

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)

2001

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 2001 calendar year, or tax year beginning July 1, 2001, and ending June 30, 2002.

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Final return
 - Amended return
 - Application pending

Please use IRS label or print or type. See Specific Instructions.	C Name of organization <u>NATCHITOCHE ASSOCIATION FOR RETIRED CITIZENS, INC.</u>		D Employer identification number <u>72-0630682</u>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>127 AIRPORT</u>		E Telephone number <u>(318) 352-5176</u>
	City or town, state or country and ZIP + 4 <u>NATCHITOCHE, LA 71457</u>		F Accounting method: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input checked="" type="checkbox"/> Other (specify) <u>MODIFIED ACCRUAL</u>
	<p>• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)</p> <p>H and I are not applicable to section 527 organizations</p> <p>H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>H(b) If "Yes" enter number of affiliates: _____</p> <p>H(c) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No" attach a list. See instructions.)</p> <p>H(d) Is this a separate return filed by an organization covered by a group ruling? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>I Enter 4-digit GEN: _____</p> <p>M Check <input checked="" type="checkbox"/> if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)</p>		

G Web site: _____

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.

L Gross receipts. Add lines 6b, 9b, and 10b to line 12: 260,733

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16)

Revenue	1 Contributions, gifts, grants, and similar amounts received			
	a Direct public support	1a	570	
	b Indirect public support	1b		
	c Government contributions (grants)	1c		
	d Total (add lines 1a through 1c) (cash \$ <u>570</u> noncash \$ _____)	1d	570	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	255,469	
	3 Membership dues and assessments	3		
	4 Interest on savings and temporary cash investments	4	1,281	
	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			
	8a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other
		8a		
		8b		
		8c		
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d		
	9 Special events and activities (attach schedule)	Gross revenue (including \$ _____ of contributions reported on line 1a)	9a	
		Less direct expenses other than fundraising expenses	9b	
		Net income or (loss) from special events (subtract line 9b from line 9a)	9c	
		10a Gross sales of inventory less returns and allowances	10a	
	Less cost of goods sold	10b		
	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	3,413	
	12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	260,733	
Expenses	13 Program services (from line 44, column (B))	13	207,338	
	14 Management and general (from line 44, column (C))	14	65,286	
	15 Fundraising (from line 44, column (D))	15		
	16 Payments to affiliates (attach schedule)	16		
	17 Total expenses (add lines 13 and 14, column (A))	17	272,624	
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	(11,891)	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	141,430	
	20 Other changes in net assets or fund balances (attach explanation)	20		
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	129,539	

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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. (See Specific Instructions on page 21.)

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 \$ _____)	22			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc	25	22,527	-0-	22,527
26	Other salaries and wages	26	144,185	117,752	26,433
27	Pension plan contributions	27			
28	Other employee benefits	28	4,208	4,208	-0-
29	Payroll taxes	29	10,833	7,074	3,759
30	Professional fundraising fees	30			
31	Accounting fees	31	4,300	-0-	4,300
32	Legal fees	32			
33	Supplies	33			
34	Telephone	34	3,958	1,767	2,191
35	Postage and shipping	35	141	-0-	141
36	Occupancy	36	34,287	34,287	-0-
37	Equipment rental and maintenance	37			
38	Printing and publications	38			
39	Travel	39	247	247	-0-
40	Conferences, conventions, and meetings	40			
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42	10,503	9,344	1,159
43	Other expenses not covered above (itemize) a	43a			
b	See SCHEDULE 1	43b	37,435	32,659	4,776
c		43c			
d		43d			
e		43e			
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	44	272,624	207,338	65,286

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 (See Specific Instructions on page 24)

What is the organization's primary exempt purpose? **ADULT DAY HABILITATION PROGRAM**
 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	SHELTERED WORKSHOP - ADULT DAY SERVICES FOR DEVELOPMENTALLY DISADVANTAGED INDIVIDUALS - CLIENT HABILITATION SERVICES 24 CLIENTS ARE PARTICIPATING (Grants and allocations \$ _____)	207,338
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)	207,338

Part IV Balance Sheets (See Specific Instructions on page 24)

