

EXTENDED To November 15, 2004

Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2003

Form 990-EZ

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

Department of the Treasury Internal Revenue Service

For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A For the 2003 calendar year, or tax year beginning and ending

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: RAPTOR, INC. D Employer identification number: 31-0955114. E Telephone number: 513-825-3325. F Group Exemption Number.

G Accounting method: [X] Cash [] Accrual Other (specify). H Check [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Web site: WWW.RAPTORINC.ORG. J Organization type: [X] 501(c)(3) (insert no) [] 4947(a)(1) or [] 527.

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

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ. \$ 23,482.

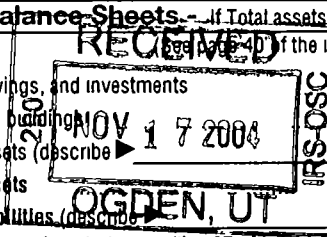
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 37 of the instructions)

Table with 9 columns: Line number, Description, Sub-line, Amount. Rows include Revenue (lines 1-9), Expenses (lines 10-17), and Net Assets (lines 18-21). Total revenue is 23,241 and total expenses is 25,214, resulting in a deficit of 1,973.

Part II Balance Sheets - If total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ

Table with 3 columns: Line number, Description, Amount. Rows include Cash, savings, and investments (88,874), Land and buildings, Other assets (88,874), Total assets (88,874), Total liabilities (0), and Net assets or fund balances (86,901).

SCANNED DEC 06 '04



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| Part III Statement of Program Service Accomplishments (See page 41 of the instructions) | | Expenses |
|---|--|---|
| What is the organization's primary exempt purpose? <u>See Statement 3</u> | | (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others) |
| Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title | | |
| 28 | <u>PRESENTATION OF EDUCATIONAL PROGRAMS ABOUT BIRDS OF PREY TO SCHOOL, SCOUT, CIVIC AND OTHER GROUPS</u> (Grants \$) | 28a 10,124. |
| 29 | <u>REHABILITATION OF 183 ORPHANED AND INJURED BIRDS OF PREY</u> (Grants \$) | 29a 2,649. |
| 30 | (Grants \$) | 30a |
| 31 | Other program services (attach schedule) (Grants \$) | 31a |
| 32 | Total program service expenses (add lines 28a through 31a) | 32 12,773. |

| Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated See page 41 of the instructions) | | | | |
|---|--|---|---|--|
| (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 |
| See Statement 4 | | | | |

| Part V Other Information (Note the attachment requirement in General Instruction V, page 14.) | | Yes | No |
|--|--|-----|--|
| 33 | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity | | X |
| 34 | Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes | | X |
| 35 | If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T. | | |
| a | Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements? | | X |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | | N/A |
| 36 | Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.) | | X |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions | 37a | 0. |
| b | Did the organization file Form 1120-POL for this year? | | X |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? | | X |
| b | If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved | 38b | N/A |
| 39 | 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on line 9 | 39a | N/A |
| b | Gross receipts, included on line 9, for public use of club facilities | 39b | N/A |
| 40a | 501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under section 4911 | | 0. |
| b | 501(c)(3) and (4) organizations. 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 an explanation | | X |
| c | Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 | | 0. |
| d | Enter Amount of tax on line 40c, above, reimbursed by the organization | | 0. |
| 41 | List the states with which a copy of this return is filed. | | OHIO |
| 42 | The books are in care of | | JEFF HAYS Telephone no |
| | Located at | | 1586 COVERED BRIDGE RD, CINCINNATI, OH ZIP + 4 |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year | | 43 N/A |

I am preparing this return and accompanying schedules and statements, and to the best of my knowledge and belief, it is true, and all information of which preparer has any knowledge

Date 11/15/04

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2003

Name of the organization **RAPTOR, INC.** Employer identification number **31 0955114**

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions List each one If there are none, enter "None")

| (a) Name and address of each employee paid more than \$50,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|---|--|------------------|---|--|
| None ----- | | | | |
| ----- | | | | |
| ----- | | | | |
| ----- | | | | |
| ----- | | | | |
| ----- | | | | |
| ----- | | | | |
| ----- | | | | |
| ----- | | | | |
| Total number of other employees paid over \$50,000 ▶ | 0 | | | |

