

Return of Organization Exempt From Income Tax

2002

Department of the Treasury
Internal Revenue Service

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 Inspection

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 GASTON TOGETHER Number and street (or P O box if mail is not delivered to street address) Room/suite PO BOX 1244 City or town, state or country, and ZIP + 4 DALLAS, NC 28034	D Employer identification number 56-2048064 E Telephone number 704-922-6433 F Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶
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• 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

I Enter 4-digit GEN ▶

G Web site ▶ **WWW.GASTONTOGETHER.ORG**

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

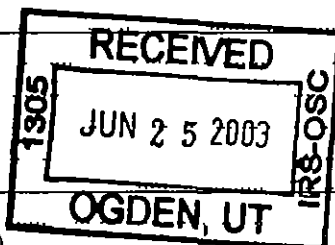
K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return**

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

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **208,135.**

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	207,699.	
		b	Indirect public support	1b		
		c	Government contributions (grants)	1c		
		d	Total (add lines 1a through 1c) (cash \$ 207,699. noncash \$)	1d	207,699.	
		2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		
		3	Membership dues and assessments	3		
		4	Interest on savings and temporary cash investments	4	436.	
		5	Dividends and interest from securities	5		
		6 a	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			
	8 a	Gross amount from sale of assets other than inventory	(A) Securities	(B) Other		
			8a			
	b	Less cost or other basis and sales expenses	8b			
	c	Gain or (loss) (attach schedule)	8c			
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d			
	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			
	10 a	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	208,135.		
Expenses	13	Program services (from line 44, column (B))	13	41,475.		
	14	Management and general (from line 44, column (C))	14	119,408.		
	15	Fundraising (from line 44, column (D))	15			
	16	Payments to affiliates (attach schedule)	16			
	17	Total expenses (add lines 16 and 44, column (A))	17	160,883.		
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	47,252.		
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	73,718.		
	20	Other changes in net assets or fund balances (attach explanation)	20	0.		
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	120,970.		



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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	49,797.	0.	49,797.	0.
26	Other salaries and wages	30,975.		30,975.	
27	Pension plan contributions	1,987.		1,987.	
28	Other employee benefits	3,190.		3,190.	
29	Payroll taxes	7,098.		7,098.	
30	Professional fundraising fees				
31	Accounting fees	2,500.		2,500.	
32	Legal fees				
33	Supplies	3,449.		3,449.	
34	Telephone				
35	Postage and shipping				
36	Occupancy				
37	Equipment rental and maintenance	2,403.		2,403.	
38	Printing and publications				
39	Travel	986.		986.	
40	Conferences, conventions, and meetings				
41	Interest				
42	Depreciation, depletion, etc (attach schedule)	401.		401.	
43	Other expenses not covered above (itemize)				
	a _____				
	b _____				
	c _____				
	d _____				
	e SEE STATEMENT 1	58,097.	41,475.	16,622.	
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D) carry these totals to lines 13-15	160,883.	41,475.	119,408.	0.

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?

IMPROVE AND PROMOTE COMMUNITY EXCELLENCE

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	PROMOTTE GASTON-PROMOTES THE EVENTS AND ACTIVITIES IN THE AREA AND HELPS GET CITIZENS INVOLVED WITH IMPROVING THE COMMUNITY	(Grants and allocations \$ _____)	5,851.
b	HEALTHCARE COMMISSION- PROMOTES NUTRITION AND FITNESS FOR THOSE WITH LOW INCOMES	(Grants and allocations \$ _____)	2,432.
c	HELP ME GRADUATE - PROMOTES THE NEED FOR CHILDREN TO STAY IN SCHOOL	(Grants and allocations \$ _____)	1,438.
d	OTHER PROGRAMS DESIGNED FOR THE BENEFIT OF THE COMMUNITY	(Grants and allocations \$ _____)	31,754.
e	Other program services (attach schedule)	(Grants and allocations \$ _____)	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)		41,475.