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		91,904	45	85,140
	46	Savings and temporary cash investments			46	
	47a	Accounts receivable	47a	17,574	47c	17,040
	b	Less allowance for doubtful accounts	47b			
	48a	Pledges receivable	48a		48c	
	b	Less allowance for doubtful accounts	48b			
	49	Grants receivable			49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)			50	
	51a	Other notes and loans receivable (attach schedule)	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 (attach schedule)			54	
	55a	Investments—land, buildings, and equipment basis	55a	111,088		
b	Less accumulated depreciation (attach schedule)	55b	81,988	32,965	55c	29,170
56	Investments—other (attach schedule)				56	
57a	Land, buildings, and equipment basis	57a				
b	Less accumulated depreciation (attach schedule)	57b			57c	
58	Other assets (describe ▶ _____)				58	
59	Total assets (add lines 45 through 58) (must equal line 74)			142,443	59	131,350
Liabilities	60	Accounts payable and accrued expenses		1013	60	1811
	61	Grants payable			61	
	62	Deferred revenue			62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)			63	
	64a	Tax-exempt bond liabilities (attach schedule)			64a	
	b	Mortgages and other notes payable (attach schedule)			64b	
	65	Other liabilities (describe ▶ _____)			65	
66	Total liabilities (add lines 60 through 65)			1013	66	1811
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
	67	Unrestricted		101,313	67	98,095
	68	Temporarily restricted		40,117	68	31,444
	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)			141,430	73	129,539
74	Total liabilities and net assets / fund balances (add lines 66 and 73)			142,443	74	131,350

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 (See Specific Instructions, page 26)

a	Total revenue, gains, and other support per audited financial statements ▶	a	260,733
b	Amounts included on line a but not on line 12, Form 990	b	
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify) _____ \$		
	Add amounts on lines (1) through (4) ▶	b	
c	Line a minus line b ▶	c	260,733
d	Amounts included on line 12, Form 990 but not on line a	d	
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify) _____ \$		
	Add amounts on lines (1) and (2) ▶	d	
e	Total revenue per line 12, Form 990 (line c plus line d) ▶	e	260,733

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements ▶	a	272,624
b	Amounts included on line a but not on line 17, Form 990	b	
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20 Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify) _____ \$		
	Add amounts on lines (1) through (4) ▶	b	
c	Line a minus line b ▶	c	272,624
d	Amounts included on line 17, Form 990 but not on line a	d	
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify) _____ \$		
	Add amounts on lines (1) and (2) ▶	d	
e	Total expenses per line 17, Form 990 (line c plus line d) ▶	e	272,624

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see Specific Instructions on page 26)

(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
PATRICIA ROSSITO 1311 ROY DR NATCHITOCHE, LA	PRESIDENT 3hr	- 0 -		
IDELL SNOWDEN 221 E 5th ST NATCHITOCHE, LA	VICE-PRESIDENT 2hr	- 0 -		
L WAYNE KING 509 ROYAL ST, NATCHITOCHE, LA	SEC/TREAS 2hr	- 0 -		
EFFIE BENJAMIN 9196 HWY 1, NATCHITOCHE, LA	MEMBER 1hr	- 0 -		
MARY ANN KING 509 ROYAL ST, NATCHITOCHE, LA	MEMBER 1hr	- 0 -		
HERBERT V BARTISSE, SR. 305 JACKSON ST NATCHITOCHE, LA	MEMBER 1hr	- 0 -		
W D BRAXTON 300 JACKSON ST NATCHITOCHE, LA	MEMBER 1hr	- 0 -		
LAUREN THOMAS	DIRECTOR	15,093		

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? Yes No
If "Yes" attach schedule—see Specific Instructions on page 27

Part VI Other Information (See Specific Instructions on page 27)		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77	X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt		
81a	Enter direct or indirect political expenditures. See line 81 instructions	81a	NONE
b	Did the organization file Form 1120-POL for this year?	81b	X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III)	82b	N/A
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations		
a	Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b	N/A
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) orgs		
a	Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) orgs		
a	Gross income from members or shareholders	87a	N/A
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	N/A
89a	501(c)(3) organizations		
	Enter Amount of tax imposed on the organization during the year under section 4911 _____, section 4912 _____, section 4955 _____		
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		NONE
d	Enter Amount of tax on line 89c above, reimbursed by the organization		NONE
90a	List the states with which a copy of this return is filed		
b	Number of employees employed in the pay period that includes March 12, 2001 (See instructions)	90b	
91	The books are in care of _____ Telephone no _____ Located at _____ ZIP + 4 _____		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	92	NONE

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 32)

