

# Return of Organization Exempt From Income Tax

**2003**

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

**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 2003 calendar year, or tax year beginning January 1, 2003, and ending December 31, 20 03**

<b>B</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.	<b>C Name of organization</b> <b>Participant, Inc.</b>	<b>D Employer identification number</b> <b>26 ; 0017746</b>
		Number and street (or P O box if mail is not delivered to street address) Room/suite <b>95 Rivington Street</b>	<b>E Telephone number</b> <b>( 212 ) 254-4334</b>
		City or town, state or country, and ZIP + 4 <b>New York, NY 10002-2201</b>	<b>F Accounting method.</b> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶

**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?  Yes  No (If "No," attach a list See instructions)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**G Website:** ▶

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

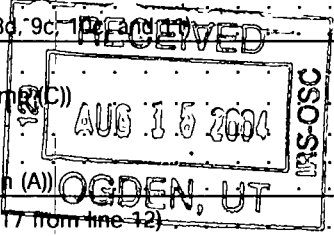
**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

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

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

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 18 of the instructions.)

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received.				
	<b>a</b> Direct public support . . . . .	Statement 1	<b>1a</b>	156,225.00	
	<b>b</b> Indirect public support . . . . .		<b>1b</b>		
	<b>c</b> Government contributions (grants) . . . . .		<b>1c</b>	18,500.00	
	<b>d</b> Total (add lines 1a through 1c) (cash \$ <u>144,645.00</u> noncash \$ <u>30,080.00</u> ) . . . . .		<b>1d</b>		174,725.00
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93) . . . . .		<b>2</b>		
	<b>3</b> Membership dues and assessments . . . . .		<b>3</b>		
	<b>4</b> Interest on savings and temporary cash investments . . . . .		<b>4</b>		
	<b>5</b> Dividends and interest from securities . . . . .		<b>5</b>		
	<b>6a</b> Gross rents . . . . .		<b>6a</b>		
	<b>b</b> Less: rental expenses . . . . .		<b>6b</b>		
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a) . . . . .		<b>6c</b>		
<b>7</b> Other investment income (describe ▶) . . . . .		<b>7</b>			
	<b>8a</b> Gross amount from sales of assets other than inventory . . . . .	(A) Securities		(B) Other	
	<b>b</b> Less: cost or other basis and sales expenses . . . . .		<b>8a</b>		
	<b>c</b> Gain or (loss) (attach schedule) . . . . .		<b>8b</b>		
	<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B)) . . . . .		<b>8c</b>		
	<b>8d</b> Total (add lines 8a, 8b, and 8c) . . . . .		<b>8d</b>		
	<b>9</b> Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>				
	<b>a</b> Gross revenue (not including \$ <u>11,110.00</u> of Statement II contributions reported on line 1a) . . . . .		<b>9a</b>	3,710.00	
	<b>b</b> Less: direct expenses other than fundraising expenses . . . . .		<b>9b</b>	3,710.00	
<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a) . . . . .		<b>9c</b>		0	
	<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .		<b>10a</b>		
	<b>b</b> Less: cost of goods sold . . . . .		<b>10b</b>		
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) . . . . .		<b>10c</b>		
<b>11</b> Other revenue (from Part VII, line 103) . . . . .		<b>11</b>			
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) . . . . .		<b>12</b>		174,725.00	
Expenses	<b>13</b> Program services (from line 44, column (B)) . . . . .		<b>13</b>		82,404.78
	<b>14</b> Management and general (from line 44, column (C)) . . . . .		<b>14</b>		41,311.71
	<b>15</b> Fundraising (from line 44, column (D)) . . . . .		<b>15</b>		8,993.01
	<b>16</b> Payments to affiliates (attach schedule) . . . . .		<b>16</b>		
	<b>17</b> Total expenses (add lines 13 and 14, column (A)) . . . . .		<b>17</b>		132,709.50
Net Assets	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12) . . . . .		<b>18</b>		42,015.50
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A)) . . . . .		<b>19</b>		(13,377.86)
	<b>20</b> Other changes in net assets or fund balances (attach explanation) . . . . .		<b>20</b>		0
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20) . . . . .		<b>21</b>		28,637.64



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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 page 22 of the instructions.)