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	70,221.	45 99,096.
	46 Savings and temporary cash investments		46
	47 a Accounts receivable	47a 45,000.	
	b Less allowance for doubtful accounts	47b	47c 45,000.
	48 a Pledges receivable	48a	
	b Less allowance for doubtful accounts	48b	48c
	49 Grants receivable		49
	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		52
	53 Prepaid expenses and deferred charges		53
	54 Investments - securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54
	55 a Investments - land, buildings, and equipment, basis	55a 4,010.	
b Less accumulated depreciation	55b 914.	3,497. 55c 3,096.	
56 Investments - other		56	
57 a Land, buildings, and equipment, basis	57a		
b Less accumulated depreciation	57b	57c	
58 Other assets (describe <input type="checkbox"/>)		58	
59 Total assets (add lines 45 through 58) (must equal line 74)	73,718.	59 147,192.	
Liabilities	60 Accounts payable and accrued expenses		60 26,222.
	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"/>)		65
66 Total liabilities (add lines 60 through 65)	0.	66 26,222.	
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	56,203.	67 40,902.
	68 Temporarily restricted	17,515.	68 80,068.
	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)	73,718.	73 120,970.	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	73,718.	74 147,192.	

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.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return	Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
<p>a Total revenue, gains, and other support per audited financial statements ▶ a 256,800.</p> <p>b Amounts included on line a but not on line 12, Form 990</p> <p>(1) Net unrealized gains on investments \$ _____</p> <p>(2) Donated services and use of facilities \$ 48,665.</p> <p>(3) Recoveries of prior year grants \$ _____</p> <p>(4) Other (specify) _____</p> <p style="text-align: right;">\$ _____</p> <p>Add amounts on lines (1) through (4) ▶ b 48,665.</p> <p>c Line a minus line b ▶ c 208,135.</p> <p>d Amounts included on line 12, Form 990 but not on line a</p> <p>(1) Investment expenses not included on line 6b, Form 990 \$ _____</p> <p>(2) Other (specify) _____</p> <p style="text-align: right;">\$ _____</p> <p>Add amounts on lines (1) and (2) ▶ d 0.</p> <p>e Total revenue per line 12, Form 990 (line c plus line d) ▶ e 208,135.</p>	<p>a Total expenses and losses per audited financial statements ▶ a 209,548.</p> <p>b Amounts included on line a but not on line 17, Form 990</p> <p>(1) Donated services and use of facilities \$ 48,665.</p> <p>(2) Prior year adjustments reported on line 20, Form 990 \$ _____</p> <p>(3) Losses reported on line 20, Form 990 \$ _____</p> <p>(4) Other (specify) _____</p> <p style="text-align: right;">\$ _____</p> <p>Add amounts on lines (1) through (4) ▶ b 48,665.</p> <p>c Line a minus line b ▶ c 160,883.</p> <p>d Amounts included on line 17, Form 990 but not on line a</p> <p>(1) Investment expenses not included on line 6b, Form 990 \$ _____</p> <p>(2) Other (specify) _____</p> <p style="text-align: right;">\$ _____</p> <p>Add amounts on lines (1) and (2) ▶ d 0.</p> <p>e Total expenses per line 17, Form 990 (line c plus line d) ▶ e 160,883.</p>

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated)				
(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
JOHN CORBETT GASTONIA, NC	CHAIRMAN	0.	0.	0.
DR. PATRICIA SKINNER GASTONIA, NC	VICE-CHAIRMAN	0.	0.	0.
HENRY MASSEY MOUNT HOLLY, NC 28120	PAST CHAIRMAN	0.	0.	0.
BILL SEABROOK GASTONIA, NC	SECRETARY	0.	0.	0.
KIM PRICE GASTONIA, NC	TREASURER	0.	0.	0.
SHERRY SHAW GASTONIA, NC	EXEC. DIR.	40	49,797.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule ▶ Yes No Form 990 (2002)

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 _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	436.	
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					
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.		436.	0.
105 Total (add line 104, columns (B), (D), and (E))					436.

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 (a) or (b), file Form 990 and Form 4720 (see instructions).

I am preparing this return and accompanying schedules and statements and to the best of my knowledge and belief it is true and correct.
 Date: 6/18/03
 Preparer's name and title: JOHN A. CORBETT, CHAIRMAN
 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 **GASTON TOGETHER** Employer identification number **56 2048064**

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
NONE				
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
NONE		
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.	1	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?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below.)	3	X
4 Do you have a section 403(b) annuity plan for your employees?	4	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 <input type="checkbox"/> A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).		
6 <input type="checkbox"/> A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)		
7 <input type="checkbox"/> A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).		
8 <input type="checkbox"/> A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).		
9 <input type="checkbox"/> A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► _____		
10 <input type="checkbox"/> An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)		
11a <input checked="" type="checkbox"/> 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 <input type="checkbox"/> A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)		
12 <input type="checkbox"/> 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 <input type="checkbox"/> 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.)		
		(b) Line number from above
(a) Name(s) of supported organization(s)		
14 <input type="checkbox"/> An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)		