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None")

| (a) Name and address of each independent contractor paid more than \$50,000 | (b) Type of service | (c) Compensation |
|---|---------------------|------------------|
| None ----- | | |
| ----- | | |
| ----- | | |
| ----- | | |
| ----- | | |
| ----- | | |
| ----- | | |
| ----- | | |
| Total number of others receiving over \$50,000 for professional services ▶ | 0 | |

| Part III Statements About Activities (See page 2 of the instructions.) | | Yes | No |
|---|---|-----|----|
| 1 | During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line 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. | | 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 a | 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.) | | X |
| b | Do you have a section 403(b) annuity plan for your employees? | | X |
| 4 | Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? | | X |

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 |
|--|----------|----------|-----------------|----------|--------------|
| 15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28) | 10,736. | 9,827. | 12,086. | 10,789. | 43,438. |
| 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 | 12,348. | 20,708. | 16,842. | 12,580. | 62,478. |
| 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 | 947. | 2,524. | 2,626. | 1,368. | 7,465. |
| 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 | 2,600. | | See Statement 6 | | 2,600. |
| 23 Total of lines 15 through 22 | 26,631. | 33,059. | 31,554. | 24,737. | 115,981. |
| 24 Line 23 minus line 17 | 14,283. | 12,351. | 14,712. | 12,157. | 53,503. |
| 25 Enter 1% of line 23 | 266. | 331. | 316. | 247. | |
| 26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 | | | | | 26a 1,070. |
| 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. Do not file this list with your return. Enter the total of all these excess amounts | | | | | 26b 0. |
| c Total support for section 509(a)(1) test: Enter line 24, column (e) | | | | | 26c 53,503. |
| d Add: Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 2,600. 26b _____ | | | | | 26d 10,065. |
| e Public support (line 26c minus line 26d total) | | | | | 26e 43,438. |
| f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) | | | | | 26f 81.1880% |
| 27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A | (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. N/A | (2002) | (2001) | (2000) | (1999) | |
| c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ | | | | | 27c N/A |
| d Add Line 27a total _____ and line 27b total _____ | | | | | 27d N/A |
| e Public support (line 27c total minus line 27d total) | | | | | 27e N/A |
| f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) | | | | | 27f N/A |
| g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) | | | | | 27g N/A % |
| h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) | | | | | 27h N/A % |

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 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)

N/A

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

| | | Yes | No |
|-------|--|-----|----|
| 29 | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? | | |
| 30 | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? | | |
| 31 | Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement) | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| 32 | Does the organization maintain the following | | |
| a | Records indicating the racial composition of the student body, faculty, and administrative staff? | 32a | |
| b | Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? | 32b | |
| c | Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? | 32c | |
| d | Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement) | 32d | |
| _____ | | | |
| 33 | Does the organization discriminate by race in any way with respect to | | |
| a | Students' rights or privileges? | 33a | |
| b | Admissions policies? | 33b | |
| c | Employment of faculty or administrative staff? | 33c | |
| d | Scholarships or other financial assistance? | 33d | |
| e | Educational policies? | 33e | |
| f | Use of facilities? | 33f | |
| g | Athletic programs? | 33g | |
| h | Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement) | 33h | |
| _____ | | | |
| _____ | | | |
| 34 a | Does the organization receive any financial aid or assistance from a governmental agency? | 34a | |
| b | Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement. | 34b | |
| 35 | Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4.05 of Rev Proc. 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation | 35 | |

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

N/A

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

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

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

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

4-Year Averaging Period Under Section 501(h)

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

| Calendar year (or fiscal year beginning in) | Lobbying Expenditures During 4-Year Averaging Period | | | | N/A |
|---|--|-------------|-------------|-------------|-----|
| | (a) 2003 | (b) 2002 | (c) 2001 | (d) 2000 | |
| 45 | Lobbying nontaxable amount | | | | 0. |
| 46 | Lobbying ceiling amount (150% of line 45(e)) | | | | 0. |
| 47 | Total lobbying expenditures | | | | 0. |
| 48 | Grassroots nontaxable amount | | | | 0. |
| 49 | Grassroots ceiling amount (150% of line 48(e)) | | | | 0. |
| 50 | Grassroots lobbying expenditures | | | | 0. |