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</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. . . . .				
26	Other salaries and wages . . . . .				
27	Pension plan contributions . . . . .				
28	Other employee benefits . . . . .				
29	Payroll taxes . . . . .				
30	Professional fundraising fees . . . . .				
31	Accounting fees . . . . .				
32	Legal fees . . . . .				
33	Supplies . . . . .	981.82	981.82		
34	Telephone . . . . .	7,261.27	3,993.70	2,904.51	363.06
35	Postage and shipping . . . . .	3,835.06	3,165.06		670.00
36	Occupancy . . . . .	68,722.00	37,797.10	27,821.20	3,103.70
37	Equipment rental and maintenance . . . . .				
38	Printing and publications . . . . .	9,997.94	6,881.69		3,116.25
39	Travel . . . . .	392.02	392.02		
40	Conferences, conventions, and meetings . . . . .				
41	Interest Statement III . . . . .	1,912.21		1,912.21	
42	Depreciation, depletion, etc. (attach schedule)	1,927.99	1,285.33	642.66	
43	Other expenses not covered above (itemize): a . . . . .				
	b Statement IV . . . . .	39,179.19	27,908.06	8,013.13	3,240.00
	c . . . . .				
	d . . . . .				
	e . . . . .				
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15 . . . . .	132,709.50	82,404.78	41,311.71	8,993.01

**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 page 25 of the instructions.)

What is the organization's primary exempt purpose? <input type="checkbox"/> Statement V		Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts, but optional for others)
a	<b>Exhibitions, live performance and music events</b> . . . . . _____ _____ _____ (Grants and allocations \$ _____)	82,404.78
b	_____ _____ _____ (Grants and allocations \$ _____)	
c	_____ _____ _____ (Grants and allocations \$ _____)	
d	_____ _____ _____ (Grants and allocations \$ _____)	
e	Other program services (attach schedule) (Grants and allocations \$ _____)	
f	<b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) . . . . .	82,404.78

**Part IV Balance Sheets** (See page 25 of the instructions )

		(A) Beginning of year		(B) End of year		
<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only						
<b>Assets</b>	45	Cash—non-interest-bearing . . . . .	322.14	45	(47.12)	
	46	Savings and temporary cash investments . . . . .		46		
	47a	Accounts receivable . . . . .		47c	5,985.00	
	b	Less: allowance for doubtful accounts . . . . .				
	48a	Pledges receivable . . . . .		48c		
	b	Less: allowance for doubtful accounts . . . . .				
	49	Grants receivable . . . . .		49	40,000.00	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .		50		
	51a	Other notes and loans receivable (attach schedule) . . . . .		51c		
	b	Less: allowance for doubtful accounts . . . . .				
	52	Inventories for sale or use . . . . .		52		
	53	Prepaid expenses and deferred charges . . . . .	6,300.00	53		
	54	Investments—securities (attach schedule) . . . . .		54		
	55a	Investments—land, buildings, and equipment: basis . . . . .	18,174.95	55c	16,246.96	
	b	Less: accumulated depreciation (attach schedule) . . . . .	1,927.99			
56	Investments—other (attach schedule) . . . . .		56			
57a	Land, buildings, and equipment: basis . . . . .		57c			
b	Less: accumulated depreciation (attach schedule). <i>Statement III</i> . . . . .					
58	Other assets (describe ► <u>Building Security Deposit</u> ) . . . . .	8,000.00	58	8,000.00		
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74) . . . . .	14,622.14	59	70,184.84		
<b>Liabilities</b>	60	Accounts payable and accrued expenses . . . . .		60	1,500.00	
	61	Grants payable . . . . .		61		
	62	Deferred revenue . . . . .		62		
	63	Loans from officers, directors, trustees, and key employees (attach schedule). <i>Statement VI</i> . . . . .		63	40,047.20	
	64a	Tax-exempt bond liabilities (attach schedule) . . . . .		64a		
	b	Mortgages and other notes payable (attach schedule) . . . . .		64b		
	65	Other liabilities (describe ► <u>Loans Payable</u> ) . . . . .	28,000.00	65		
66	<b>Total liabilities</b> (add lines 60 through 65) . . . . .	28,000.00	66			
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			73	(11,362.36)	
	67	Unrestricted . . . . .	14,622.14			67
	68	Temporarily restricted . . . . .				68
	69	Permanently restricted . . . . .		69		
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 70 through 74.			72		
	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	<b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21). . . . .	(13,377.86)	73	28,637.64	
	74	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73) . . . . .	14,622.14	74	70,184.84	

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 VI Other Information** (See page 28 of the instructions.)