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.)	177,438.	211,034.	85,753.	85,621.	559,846.
16 Membership fees received					
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 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					
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.					
23 Total of lines 15 through 22	177,438.	211,034.	85,753.	85,621.	559,846.
24 Line 23 minus line 17	177,438.	211,034.	85,753.	85,621.	559,846.
25 Enter 1% of line 23	1,774.	2,110.	858.	856.	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				26a 11,197.
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 288,803.
c Total support for section 509(a)(1) test. Enter line 24, column (e).					26c 559,846.
d Add: Amounts from column (e) for lines 18 _____ 19 _____					26d 288,803.
22 _____ 26b 288,803.					26e 271,043.
e Public support (line 26c minus line 26d total)					26f 48.4138%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
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: N/A				
(2001) _____ (2000) _____ (1999) _____ (1998) _____					
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: N/A					
(2001) _____ (2000) _____ (1999) _____ (1998) _____					
c Add: Amounts from column (e) for lines 15 _____ 16 _____					27c N/A
17 _____ 20 _____ 21 _____					27d N/A
d Add: Line 27a total _____ and line 27b total _____					27e N/A
e Public support (line 27c total minus line 27d total)					
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e):	27f N/A				
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %
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

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)		
<hr/>			
<hr/>			
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	
<hr/>			
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	
<hr/>			
<hr/>			
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	

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(a))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(a))					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

Gaston Together
 Depreciation Expense [Depreciation]
 GAAP
 For the Period January 1, 2002 to December 31, 2002

JMF
 5-8-03
 MAD
 5/2/03

Asset ID	Placed in service	Depr Meth/Conv	Life Yr Mo	Book Cost	Depr & AFYD This Period	YEAR TO DATE				
						Beginning Accum Depr	Current Depr & AFYD	Net Sec 179/Sec 179A	Net Additions Deletions	Ending Accum Depr
<i>Class COMP</i>										
000010	Dell Laptop Computer									
	07/05/2000	SL100FM	10 0	2,500	250	375	250	0	0	625
000020	Donated Tiger Computer									
	12/15/2000	SL100FM	10 0	1,000	100	108	100	0	0	208
000030	HP Deskjet 960c Printer									
	11/21/2001	SL100FM	10 0	150	15	3	15	0	0	18
<i>Subtotal COMP (3)</i>				3,650	365	486	365	0	0	851
<i>Class EQUIP</i>										
000040	Telephone System									
	04/02/2001	SL100FM	10 0	360	36	27	36	0	0	63
<i>Subtotal EQUIP (1)</i>				360	36	27	36	0	0	63
<i>Grand Total</i>				4,010	401	513	401	0	0	914

Note: There may be differences due to rounding

As of 12-31-02

**2003 Gaston Together
Council Members**

Officers:
John Corbett, Chairman
Dr Patricia Skinner, Vice-Chairman
Henry Massey, Past Chairman
Kim Price, Treasurer
Bill Seabrook, Secretary

Members:

John Corbett	Senior Vice President, City Executive, BB&T
Scott Fletcher	General Manager, Time Warner Cable
Hugh Grant	Director, Gaston County Human Relations
Katie Gregory	General Manager, Sales & Business Development, PSNC Energy
Tim Grooms	Owner, TAG Group
Rev. David Julen	Senior Minister, First Baptist Church, Cramerton
Cathy Kenzig	Assistant Executive Director, Alliance for Children and Youth
Billy F King	External Affairs Director, BellSouth
Kevin Loftin	Production Coordinator, Pharr Yarns
Henry Massey	Chairman, The Massey Company
Regina Moody	Executive Director, Holy Angels
Ed Munn	Assistant City Manager, City of Gastonia
Dr Robert Preston	President Emeritus, Belmont Abbey College
Kim Price	President & CEO, Citizens South Bank
Dr Ed Sadler	Superintendent, Gaston County Schools
Bill Seabrook	President, Seabrook, LLC
Dr Jody Seymour	Senior Pastor, First United Methodist Church
Dr Pat Skinner	President, Gaston College
Robert Spencer	Executive Director, Gaston Family Health Services
Mike Stacy	Director of Business Operations, Daniel Stowe Botanical Garden
Wade Stroupe	Mayor, City of Cherryville
Rev Dr Bernard Sullivan	St Stephens, AME Zion Church/ Success, Inc
Mary Tyler	Executive Director, United Way of Gaston County

