Reason for Non-Private Foundation Status (See pages 3 through 5 of the instructions)

The organization is not a private foundation because it is (Please check only ONE applicable box)

- 5 A 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 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iv) Enter the hospital's name, city, and state ► _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(v) (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vii) (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations 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)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions)

CONSERVATION CENTER FOR ART AND

Schedule A (Form 990 or 990-EZ) 2002 **HISTORIC ARTIFACTS**

23-2047295 Page 3

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting
 Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total		
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28)	114,709.	618,829.	588,383.	104,403.	1,426,324.		
16 Membership fees received	15,850.	15,150.	15,750.	14,250.	61,000.		
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	1,094,215.	1,037,014.	871,300.	713,428.	3,715,957.		
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	<20,684.>	32,079.	55,463.	76,106.	142,964.		
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		650.	2,000.	3,760.	6,410.		
23 Total of lines 15 through 22	1,204,090.	1,703,722.	1,532,896.	911,947.	5,352,655.		
24 Line 23 minus line 17	109,875.	666,708.	661,596.	198,519.	1,636,698.		
25 Enter 1% of line 23	12,041.	17,037.	15,329.	9,119.			
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				26a	N/A	
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the sum of all these excess amounts					26b	N/A	
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c	N/A	
d Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____					26d	N/A	
e Public support (line 26c minus line 26d total)					26e	N/A	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f	N/A %	
27 Organizations described on line 12	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year						
(2001)	47,000.	(2000)	552,861.	(1999)	453,500.	(1998)	51,700.
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year							
(2001)	0.	(2000)	0.	(1999)	0.	(1998)	0.
c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c	5,203,281.	
d Add Line 27a total _____ and line 27b total _____					27d	1,105,061.	
e Public support (line 27c total minus line 27d total)					27e	4,098,220.	
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f	5,352,655.	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g	76.5642%	
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h	2.6709%	

28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

NONE

CONSERVATION CENTER FOR ART AND

Part V Private School Questionnaire (See page 7 of the instructions)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
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?		
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?		
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.)		

32	Does the organization maintain the following		
a	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?	32c	
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.)	32d	

33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.)	33h	

34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
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.	34b	
35	Does the organization certify that it has complied 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	35	

CONSERVATION CENTER FOR ART AND

Schedule A (Form 990 or 990-EZ) 2002 HISTORIC ARTIFACTS

23-2047295 Page 5

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check a if the organization belongs to an affiliated group Check b if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
	N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount. Enter the amount from the following table -		
If the amount on line 40 is -	The lobbying nontaxable amount is -	
Not over \$500,000	20% of the amount on line 40	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
Over \$17,000,000	\$1,000,000	
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A (e) Total
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h)

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
		0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 1

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
400 TYCO	18,752.	22,725.	0.	<3,973.>
500 CISCO	8,590.	17,732.	0.	<9,142.>
200 HOME DEPOT	10,120.	8,462.	0.	1,658.
375 WALMART	22,519.	18,679.	0.	3,840.
100 J & J	6,296.	4,709.	0.	1,587.
500 CISCO	8,355.	8,840.	0.	<485.>
55 TRAVELERS	803.	0.	0.	803.
100 FANNIE MAE	6,741.	7,356.	0.	<615.>
150 MICROSOFT	7,925.	10,321.	0.	<2,396.>
600 SCHERING-PLOUGH	12,936.	28,057.	0.	<15,121.>
TO FORM 990, PART I, LINE 8	103,037.	126,881.0.		<23,844.>

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 2

DESCRIPTION	AMOUNT
DISCOUNT TO PRESENT VALUE OF GRANTS RECEIVABLE	<17,727.>
UNREALIZED LOSS ON MARKETABLE SECURITIES	<75,736.>
TOTAL TO FORM 990, PART I, LINE 20	<93,463.>

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III STATEMENT 3

EXPLANATION

THE CONSERVATION CENTER FOR ART AND HISTORIC ARTIFACTS PROVIDES CONSERVATION TREATMENT FOR OBJECTS ON PAPER OF ARTISTIC, HISTORIC OR ARCHIVAL VALUE, SUCH AS PRINTS, DRAWINGS, WATERCOLORS AND PHOTOGRAPHS. THE CENTER ALSO PROVIDES CONSULTING AND EDUCATIONAL SERVICES FOR ITS MEMBERS, COMPRISED OF INSTITUTIONS IN THE MID-ATLANTIC STATES.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 4

SECURITY DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
SECURITIES	342,161.				342,161.
TO 990, LN 54 COL B	342,161.				342,161.