		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		✓
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		✓
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?		✓
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		✓
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?		✓
b	If "Yes," enter the name of the organization <input type="checkbox"/> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81a	Enter direct and indirect political expenditures. See line 81 instructions <b>81a</b>		
b	Did the organization file Form 1120-POL for this year?		✓
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?	✓	
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.) <b>82b</b>		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	✓	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	✓	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85	<i>501(c)(4), (5), or (6) organizations</i> a Were substantially all dues nondeductible by members?		
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.		
c	Dues, assessments, and similar amounts from members <b>85c</b>		
d	Section 162(e) lobbying and political expenditures <b>85d</b>		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices <b>85e</b>		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) <b>85f</b>		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
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?		
86	<i>501(c)(7) orgs.</i> Enter: a Initiation fees and capital contributions included on line 12 <b>86a</b>		
b	Gross receipts, included on line 12, for public use of club facilities. <b>86b</b>		
87	<i>501(c)(12) orgs.</i> Enter: a Gross income from members or shareholders. <b>87a</b>		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) <b>87b</b>		
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		✓
89a	<i>501(c)(3) organizations</i> Enter. Amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> ; section 4912 <input type="checkbox"/> ; section 4955 <input type="checkbox"/>		
b	<i>501(c)(3) and 501(c)(4) orgs.</i> 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.		✓
c	Enter. Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. <input type="checkbox"/>		
d	Enter. Amount of tax on line 89c, above, reimbursed by the organization. <input type="checkbox"/>		
90a	List the states with which a copy of this return is filed <input type="checkbox"/>		
b	Number of employees employed in the pay period that includes March 12, 2003 (See instructions.) <b>90b</b>		
91	The books are in care of <input type="checkbox"/> Ryan Cummings Telephone no. <input type="checkbox"/> Located at <input type="checkbox"/> 95 Rivington Street, New York, NY ZIP + 4 <input type="checkbox"/> 10002-2201		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> <b>92</b>		

**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions.)

**Note:** Enter gross amounts unless otherwise indicated.

	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	
<b>93</b> Program service revenue:					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> Medicare/Medicaid payments . . . . .					
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments . . . . .					
<b>95</b> Interest on savings and temporary cash investments					
<b>96</b> Dividends and interest from securities . . . . .					
<b>97</b> Net rental income or (loss) from real estate:					
<b>a</b> debt-financed property . . . . .					
<b>b</b> not debt-financed property . . . . .					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income . . . . .					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events . . . . .					
<b>102</b> Gross profit or (loss) from sales of inventory . . . . .					
<b>103</b> Other revenue: <b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>104</b> Subtotal (add columns (B), (D), and (E)) . . . . .					
<b>105</b> Total (add line 104, columns (B), (D), and (E)). . . . .					<b>0</b>

**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 34 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 34 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
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 34 of the instructions.)

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

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

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

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

*[Signature]* Date 27 July 04

Date	Check if	Preparer's SSN or PTIN (See Gen Inst W)
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**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

**2003**

Department of the Treasury  
Internal Revenue Service

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

**Participant, Inc.**

Employer identification number

**26 : 0017746**

**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
<b>NONE</b>				
.....				
.....				
.....				
.....				
.....				
Total number of other employees paid over \$50,000 . . . . . ▶				

**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
<b>NONE</b>		
.....		
.....		
.....		
.....		
Total number of others receiving over \$50,000 for professional services . . . . . ▶		

<b>Part III</b> Statements About Activities (See page 2 of the instructions.)	Yes	No
<b>1</b> 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 i 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	✓
<b>2</b> 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.)		
<b>a</b> Sale, exchange, or leasing of property?	2a	✓
<b>b</b> Lending of money or other extension of credit?	2b	✓
<b>c</b> Furnishing of goods, services, or facilities?	2c	✓
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	✓
<b>e</b> Transfer of any part of its income or assets?	2e	✓
<b>3a</b> Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a	✓
<b>b</b> Do you have a section 403(b) annuity plan for your employees?	3b	✓
<b>4</b> Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4	✓