Staff

Sherry Shaw, Executive Director
Donna Lockett, Program Coordinator
Frances Watson, Office Manager

**Gaston Together
PO Box 1244
Dallas, NC 28034
704-922-6433
Fax: 704-922-0981
www.gastontogogether.org**

Council 2003

1

TITLE	FIRST NAME	LAST NAME	COMPANY	ADDRESS 1	(W) PHONE	FAX	(H) PHONE	E-Mail
Mr	John	Corbett	BB&T	Post Office Box 1776 Gastonia, NC 28053	852-5545	852-5531	865-1464	Jcorbett@bbandt.com
Mr	Scott	Fletcher	Time Warner Cable	2125 Union Rd Gastonia, NC 28054	671-6100	865-7541		Scott.fletcher@twcable.com
Mr	Hugh	Grant	Gaston County Human Relations	PO Box 1578 Gastonia, NC 28053	866-3692 ext 3692	852-6048	866-7293	Hgrant@co.gastonia.nc.us
Ms	Katie	Gregory	PSNC Energy	PO Box 1398 Gastonia, NC 28053-1398	834-6414	834-6485		Kgregory@scana.com
Mr	Tim	Grooms	I-Link	943 Sandwood Drive Gastonia, NC 28054	854-9202	854-9202		tgrooms@gastonia.net
Rev	David	Julen	First Baptist Church	235 Eighth Ave Cramerton, NC 28032	824-1991			Julen569@cs.com
Ms	Cathy	Kenzig	Alliance For Children And Youth	PO Box 1695 Gastonia, NC 28053	867-3512	864-2985		Alliance@clt.quik.com
Mr	Billy	King	BellSouth	300 S Brevard St 15-G12 BellSouth Plaza Charlotte, NC 28202	417-7622	417-9385		Billy.king@bellsouth.com
Mr	Kevin	Lofun	Pharr Yarns	PO Box 1939 McAdenville, NC 28101	824-3555 ext 502	824-7176	825-2462	Kblofun@mindspring.com
Mr	Henry	Massey	The Massey Company	Post Office Box 26 Mount Holly, NC 28120	827-9661	827-8979	827-3594	
Ms	Regina	Moody	Holy Angels	PO Box 710 Belmont, NC 28012	825-4161	825-0401		Reginam@holyanfelsnc.org
Mr	Ed	Munn	City of Gastonia	PO Box 1748 Gastonia, NC 28053	866-6747	864-9732	865-9745	Edm@cityofgastonia.com
Dr	Robert	Preston	Belmont Abbey College Bradley Institute	100 Belmont-Mt. Holly Rd. Belmont, NC 28012	829-7231	829-7232	825-8309	Rapres411@aol.com
Mr	Kim	Price	Citizens South	PO Box 2249 Gastonia, NC 28053	868-5200 (Anelia Wendt)	852-5440	864-9336	Kim.Price@citizensouth.com
Dr	Ed	Sadler	Gaston County School System	Post Office Box 1397 Gastonia, NC 28053	866-6209	866-6321	865-9232	Esadler@gastonia.k12.nc.us
Mr	Bill	Seabrook	Seabrook, LLC	312 Eagle's Walk Lane Gastonia, NC 28056	865-8460	865-0403	865-3833	MrSea9332@aol.com

Mr	Jody	Seymour	First United Methodist Church	Post Office Box 218 Gastonia, NC 28053	864-4371 x 222	864-2076	Jseymour@fumcnc.org
Dr	Patricia	Skinner	President Gaston College	201 Highway 321 South Dallas, NC 28034	922-6475	922-6203	Skinner.pat@gaston.cc.nc.us Navey.linda@gaston.cc.nc.us
Mr	T J	Solomon	Gray Layton Kersh Solomon Sigmon Furr & Smith, P A	516 S New Hope Rd Gastonia, NC 28054	865-4400	866-8010	TJSolomon@gastonlegal.com
Mr	Robert	Spencer	Gaston Family Health Services	991 W Hudson Blvd Gastonia, NC 28052	853-5294	853-5269	Rspencer@co.gaston.nc.us
Mr	Wade	Stroupe	Mayor City of Cherryville	501 S Elm Street Cherryville, NC 28021	435-9233 City 435-1714	435-1707	Hector@vnet.net
Rev Dr	Bernard	Sullivan	St. Stephens at Unity Place	201 W Franklin Blvd Gastonia, NC 28052	861-2004 (Kelly) 853-2905 (Pat)	861-2006	
Ms	Mary	Tyler	United Way of Gaston County	200 E Franklin Blvd. PO Box 2597 Gastonia, NC 28053	864-4554	864-9464	UWGCexec5@bellouth.net