	Unrelated business income		Excluded by section 512 513 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a <u>OCDD ADULT HABILITATION</u>					182,493
b <u>TITLE XIX REIMBURSEMENT</u>					18,258
c <u>CONTRACT LABOR</u>					54,718
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	1281	
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 <u>SOFT DRINK SALES</u>			03	3413	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		None		4694	255,469
105 Total (add line 104, columns (B), (D), and (E))					260,163

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 Specific Instructions on page 32)

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)
	SEE SCHEDULE # 2

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33)

(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 Specific Instructions on page 33)

(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)

Under penalties of perjury I declare that I have examined this return including accompanying schedules and statements and to the best of my knowledge (other than officer) is based on all information of which preparer has any knowledge

1/2-19-02
Date
rd President

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

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

OMB No 1545-0047

2001

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

Employer identification number

NATCHITOCHAS ASSOCIATION FOR RETARDED CITIZENS INC

72-0630682

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 ▶	NONE			

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 ▶	NONE	

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 ▶ \$ <u>NONE</u> (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)?		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 6 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)(iii) 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)(iv) (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 6 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) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28)	3615	2690	2927	1256	10,388
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	221,985	229,253	236,104	212,662	900,004
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	1839	1607	1054	942	5442
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	3212	3220	5200	5054	16,686
23 Total of lines 15 through 22	230,651	236,770	245,185	219,914	932,520
24 Line 23 minus line 17	8,666	7,517	9,081	7,252	32,516
25 Enter 1% of line 23	2,307	2,368	2,452	2,200	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					650
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 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					
c Total support for section 509(a)(1) test. Enter line 24, column (e)					32,516
d Add amounts from column (e) for lines 18 5,442 19 _____ 22 16,686 26b _____					22,128
e Public support (line 26c minus line 26d total)					10,388
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					31 %
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: (2000) N/A (1999) N/A (1998) N/A (1997) N/A 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: (2000) N/A (1999) N/A (1998) N/A (1997) N/A c Add amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ d Add line 27a total _____ and line 27b total _____ e Public support (line 27c total minus line 27d total) f Total support for section 509(a)(2) test. Enter amount from line 23, column (e) 27f N/A g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) 27g % h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) 27h %					
28 Unusual Grants. For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, 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.					

Part V Private School Questionnaire (See page 7 of the instructions)
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

	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?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
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)		
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities?		
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		
34a Does the organization receive any financial aid or assistance from a governmental agency?		
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		
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		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)
 (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		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term expenditures means amounts paid or incurred)			
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—		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
	The lobbying nontaxable amount is—		
	20% of the amount on line 40		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000		
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$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				
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots nontaxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	Grassroots lobbying expenditures				

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 12 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	Yes	No	Amount
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)			
If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities			

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

	Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of		
(i) Cash		X
(ii) Other assets		X
b Other transactions		
(i) Sales or exchanges of assets with a noncharitable exempt organization		X
(ii) Purchases of assets from a noncharitable exempt organization		X
(iii) Rental of facilities, equipment or other assets		X
(iv) Reimbursement arrangements		X
(v) Loans or loan guarantees		X
(vi) Performance of services or membership or fundraising solicitations		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees		X

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
		N/A	

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
	N/A	

NATCHITOCHE PARISH ASSOCIATION FOR RETARDED CHILDREN, INC.
127 Airport Road
Natchitoches, Louisiana 71457

T I N 72-0630682
Form 990
FYE 6/30/02

Schedule #1 – Other Expenses
Page 2, Part II, Line 43

	<u>Total</u>	<u>Program Services</u>	<u>Management & General</u>
Food	\$ 847	\$ 847	\$ 0
Insurance	8,560	7,353	1,207
Recreation	234	234	0
Repairs & Maintenance			
Building & Grounds	746	746	0
Equipment	612	612	0
Soft Drinks	3,102	3,102	0
Supplies			
Office	438	0	438
Workshop	1,751	0	1,751
Transportation	11,963	11,963	0
Licenses	229	0	229
Other	<u>8,953</u>	<u>7,802</u>	<u>1,151</u>
Totals	<u>\$37,435</u>	<u>\$32,659</u>	<u>\$4,776</u>