**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)(vi) (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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28).	<b>120,280.00</b>				<b>120,280.00</b>
<b>16</b> Membership fees received . . . . .					
<b>17</b> 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 . . . . .					
<b>18</b> 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 . . . . .					
<b>19</b> Net income from unrelated business activities not included in line 18 . . . . .					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf. . . . .					
<b>21</b> 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. . . . .					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets . . . . .					
<b>23</b> Total of lines 15 through 22. . . . .	<b>120,280.00</b>				<b>120,280.00</b>
<b>24</b> Line 23 minus line 17. . . . .	<b>120,280.00</b>				<b>120,280.00</b>
<b>25</b> Enter 1% of line 23 . . . . .	<b>1,202.80</b>				

<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24. . . . ▶	<b>26a</b>	<b>2,405.60</b>
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 1999 through 2002 exceeded the amount shown in line 26a. <b>Do not file this list with your return.</b> Enter the total of all these excess amounts ▶	<b>26b</b>	<b>71,464.59</b>
c Total support for section 509(a)(1) test. Enter line 24, column (e) . . . . . ▶	<b>26c</b>	<b>120,280.00</b>
d Add: Amounts from column (e) for lines 18 <u>0</u> 19 <u>0</u> 22 <u>0</u> 26b <u>71,464.59</u> . . . . . ▶	<b>26d</b>	<b>71,464.59</b>
e Public support (line 26c minus line 26d total) . . . . . ▶	<b>26e</b>	<b>48,815.41</b>
f <b>Public support percentage (line 26e (numerator) divided by line 26c (denominator))</b> . . . . . ▶	<b>26f</b>	<b>41 %</b>

**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

(2002) ..... (2001) ..... (2000) ..... (1999) .....

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

(2002) ..... (2001) ..... (2000) ..... (1999) .....

c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ . . . . . ▶	<b>27c</b>	
d Add Line 27a total _____ and line 27b total _____ . . . . . ▶	<b>27d</b>	
e Public support (line 27c total minus line 27d total). . . . . ▶	<b>27e</b>	
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e). . . . ▶	<b>27f</b>	
g <b>Public support percentage (line 27e (numerator) divided by line 27f (denominator))</b> . . . . . ▶	<b>27g</b>	%
h <b>Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))</b> . ▶	<b>27h</b>	%

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, 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
<b>29</b> 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? . . . . .		
<b>30</b> 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? . . . . .		
<b>31</b> 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 ) ..... ..... .....		
<b>32</b> Does the organization maintain the following		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .		
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .		
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .		
<b>d</b> 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 ) ..... .....		
<b>33</b> Does the organization discriminate by race in any way with respect to		
<b>a</b> Students' rights or privileges? . . . . .		
<b>b</b> Admissions policies? . . . . .		
<b>c</b> Employment of faculty or administrative staff? . . . . .		
<b>d</b> Scholarships or other financial assistance? . . . . .		
<b>e</b> Educational policies? . . . . .		
<b>f</b> Use of facilities? . . . . .		
<b>g</b> Athletic programs? . . . . .		
<b>h</b> Other extracurricular activities? . . . . .  If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement ) ..... .....		
<b>34a</b> Does the organization receive any financial aid or assistance from a governmental agency? . . . . .		
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? . . . . . If you answered "Yes" to either 34a or b, please explain using an attached statement		
<b>35</b> 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**

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

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .	<b>36</b>		
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .	<b>37</b>		
<b>38</b> Total lobbying expenditures (add lines 36 and 37) . . . . .	<b>38</b>		
<b>39</b> Other exempt purpose expenditures . . . . .	<b>39</b>		
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39). . . . .	<b>40</b>		
<b>41</b> Lobbying nontaxable amount Enter the amount from the following table—			
<b>If the amount on line 40 is—</b> <b>The lobbying nontaxable amount is—</b>			
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 . . . . .			
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41) . . . . .	<b>42</b>		
<b>43</b> Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36 . . . . .	<b>43</b>		
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 . . . . .	<b>44</b>		

**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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
<b>45</b> Lobbying nontaxable amount . . . . .					
<b>46</b> Lobbying ceiling amount (150% of line 45(e)).					
<b>47</b> Total lobbying expenditures . . . . .					
<b>48</b> Grassroots nontaxable amount . . . . .					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> 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
<b>a</b> Volunteers . . . . .			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.) . . . . .			
<b>c</b> Media advertisements . . . . .			
<b>d</b> Mailings to members, legislators, or the public . . . . .			
<b>e</b> Publications, or published or broadcast statements . . . . .			
<b>f</b> Grants to other organizations for lobbying purposes . . . . .			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body . . . . .			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . . . .			
<b>i</b> 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.