Ex-Officio

Mr	Bob	Morgan	President Gaston Chamber City of Gastonia	601 W Franklin Blvd. Gastonia, NC 28052	864-2621	854-8723	Bmorgan@gastonchamber.com
Mayor	Jennie	Stultz		PO Box 1748 Gastonia, NC 28053	866-6720	854-6607	Mayor@cityofgastonia.com

FORM 990	OTHER EXPENSES			STATEMENT 1
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
PAYROLL SERVICE	922.		922.	
INTERNET	420.	420.		
MINISTERS CONFERENCE	603.	603.		
LIABILITY INSURANCE	350.		350.	
LEADERSHIP AWARD				
BANQUET	9,323.	7,295.	2,028.	
MISCELLANEOUS	1,947.	1,866.	81.	
MARKETING	1,560.		1,560.	
TAXES	1,028.	91.	937.	
TRAINING	908.		908.	
DUES AND SUBSCRIPTIONS	1,295.		1,295.	
UNITY CONCERT	2,377.	2,377.		
WORKER'S COMPENSATION INSURANCE	495.		495.	
COMMUNITY BUILDING	23,436.	23,436.		
NUTRITION & FITNESS	579.	579.		
HELP ME GRADUATE	1,438.	1,438.		
DOWNTOWN FAITH NETWORK	1,000.		1,000.	
ANNUAL MEETING	323.		323.	
BLEDSON EVENT	3,984.		3,984.	
PRIDE IN GASTON	6,109.	3,370.	2,739.	
TOTAL TO FM 990, LN 43	58,097.	41,475.	16,622.	

Depreciation and Amortization 990
(Including Information on Listed Property)

▶ See separate instructions ▶ Attach to your tax return

Name(s) shown on return

Business or activity to which this form relates

Identifying number

GASTON TOGETHER

FORM 990 PAGE 2

56-2048064

Part I Election To Expense Certain Tangible Property Under Section 179 Note If you have any listed property, complete Part V before you complete Part I

1	Maximum amount See instructions for a higher limit for certain businesses	1	24,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	\$200,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter 0	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter 0 If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2001 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2003 Add lines 9 and 10, less line 12	13	

Note Do not use Part II or Part III below for listed property Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election (see instructions)	15	
16	Other depreciation (including ACRS) (see instructions)	16	

Part III MACRS Depreciation (Do not include listed property) (See instructions)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2002	17	401.
18	If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

Section B - Assets Placed in Service During 2002 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3 year property						
b 5 year property						
c 7 year property						
d 10 year property						
e 15 year property						
f 20 year property						
g 25 year property			25 yrs		S/L	
h Residential rental property	/		27 5 yrs	MM	S/L	
	/		27 5 yrs	MM	S/L	
i Nonresidential real property	/		39 yrs	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2002 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12 year		12 yrs		S/L	
c	40 year	/	40 yrs	MM	S/L	

Part IV Summary (See instructions)

21	Listed property Enter amount from line 28	21	
22	Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations see instr	22	401.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)
Note For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

Section A - Depreciation and Other Information (Caution See instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L		
		%				S/L		
		%				S/L		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1								29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
 If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? Note If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2002 tax year					
43 Amortization of costs that began before your 2002 tax year					43
44 Total Add amounts in column (f) See instructions for where to report					44

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 Gaston Together	Employer identification number 56-2048064
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 PO Box 1244	
	City, town or post office, state, and ZIP code For a foreign address, see instructions Dallas, NC 28034	

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, 2003 to file the exempt organization return for the organization named above. The extension is for the organization's return for calendar year 2002 or tax year beginning _____, and ending _____

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 \$ N/A

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 ▶ Randy D Boyd Title ▶ CPA Date ▶ 5-13-03
 LHA For Paperwork Reduction Act Notice, see instruction Form 8868 (12-2000)