NO OF PROPERTY	DATE ACQ.	COST OR BASIS	BASIS ADJUST.		L. I. E	METHOD	PRIOR DEPREC.	98/19 99	99/19 2001	2001/19
			ITC	Section 179 Election						
1st Fax Machine	9/1/98	325.00			5	SL	-	65.00	65.00	65.00
frigerator	9/1/98	495.00			7	SL	-	70.71	70.71	70.71
ssenger van	7/1/98	⁴⁵³ 33,000.00			7	SL	-	4,779.00	4,779.00	4,779.00
WALKER-TALON	7-13-01	2,067.06			5	SL	-	-	-	413.42
TYSONE-1720E	11-2-02	549.00			5	SL	-	-	-	109.80
CHAIR	1-25-02	89.00			5	SL	-	-	-	17.80
POKE	3-6-02	342.44			5	SL	-	-	-	68.49
COMPUTER	6-14-02	1234.47			5	SL	-	-	-	246.90
TOTALS							Yearly	9,689.59	9,266.47	9,664.75
							Totals			

Seq	Asset		Date	Depreciation	Asset Life	98/99	99/2000	60/01
	Name	Original Value	Adjusted Basis	Acq rd	Method			
			Prior	Current				
			Depreciation	Depreciation				
-033	COMPUTER	1.817.93	1.817.93	.00	07/01/92	Straight Line	5.0	-
-034	COMPUTER CART	97.16	97.16	13.88	09/01/92	Straight Line	7.0	13.88 2.31
-035	PRINTER	323.88	323.88	46.27	09/01/92	Straight Line	7.0	46.27 7.70
-036	V.C.R.	170.13	170.13	24.30	12/01/92	Straight Line	7.0	170.13 Stolen - Remove
-037	FAX MACHINE	399.91	399.91	57.13	03/01/93	Straight Line	7.0	399.91 Scrapped - Remove
-038	PRINTER	194.97	194.97	27.85	03/01/93	Straight Line	7.0	46.44 -
-039	FILING CABINET	24.98	24.98	3.57	03/01/93	Straight Line	7.0	3.57 2.37
-040	STORAGE CABINETS	284.97	284.97	40.71	06/01/93	Straight Line	7.0	40.71 37.32
-041	FILE CABINET	73.89	73.89	10.56	06/01/93	Straight Line	7.0	10.56 9.65
-042	50 CHAIRS	950.00	950.00	135.71	06/01/93	Straight Line	7.0	135.71 124.43
-043	2 STORAGE CABINETS	205.18	205.18	29.31	07/01/93	Straight Line	7.0	29.31 29.32
044	TOSHIBA COPY MACHINE	2.750.00	2.750.00	550.00	05/01/96	Straight Line	5.0	550.00 550.00
**** Department Totals ****			25.829.00	25.829.00	22.662.16	939.29		
103	16-2-B 94 DODGE VAN	22.888.00	22.888.00	3.269.71	07/01/93	Straight Line	7.0	<u>SOLD</u>
104	10 PASSENGER VAN	27.254.00	27.254.00	3.244.52	09/01/97	Straight Line	7.0	3,893.43 3893.43
**** Department Totals ****			50.142.00	50.142.00	13.078.84	6.514.23		
			< 22,888.00 >	Sold 1999 Van in 1999				458.33 LAST
			27,254.00					

Asset Seq	Asset Name	Original Value	Adjusted Basis	Date Acq rd	Depreciation Method	- Asset Life - Useful Class	Salvage Value	Section 179 Expense	Bonus Depreciation
				Prior	Current				
				Depreciation	Depreciation				
1-017	EXECUTIVE CHAIR 70.00	70.00	70.00	08/01/87	Straight Line	7.0	7.0 .00	.00	.00
1-018	CASSETTE RECORDER 19.00	19.00	19.00	12/01/89	Straight Line	7.0	7.0 .00	.00	.00
1-019	FOLDING TABLES 344.00	344.00	344.00	12/01/89	Straight Line	7.0	7.0 .00	.00	.00
1-020	WEEDEATER 55.00	55.00	55.00	12/01/89	Straight Line	5.0	5.0 .00	.00	.00
1-021	2 WALL CLOCKS 17.00	17.00	17.00	04/01/90	Straight Line	7.0	7.0 .00	.00	.00
1-022	AIR VACUUM 106.00	106.00	106.00	04/01/90	Straight Line	7.0	7.0 .00	.00	.00
1-023	COMPUTER MONITOR 173.00	173.00	173.00	05/01/90	Straight Line	7.0	7.0 .00	.00	.00
1-024	LAWN MOWER 84.00	84.00	84.00	07/01/90	Straight Line	7.0	7.0 .00	.00	.00
1-025	GAS BLOWER 80.00	80.00	80.00	08/01/90	Straight Line	5.0	5.0 .00	.00	.00
-026	HAND TRACK 36.00	36.00	36.00	08/01/90	Straight Line	5.0	5.0 .00	.00	.00
-027	2 LAWNMOWERS 589.00	589.00	589.00	08/01/90	Straight Line	5.0	5.0 .00	.00	.00
-028	GAS TRIMMER 93.00	93.00	93.00	08/01/90	Straight Line	5.0	5.0 .00	.00	.00
029	AM/FM RADIO 19.00	19.00	19.00	08/01/90	Straight Line	7.0	7.0 .00	.00	.00
030	WASHING MACHINE 339.00	339.00	339.00	10/01/90	Straight Line	7.0	7.0 .00	.00	.00
131	POWER SPRAYER 7.00	7.00	7.00	11/01/90	Straight Line	5.0	5.0 .00	.00	.00
32	WALL CLOCK 21.00	21.00	21.00	11/01/90	Straight Line	7.0	7.0 .00	.00	.00