Statement I

Part I, Line 1, Contributions exceeding 2% of total amount received.

Statement II

Part I, Line 9 - Special Events and Activities

	Total Receipts	Less Contributions	Gross Revenue	Less Direct Expenses	Net Income
Benefit Dinner and Auction	16,510	10,110.00	6,400.00	6,400.00	-

Statement III

Part II, Line 42, Depreciation Expenses

	Costs	Accumulated Deprecation	Net Value
Leasehold Improvement	17,633.70	1,889.33	15,744.38
Furniture and Fixture	541.25	38.66	502.59
	18,174.95	1,927.99	16,246.96

Statement IV

Part II, Line 43, Other expenses:

	Total	Program	Management	Fundraising
Artists & Curatorial Fees	4,400.00		4,400.00	
Catering	240.00			240.00
Documentation	1,000.00		1,000.00	
Materials	11,132.07		11,132.07	
Transportation	2,176.74		2,176.74	
Bank Service Charges	803.85	803.85		
Accounting Fees	200.00	200.00		
Legal Fees	5,011.53	11.53	5,000.00	
In-Kind Installation/Tech/Staff	7,680.00	7,680.00		
In-Kind Professional Fees	5,000.00	1,500.00	2,000.00	1,500.00
Licenses and Permits	35.00	15.75	19.25	
Limited edition fabrication costs	1,500.00			1,500.00
	39,179.19	10,211.13	25,728.06	3,240.00

**Participant, Inc.**  
**STATEMENT OF INCOME AND EXPENSES**  
**YEAR 2003**

Jan - Dec 03

Contributions  
 Contributions Income

Benefits	4,360.00
Art Sales	12,900.00
Events Income/Door	<u>250.00</u>
less: costs of direct benefit to donors	6,400.00
<b>Total Benefits</b>	<b>11,110.00</b>

Revenue

Limited Edition Sales	6,985 00
less: costs of materials	<u>1,500 00</u>
<b>Total revenue</b>	<b>5,485 00</b>

In-Kind

In-kind Art works for sale	5,400.00
In-Kind Catering	1,000.00
In-Kind Installation/Tech/Staff	7,680.00
In-Kind Legal Fees	5,000 00
In-Kind Printing & Design	6,000.00
In-Kind Professional Fees	<u>5,000 00</u>
<b>Total In-Kind</b>	<b>30,080.00</b>
<b>Total Income</b>	<b>174,725.00</b>

Expense

Program expenses	82,404.78
Management expenses	41,311.71
Fundraising expenses	<u>8,993.01</u>
<b>Total expenses</b>	<b>132,709.50</b>

<b>Net Income</b>	<b>42,015 50</b>
-------------------	------------------

Participant Inc.  
EIN: 26-0017746

Form 990  
Year 2003

Statement V  
Part III, Exempt purpose

To benefit, support and promote the exhibition of artworks and the presentation of cultural, literary, and musical events to the general public; and to provide lectures, readings and benefits that generally promote literature, music and the arts.

Statement VI

Part IV, Line 63 and 65:

Loans from Director	
Lia Gangitano	<u>13,432.46</u>
Loans from Individuals	
Alessandro Codagnone	3,054.74
Johanna Fateman	1,000.00
Josephine Gangitano	17,000.00
Kathleen Hanna	5,000.00
Tom Leach	<u>560.00</u>
	<u>26,614.74</u>

Participant Inc.  
EIN: 26-0017746

Form 990  
Year 2003

Statement VII

Part V, List of Officers, Directors, Trustees and Key Employees

DIRECTOR:

Lia Gangitano, 178 Ludlow Street, New York NY 10002 Home 212 253 6241

BOARD OF TRUSTEES:

Adam Ames 111 Wooster Street, 5D New York NY 10012  
Home 212 965 1978 Studio 212 337 9911 Cell 917 885 1967, [Jrlom@earthlink.net](mailto:Jrlom@earthlink.net)

Sandra Antelo-Suarez c/o TRANS 521 West 25 Street, Ste. 502 New York NY 10001  
Work 646 486 0252 Cell 646 552 1871, [sandra@transmag.org](mailto:sandra@transmag.org)

Julie Ault 88 Bleecker Street, 4G New York NY Home 212 982 4383  
[Julie2000@compuserve.com](mailto:Julie2000@compuserve.com)