FORM 990 OTHER ASSETS STATEMENT 5

DESCRIPTION	AMOUNT
GRANTS RECEIVABLE - NON-CURRENT	418,811.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	418,811.

FORM 990 OTHER REVENUE INCLUDED ON FORM 990 STATEMENT 6

DESCRIPTION	AMOUNT
NET REALIZED LOSSES ON SALES OF INVESTMENTS	<23,844.>
DISCOUNT TO PRESENT VALUE OF LONG TERM GRANTS RECEIVABLE	17,727.
TOTAL TO FORM 990, PART IV-A	<6,117.>

FORM 990 PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 7

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
KENNETH FINKEL C/O CONSERVATION CENTER FOR ARTS AND HISTORIC ARTIFACTS PHILADELPHIA, PA	CHAIR 2	0.	0.	0.
SAMUEL Y. HARRIS C/O CONSERVATION CENTER FOR ARTS AND HISTORIC ARTIFACTS PHILADELPHIA, PA	VICE CHAIR 2	0.	0.	0.
DONALD W. MCPHAIL C/O CONSERVATION CENTER FOR ARTS AND HISTORIC ARTIFACTS PHILADELPHIA, PA	TREASURER 2	0.	0.	0.
DEBBIE HESS NORRIS C/O CONSERVATION CENTER FOR ARTS AND HISTORIC ARTIFACTS PHILADELPHIA, PA	SECRETARY 2	0.	0.	0.
LINDA BANTEL C/O CONSERVATION CENTER FOR ARTS AND HISTORIC ARTIFACTS PHILADELPHIA, PA	BOARD/DIRECTOR 2	0.	0.	0.
STEWART R. CADES C/O CONSERVATION CENTER FOR ARTS AND HISTORIC ARTIFACTS PHILADELPHIA, PA	BOARD/DIRECTOR 2	0.	0.	0.
NORMAN E. DONOGHUE, II C/O CONSERVATION CENTER FOR ARTS AND HISTORIC ARTIFACTS PHILADELPHIA, PA	BOARD/DIRECTOR 2	0.	0.	0.
WENDY T. FOULKE C/O CONSERVATION CENTER FOR ARTS AND HISTORIC ARTIFACTS PHILADELPHIA, PA	BOARD/DIRECTOR 2	0.	0.	0.
GREGORY M. HARVEY C/O CONSERVATION CENTER FOR ARTS AND HISTORIC ARTIFACTS PHILADELPHIA, PA	BOARD/DIRECTOR 2	0.	0.	0.

CONSERVATION CENTER FOR ART AND HISTORIC

23-2047295

GOHN A. LEVITTIES C/O CONSERVATION CENTER FOR ARTS AND HISTORIC ARTIFACTS PHILADELPHIA, PA	BOARD/DIRECTOR 2	0.	0.	0.
MAXINE LEWIS C/O CONSERVATION CENTER FOR ARTS AND HISTORIC ARTIFACTS PHILADELPHIA, PA	BOARD/DIRECTOR 2	0.	0.	0.
ROBERT PECK C/O CONSERVATION CENTER FOR ARTS AND HISTORIC ARTIFACTS PHILADELPHIA, PA	BOARD/DIRECTOR 2	0.	0.	0.
KATE E. SHACKELFORD C/O CONSERVATION CENTER FOR ARTS AND HISTORIC ARTIFACTS PHILADELPHIA, PA	BOARD/DIRECTOR 2	0.	0.	0.
PAGE TALBOTT C/O CONSERVATION CENTER FOR ARTS AND HISTORIC ARTIFACTS PHILADELPHIA, PA	BOARD/DIRECTOR 2	0.	0.	0.
INGRID BOGEL C/O CONSERVATION CENTER FOR ARTS AND HISTORIC ARTIFACTS PHILADELPHIA, PA	EXECUTIVE DIRECTOR 35	84,375.	9,320.	0.
TOTALS INCLUDED ON FORM 990, PART V		<u>84,375.</u>	<u>9,320.</u>	<u>0.</u>