Finished

Asset Acq-Seq	Asset Name	Date Acq rd	Depreciation Method	- Asset Life - Useful Class	Salvage Value	Section 179 Expense	Bonus Depreciation
	Original Value	Prior Depreciation	Current Depreciation				
	Adjusted Basis						
01-001	COUCH & CHAIRS 2.183.00	06/01/86 2.183.00	Straight Line .00	5.0 5.0	5.0 .00	.00	.00
01-002	SALAD BAR 945.00	02/01/87 945.00	Straight Line .00	5.0 5.0	5.0 .00	.00	.00
01-003	TELEVISION 410.00	08/01/88 410.00	Straight Line .00	7.0 7.0	7.0 .00	.00	.00
01-004	MICROWAVE OVEN 107.00	12/01/88 107.00	Straight Line .00	7.0 7.0	7.0 .00	.00	.00
01-005	RAKES 11.00	12/01/90 11.00	Straight Line .00	5.0 5.0	5.0 .00	.00	.00
01-006	TRIMMER 27.00	12/01/90 27.00	Straight Line .00	5.0 5.0	5.0 .00	.00	.00
01-007	CHAIRS 1.413.00	01/01/84 1.413.00	Straight Line .00	7.0 7.0	7.0 .00	.00	.00
01-008	DESK CHAIR 318.00	01/01/84 318.00	Straight Line .00	7.0 7.0	7.0 .00	.00	.00
01-009	CALCULATOR 159.00	06/01/84 159.00	Straight Line .00	7.0 7.0	7.0 .00	.00	.00
1-010	INTERCOM 117.00	06/01/84 117.00	Straight Line .00	7.0 7.0	7.0 .00	.00	.00
1-011	TABLES & CHAIRS 1.063.00	06/01/84 1.063.00	Straight Line .00	7.0 7.0	7.0 .00	.00	.00
-012	TYPEWRITER 716.00	06/01/84 716.00	Straight Line .00	7.0 7.0	7.0 .00	.00	.00
-013	COMPUTER TABLE 177.00	07/01/85 177.00	Straight Line .00	7.0 7.0	7.0 .00	.00	.00
-014	STOVE 1.076.00	06/01/86 1.076.00	Straight Line .00	5.0 5.0	5.0 .00	.00	.00
015	COMPUTER 4.168.00	05/01/87 4.168.00	Straight Line .00	5.0 5.0	5.0 .00	.00	.00
016	COPY MACHINE 3.594.00	06/01/87 3.594.00	Straight Line .00	5.0 5.0	5.0 .00	.00	.00