Martin Beck 88 Bleecker Street, 4G New York NY Home 212 982 4383 [mb543@earthlink.net](mailto:mb543@earthlink.net)

Branka Bogdanov c/o The Institute of Contemporary Art 955 Boylston Street Boston MA 02115  
Work 617 927 6605 [Branka@icaboston.org](mailto:Branka@icaboston.org)

Ryan Cummings, treasurer, Participant accountant 328 West 15th Street, C1 NY NY 10011 917  
520 7195

Elizabeth Dee c/o Elizabeth Dee Gallery 545 West 20th Street New York NY 10011  
Work 212 924 7545 Cell 917 856 4320

Thalia Feilen, secretary 35 Bedford Street, #27 New York, NY 10014  
Home 212 352 9176 Work 631 844 0220 x305 Cell 917 701 4934 [Teilen@gnalaw.com](mailto:Teilen@gnalaw.com)

Natalie Fein 124 Ludlow Street, 4B New York Ny 10002  
Home 212 539 0891 Cell 646 408 0452 Work 212 390 5675 [Nfein8@yahoo.com](mailto:Nfein8@yahoo.com)

Timothy Fichtner 1009 Western Avenue, #1209 Seattle WA 98104  
Home: 206 447 4737 Summer: PO Box 3036 Chelan WA 98816 (509 682 5174) Cell: 206 399  
6944

Rachel Greene 261 West 22nd Street, No. 26 New York NY 10011  
Home 212 929 4989 Cell 917 653 3708 [Rachel@rhizome.org](mailto:Rachel@rhizome.org)

Jacqueline Humphries 313 Henry Street New York NY 10002  
Cell 917 584 1036 Studio 212 233 1923 [Kakeen@earthlink.net](mailto:Kakeen@earthlink.net)

Milena Kalinovska 4607 Chevy Chase Blvd. Chevy Chase MD 20815  
Home 301 718 4292 [Milena.kalinovska@worldnet.att.net](mailto:Milena.kalinovska@worldnet.att.net)

Ramsey McPhillips 13000 SW McPhillips Road McMinville, Oregon 97128  
1 800 370 5221 [Hortivangelist@hotmail.com](mailto:Hortivangelist@hotmail.com)

Timothy U. Nye c/o The MAT Foundation 740 Broadway , 11th floor New York NY 10003  
Work 212 995 2222 Cell 917 837 5004 [Tnye@alltrue.com](mailto:Tnye@alltrue.com)

Tony Oursler 313 Henry Street New York NY 10002 Cell 917 375 4190 [Toursler@aol.com](mailto:Toursler@aol.com)

Participant Inc.  
EIN: 26-0017746

Form 990  
Year 2003

Ellen Salpeter 135 Eastern Parkway, 15C Brooklyn NY 11238  
718 783 6339 cell 917 741 6110 [Esalpeter@heartofbrooklyn.org](mailto:Esalpeter@heartofbrooklyn.org)

Joseph R. Wolin 526 West 123rd Street, 5W New York NY 10027  
Home 212 662 0456 [Jrwolin@yahoo.com](mailto:Jrwolin@yahoo.com)

**PARTICIPANT, INC.**  
**BALANCE SHEET**  
**AS OF DECEMBER 31, 2003**

ASSETS	Unrestricted	Temporarily Restricted	Total Assets
Current Assets			
Cash	(47.12)		(47.12)
Accounts Receivable	5,985.00		5,985.00
Grants Receivables		40,000.00	40,000.00
Total Current Assets	<u>5,937.88</u>	<u>40,000.00</u>	<u>45,937.88</u>
Fixed Assets			
Leasehold improvements	17,633.70		17,633.70
Fixture and furniture	541.25		541.25
Less: Accumulated Depreciation	(1,927.99)		(1,927.99)
Total Fixed Assets	<u>16,246.96</u>		<u>16,246.96</u>
Other Assets			
Security Deposit	8,000.00		8,000.00
<b>TOTAL ASSETS</b>	<b><u>30,184.84</u></b>	<b><u>40,000.00</u></b>	<b><u>70,184.84</u></b>
<b>LIABILITIES &amp; EQUITY</b>			
Liabilities			
Accounts Payable	1,500.00		1,500.00
Long Term Liabilities			
Loans from the directors	13,432.46		13,432.46
Loans from other individuals	26,614.74		26,614.74
Total Long Term Liabilities	<u>40,047.20</u>		<u>40,047.20</u>
Total Liabilities	<u>41,547.20</u>		<u>41,547.20</u>
Net Assts			
Net assets at the beginning of the year	(13,377.86)		(13,377.86)
Net changes in assets	2,015.50	40,000.00	42,015.50
Total net assets	<u>(11,362.36)</u>	<u>40,000.00</u>	<u>28,637.64</u>
<b>TOTAL LIABILITIES AND EQUITY</b>	<b><u>30,184.84</u></b>	<b><u>40,000.00</u></b>	<b><u>70,184.84</u></b>