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 8
ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93 A	SERVICE REVENUE FROM THE CONSERVATION, PRESERVATION AND TREATMENT OF HISTORIC ARTIFACTS, PRINCIPALLY ON THE PAPER MEDIUM.
93 B	REVENUE RECEIVED FOR WORKSHOPS ON THE CONSERVATION, PRESERVATION AND TREATMENT OF HISTORIC ARTIFACTS.
94	MEMBERSHIP DUES RECEIVED HELP TO FURTHER PROMOTE THE EXEMPT PURPOSE OF THE ORGANIZATION.

SCHEDULE A OTHER INCOME STATEMENT 9

DESCRIPTION	2001 AMOUNT	2000 AMOUNT	1999 AMOUNT	1998 AMOUNT
OTHER INCOME	0.	650.	2,000.	3,760.
TOTAL TO SCHEDULE A, LINE 22	0.	650.	2,000.	3,760.

**CONSERVATION CENTER FOR ART AND HISTORIC ARTIFACTS
FORM 990, PART II
SCHEDULE OF FUNCTIONAL EXPENSES
DECEMBER 31, 2002**

Expenses	Program Services	Admin	Fundraising	Total
Salaries-other	774,213	83,730	39,402	897,345
Fringe benefits	125,148	25,151	16,179	166,478
Outside contractors	174,658	-	-	174,658
Grant subsidies	4,972	-	-	4,972
Bank fees	1,936	342	-	2,278
Bookkeeping and accounting	31,628	7,299	9,732	48,659
Conservation supplies and equipment	60,573	-	-	60,573
Depreciation	29,837	7,459	-	37,296
Dues, subscriptions, publications	2,246	-	-	2,246
Education and professional development	14,292	2,610	500	17,402
Insurance	12,343	2,178	-	14,521
Maintenance and repairs	2,026	357	-	2,383
Office and miscellaneous	14,613	2,923	2,258	19,794
Office rent	72,376	14,699	9,799	96,874
Photography	11,351	-	-	11,351
Postage, freight, delivery	9,133	1,712	571	11,416
Printing and duplicating	1,438	2,157	10,785	14,380
Recruitment	2,362	417	-	2,779
Security	1,112	-	-	1,112
Telephone	981	3,658	2,439	7,078
Travel	39,888	7,479	2,493	49,860
Utilities	17,310	-	-	17,310
Workshops	11,517	-	-	11,517
Officer salary	42,187	16,875	25,313	84,375
Total Expenses	<u>1,458,140</u>	<u>179,046</u>	<u>119,471</u>	<u>1,756,657</u>