Finished

Dept-Seq	Asset		Date Acq rd	Depreciation Method		Asset Life - Useful Class			
	Original Value	Adjusted Basis		Prior Depreciation	Current Depreciation		1998/1999	99/2000	
92-001	PAPER SHREDDER	177.00	09/01/85	Straight Line	177.00	5.0	—	—	
92-002	2 DISPENSER RACKS	31.00	03/27/93	Straight Line	31.00	5.0	—	—	
92-003	3 BAGGING STAPLERS	146.00	03/27/91	Straight Line	146.00	5.0	—	—	
92-004	BANNER	60.00	03/27/91	Straight Line	60.00	5.0	—	—	
92-005	POLY SEALER	207.00	03/27/91	Straight Line	207.00	5.0	—	—	
92-006	SIGN	175.00	03/27/91	Straight Line	175.00	5.0	—	—	
92-007	SMALL EQUIPMENT	272.00	03/27/91	Straight Line	272.00	5.0	—	—	
92-008	TAPE DIPENSER	18.00	03/27/91	Straight Line	18.00	5.0	—	—	
92-009	4 FANS	97.85	09/15/93	MACRS-ALT. SL-MY	68.50	5.0	19.57	9.78	—
92-010	2 MICROWAVES	339.98	09/15/93	MACRS-ALT. SL-MY	238.00	5.0	68.00	33.98	—
92-011	TELEPHONE SYSTEM	734.19	12/31/94	Straight Line	263.09	10.0	73.42	73.42	73.42
92-012	CELLULAR TELEPHONES	480.58	12/31/94	Straight Line	172.21	10.0	48.06	48.06	48.06
92-013	LAWN MOWER	109.00	10/15/94	Straight Line	81.75	5.0	21.80	5.45	5.45
92-014	WEEDEATER	98.44	06/15/95	Straight Line	60.71	5.0	19.69	18.04	18.04
92-015	GAS EDGER	213.00	04/01/90	Straight Line	213.00	7.0	.00	—	—
92-016	PALLET JACK	417.00	02/24/92	Straight Line	417.00	5.0	.00	—	—

Dept-Seq	Asset		Date Acq rd	Depreciation Method		- Asset Life - Useful Class		1998/1999	99/2000	'00/'0		
	Name	Original Value		Adjusted Basis	Prior Depreciation	Current Depreciation	Salv. Vali				Class	
92-017	2 ROASTER OVENS	173.00	173.00	11/13/92	Straight Line	173.00	.00	5.0	5.0	-	-	-
92-018	PAPER SHREDDER	1.696.00	1.696.00	12/01/92	Straight Line	1.231.49	242.29	7.0	7.0	222.22	222.22	222
92-019	SECRETARIAL CHAIR	160.00	160.00	04/01/88	Straight Line	160.00	.00	7.0	7.0	-	-	-
92-020	STORAGE CABINET	95.00	95.00	06/15/92	Straight Line	74.85	13.57	7.0	7.0	6.58	6.58	6.58
92-021	SHREDDER	2.895.00	2.895.00	08/01/95	Straight Line	1.109.75	579.00	5.0	5.0	579.00	579.00	579.00
92-022	MICROWAVE	159.99	159.99	01/15/96	Straight Line	48.00	32.00	5.0	5.0	32.00	32.00	32.00
92-023	COFFEE MAKER	19.99	19.99	10/01/96	Straight Line	2.14	2.85	7.0	7.0	2.86	2.96	2.86
92-024	VACUUM CLEANER	64.75	64.75	03/01/97	Straight Line	3.08	9.25	7.0	7.0	9.25	9.25	9.25
92-025	THERMOSCAN	54.97	54.97	04/01/97	Straight Line	1.96	7.85	7.0	7.0	7.85	7.85	7.85
**** Department Totals ****		8.894.74	8.894.74			5.404.53	1.137.36					
***** Grand Totals *****		8.894.74	8.894.74			5.404.53	1.137.36					

Dept-Seq	Asset Name	Original Value	Adjusted Basis	Date Acq rd	Depreciation Method	Depreciation - Asset Life - Prior Current Depreciation Depreciation	Useful Class Salvage Value	Section 179 Expense	Bonus Depreciation
90-001	PORTABLE BUILDING	6.220.70	6.220.70	06/17/87	Straight Line	7.0 7.0	.00	.00	.00
**** Department Totals ****		6.220.70	6.220.70	6.220.70		.00	.00	.00	.00
***** Grand Totals *****		82.191.70	82.191.70	41.961.70		7.453.52	.00	.00	.00

NATCHITOCHEs PARISH ASSOCIATION FOR RETARDED CHILDREN, INC.
127 Airport Road
Natchitoches, Louisiana 71457

T I N 72-0630682
Form 990
FYE 6/30/02

Schedule #2 – Relationship of Activities to the Accomplishment of Exempt Purposes
Page 6, Part VIII

Line #

- | | |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 93a | OCDD Adult Habilitation fees are used to provide instructors and facilities to train mentally retarded individuals to function in a productive manner |
| 93b | Title XIX reimbursement fees are used to provide instructors and facilities to train mentally retarded individuals to function in a productive manner |
| 93c | Income from work contracts obtained in order to utilize developmentally disabled individuals in the performance of tasks Work experience is an integral part of the habilitation program |