**Participant, Inc.**  
**STATEMENT OF FUNCTIONAL EXPENSES**  
**YEAR 2003**

Descriptions	TOTAL	PROGRAMS	MNGMNT	FND RSNG
Office Supplies	981.82	981.82	-	-
Telephone	7,261.27	3,993.70	2,904.51	363.06
Postage and shipping	3,835.06	3,165.06	-	670.00
Occupancy	68,722.00	37,797.10	27,821.20	3,103.70
Printing and Reproduction	9,997.94	6,881.69	-	3,116.25
Travel	392.02	392.02	-	-
Interest Expenses	1,912.21	-	1,912.21	-
Depreciation	1,927.99	1,285.33	642.66	-
Artists & Curatorial Fees	4,400.00	4,400.00		
Catering	240.00			240.00
Documentation	1,000.00	1,000.00		
Materials	11,132.07	11,132.07		
Transportation	2,176.74	2,176.74		
Bank Service Charges	803.85		803.85	
Accounting Fees	200.00		200.00	
Legal Fees	11.53		11.53	
In-Kind Installation/Tech/Staff	7,680.00	7,680.00		
In-Kind Legal Fees	5,000.00		5,000.00	
In-Kind Professional Fees	5,000.00	1,500.00	2,000.00	1,500.00
Licenses and Permits	35.00	19.25	15.75	
Limited edition fabrication costs	1,500.00			1,500.00
In-Kind Artwork	5,400.00			5,400.00
In-Kind Catering	1,000.00			1,000.00
	140,609.50	82,404.78	41,311.71	16,893.01
Less direct benefit to donors/members				
	7,900.00			7,900.00
	<u>132,709.50</u>	<u>82,404.78</u>	<u>41,311.71</u>	<u>8,993.01</u>

## Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ 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

<b>Type or print</b>	Name of Exempt Organization <i>Participant Inc.</i>	Employer identification number <i>26 : 0017746</i>
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. <i>95 Livingston St.</i>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <i>New York, NY</i>	

**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 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) tr |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)  |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                          |

- If the organization does not have an office or place of business in the United States, check this box  . If it is for part of the group, check names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-month, for **990-T corporation**) extension to file the exempt organization return for the organization named above.  
 ▶  calendar year 20*03* or  
 ▶  tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_

2 If this tax year is for less than 12 months, check reason:  Initial return

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter nonrefundable credits. See instructions

b If this application is for Form 990-PF or 990-T, enter any refundable credit 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 \$ \_\_\_\_\_

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL USE

<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="font-size: x-small;">Postage</td> <td style="text-align: right;">0.37</td> </tr> <tr> <td style="font-size: x-small;">Certified Fee</td> <td style="text-align: right;">2.30</td> </tr> <tr> <td style="font-size: x-small;">Return Receipt Fee (Endorsement Required)</td> <td style="text-align: right;">1.75</td> </tr> <tr> <td style="font-size: x-small;">Restricted Delivery Fee (Endorsement Required)</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td style="font-size: x-small;">Total Postage &amp; Fees</td> <td style="text-align: right;">4.42</td> </tr> </table>	Postage	0.37	Certified Fee	2.30	Return Receipt Fee (Endorsement Required)	1.75	Restricted Delivery Fee (Endorsement Required)	0.00	Total Postage & Fees	4.42	UNIT ID: 0051  Postmark Here  Clerk: KG1024 04/15/04
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Sent To *Internal Revenue Service*  
 Street, Apt. No., or PO Box No. *Ogden UTAH*  
 City, State, ZIP+4 *84201-0012*

PS Form 3800, June 2002 See Reverse for Instructions

**Signature and Verification**

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

Signature ▶ *[Handwritten Signature]* Title ▶ *Treasurer* Date ▶ *7/13/04*

For Paperwork Reduction Act Notice, see instruction Cat. No. 27916D Form **8868** (12-2000)