Stmt 10

PBC

CCAHA
Furniture & Fixtures
GL#2090

Date	Description	Cost	Method	Life	Accum Amort 12/31/01 GL#2100	Amort 2002 GL#8230	Accum Amort 12/31/02 GL#2100
Pre 1997	Various	230,371 00	SL	Various	230,371 00	-	230,371 00
02/01/97	Mat cutters	2,042 00	SL	5	2,006 76	35 24	2,042 00
09/01/97	Lab table	1,000 00	SL	5	867 04	132 96	1,000 00
05/01/98	Table	1,000 00	SL	5	717 04	200 00	917 04
10/01/98	HEPA filter	1,385 00	SL	5	899 96	277 00	1,176 96
10/01/98	Equipment	1,362 00	SL	5	884 80	272 40	1,157 20
12/01/98	Lab table	3,020 00	SL	5	1,861 96	604 00	2,465 96
02/01/99	Computers	4,000 00	SL	5	2,333 04	800 00	3,133 04
04/01/99	Misc office equip	125 00	SL	5	68 96	25 00	93 96
04/01/99	Computers	1,334 00	SL	5	733 56	266 80	1,000 36
04/01/99	Computers	4,083 00	SL	5	2,245 20	816 60	3,061 80
04/01/99	Misc office equip	576 00	SL	5	316 40	115 20	431 60
05/01/99	Computers	5,607 00	SL	5	2,990 80	1,121 40	4,112 20
07/01/99	Work tables	3,200 00	SL	5	1,652 96	640 00	2,292 96
09/01/99	Misc office equip	500 00	SL	5	232 96	100 00	332 96
12/01/99	Telephone system	3,769 00	SL	5	1,570 64	753 80	2,324 44
12/01/99	Telephone system	3,995 00	SL	5	1,664 96	799 00	2,463 96
11/01/99	Laptop computer	2,831 00	SL	5	1,226 36	566 20	1,792 56
02/01/00	Computer equipment	296 00	SL	5	113 43	59 20	172 63
03/01/00	Security equipment	965 00	SL	5	353 80	193 00	546 80
04/01/00	Furniture	880 00	SL	5	308 03	176 00	484 03
05/01/00	Computer equipment	7,956 00	SL	5	2,652 00	1,591 20	4,243 20
05/01/00	Security equipment	2,584 00	SL	5	861 36	516 80	1,378 16
06/01/00	Computer equipment	237 00	SL	5	75 05	47 40	122 45
07/01/00	Computer equipment	10,913 00	SL	5	3,273 88	2,182 60	5,456 48
07/01/00	Photography equip	1,756 00	SL	5	526 82	351 20	878 02
07/01/00	Furniture	2,413 00	SL	5	723 92	482 60	1,206 52
08/01/00	Furniture	1,213 00	SL	5	343 70	242 60	586 30
08/01/00	Security equipment	1,200 00	SL	5	340 00	240 00	580 00
09/01/00	Computer equipment	5,637 00	SL	5	1,503 20	1,127 40	2,630 60
09/01/00	Photography equip	1,739 00	SL	5	463 72	347 80	811 52
09/01/00	Security equipment	3,067 00	SL	5	817 88	613 40	1,431 28
10/01/00	Furniture	893 00	SL	5	223 24	178 60	401 84
11/01/00	Computer equipment	2,960 40	SL	5	739 95	592 00	1,331 95
02/01/01	Furniture & equipment	15,793 77	SL	5	2,632 30	3,158 75	5,791 05
03/01/01	Furniture & equipment	1,425 18	SL	5	213 78	285 04	498 82
04/01/01	Furniture & equipment	2,991 14	SL	5	398 82	598 23	997 05
05/01/01	Furniture & equipment	715 52	SL	5	83 48	143 10	226 58
06/01/01	Furniture & equipment	7,149 68	SL	5	714 97	1,429 94	2,144 91
07/01/01	Furniture & equipment	1,325 55	SL	5	110 46	265 11	375 57
08/01/01	Furniture & equipment	1,765 00	SL	5	117 67	353 00	470 67
09/01/01	Furniture & equipment	9,178 56	SL	5	458 93	1,835 71	2,294 64
12/01/01	Furniture & equipment	2,781 93	SL	5	-	556 39	556 39
		<u>358,035 73</u>	I-Lead		<u>270,694 79</u>	25,092 67	<u>295,787 46</u>
01/01/02	Furniture & equipment	1,587 88	SL	5	I-Lead	291 11	<u>291 11</u>

PBC

CCAHA
Furniture & Fixtures
GL#2090

Date	Description	Cost	Method	Life	Accum Amort 12/31/01 GL#2100	Amort 2002 GL#8230	Accum Amort 12/31/02 GL#2100
04/01/02	Furniture & equipment	*13,780 00	SL	5		1,837 33	(R) 1,837 33
05/01/02	Furniture & equipment	3,050 00	SL	5		355 83	(R) 355 83
06/01/02	Furniture & equipment	2,600 00	SL	5		303 33	(R) 303 33
07/01/02	Furniture & equipment	529 65	SL	5		44 14	(R) 44 14
09/01/02	Furniture & equipment	575 00	SL	5		28 75	(R) 28 75
10/01/02	Furniture & equipment	- 1,250 00	SL	5		41 67	(R) 41 67
		<u>381,408 26</u>			<u>270,694 79</u>	<u>27,994 83</u>	<u>298,689 62</u>

CCAHA
Leasehold Improvements
GL#2710

PBC

ad 5/03

B

Date	Acquired Description	Cost	Method	Life	Accum Amort 12/31/01 GL#2720	Accum Amort 2002 GL#8230	Accum Amort 12/31/02 GL#2720
07/01/84	Various	157,982 00	SL	10	157,982 00	-	157,982 00
07/01/87	Humidity Equipment	2,385 00	SL	10	2,385 00	-	2,385 00
12/01/00	Various	20,000 00	SL	4	5,416 67	5,000 00	10,416 67
	Pre-2000 difference	0 11			0 44	-	0 44
2001	Various	14,002 68	SL	4	1,750 34	3,500 67	5,251 01
2002	Various	2,400 00	SL	3	-	800 00	800 00
		<u>196,769.79</u>			<u>167,534.45</u>	<u>9,300.67</u>	<u>176,835.12</u>

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box **Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868**
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time — Must File Original and One Copy.		
Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization CONSERVATION CENTER FOR ART & HISTORIC ARTIFACTS	Employer identification number 23-2047295
	Number, street, and room or suite no. If a P.O. box, see instructions 264 SOUTH 23RD STREET	For IRS use only
	City, town or post office, state and ZIP code For a foreign address, see instructions PHILADELPHIA, PA 19103	

Check type of return to be filed (File a separate application for each return)

Form 990
 Form 990-EZ
 Form 990-T (sec 401(a) or 408(a) trust)
 Form 1041-A
 Form 5227
 Form 8870
 Form 990-BL
 Form 990-PF
 Form 990-T (trust other than above)
 Form 4720
 Form 6069

STOP Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the **whole** group, check this box If it is for **part** of the group, check this box and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until NOVEMBER 15, 2003

5 For calendar year 2002, or other tax year beginning _____, 20____ and ending _____, 20____

6 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

7 State in detail why you need the extension ADDITIONAL TIME IS NECESSARY TO COMPLETE THE CENTER'S AUDIT AND HAVE THE INFORMATION NEEDED TO FILE A COMPLETE AND ACCURATE RETURN.

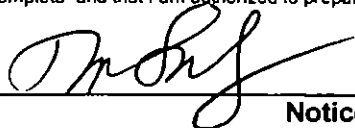
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$ _____

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____

c **Balance Due** Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ _____

Signature and Verification

Under penalties of perjury I declare that I have examined this form including accompanying schedules and statements and to the best of my knowledge and belief it is true, correct and complete and that I am authorized to prepare this form

Signature  Title CPA Date 8/7/03

Notice to Applicant — To Be Completed by the IRS

- We have approved this application Please attach this form to the organization's return
- We have not approved this application However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions) This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return Please attach this form to the organization's return
- We have not approved this application After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file We are not granting a 10-day grace period
- We cannot consider this application because it was filed after the due date of the return for which an extension was requested
- Other _____

Director _____ By _____ Date _____

Alternate Mailing Address — Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Type or print	Name GOLDENBERG/ROSENTHAL, LLP C/O TOM SULPIZIO, CPA
	Number and street (include suite, room, or apt no.) Or a P.O. box number 101 WEST AVENUE, P.O. BOX 458
	City or town, province or state, and country (including postal or ZIP code) JENKINTOWN, PA 19046

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time — Only submit original (no copies needed)
Note Form 990-T corporations requesting an automatic 6-month extension — check this box and complete Part I only
 All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns
 Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print	Name of Exempt Organization CONSERVATION CENTER FOR ART & HISTORIC ARTIFACTS	Employer identification number 23-2047295
File by the due date for filing your return See instructions	Number, street, and room or suite no. If a P.O. box, see instructions 264 SOUTH 23RD STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions PHILADELPHIA, PA 19103	

Check type of return to be filed (file a separate application for each return)

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the **whole** group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until AUGUST 15, 20 03, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year 20 02 or
 ▶ tax year beginning _____, 20 _____, and ending _____, 20 _____

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ _____

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ _____

c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ _____

Signature and Verification

Under penalties of perjury I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Title ▶ CPA Date ▶ 4/25/03

For Paperwork Reduction Act Notice, see Instruction