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions)

N/A

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

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

| Yes | No | Amount |
|-----|----|--------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | 0. |

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

| Form 990-EZ | Other Expenses | Statement | 1 |
|--------------------------------------|----------------|---------------|---|
| <u>Description</u> | | <u>Amount</u> | |
| BIRD CARE - FOOD | | 1,710. | |
| BIRD CARE - VET & MEDICINE | | 368. | |
| BIRD CARE - MEDICAL & OTHER SUPPLIES | | 571. | |
| CONFERENCES | | 78. | |
| MEMBERSHIP DUES | | 40. | |
| OFFICE EXPENSE | | 20. | |
| GIFTS FOR VETERINARIANS/VOLUNTEERS | | 258. | |
| INSURANCE | | 1,253. | |
| MEMBER PROGRAMS | | 178. | |
| MISCELLANEOUS | | 160. | |
| SUPPLIES-MOUSE CARE | | 106. | |
| POSTAGE | | 734. | |
| BANDING & RESEARCH PROJECT | | 261. | |
| SUPPLIES-OTHER | | 1,159. | |
| BANK CHARGES | | 100. | |
| PRINTING | | 1,286. | |
| WEBSITE COSTS | | 145. | |
| Total to Form 990-EZ, line 16 | | <u>8,427.</u> | |

| Form 990-EZ | Special Fundraising Events and Activities | Statement | 2 | | |
|--|---|----------------------------|----------------------|------------------------|-------------------|
| <u>Description of Fundraising Events</u> | <u>Gross Receipts</u> | <u>Contribut. Included</u> | <u>Gross Revenue</u> | <u>Direct Expenses</u> | <u>Net Income</u> |
| MEET THE ARTIST EVENT | 3,764. | | 3,764. | 241. | 3,523. |
| To Form 990-EZ, line 6 | <u>3,764.</u> | | <u>3,764.</u> | <u>241.</u> | <u>3,523.</u> |

| Form 990-EZ | Part III - Statement of Organization's Primary Exempt Purpose | Statement | 3 |
|-------------|---|-----------|---|
|-------------|---|-----------|---|

Explanation

EDUCATION OF THE PUBLIC ABOUT BIRDS OF PREY IN THE ENVIRONMENT AND REHABILITATION OF ORPANED AND INJURED BIRDS OF PREY

Form 990-EZ

Part IV - List of Officers, Directors,
Trustees and Key Employees

Statement 4

| Name and Address | Title and Avrg Hrs/Wk | Compen- sation | Employee Ben Plan Expense Contrib Account | Expense Account |
|---|--------------------------|-------------------|---|--------------------|
| CHARLES CLARK 1586 COVERED BRIDGE RD, CINCINNATI OH | TRUSTEE 0. | 0. | 0. | 0. |
| JOHN BAUMGARTNER 1586 COVERED BRIDGE RD, CINCINNATI OH | VICE PRESIDENT 0. | 0. | 0. | 0. |
| JEFF HAYS 1586 COVERED BRIDGE RD, CINCINNATI OH | TREASURER 0. | 0. | 0. | 0. |
| DEBBIE SCHUMANN 1586 COVERED BRIDGE RD, CINCINNATI OH | SECRETARY 0. | 0. | 0. | 0. |
| VIRGINIA FANTETTI 1586 COVERED BRIDGE RD, CINCINNATI OH | TRUSTEE 0. | 0. | 0. | 0. |
| LORI BRUMBAUGH 1586 COVERED BRIDGE RD, CINCINNATI OH | TRUSTEE 0. | 0. | 0. | 0. |
| GLENN GARTLAND 1586 COVERED BRIDGE RD, CINCINNATI OH | TRUSTEE 0. | 0. | 0. | 0. |
| MARK ROLFES 1586 COVERED BRIDGE RD, CINCINNATI OH | TRUSTEE 0. | 0. | 0. | 0. |
| KURT VONDERHEIDE 1586 COVERED BRIDGE RD, CINCINNATI OH | PRESIDENT 0. | 0. | 0. | 0. |
| Totals Included on Form 990-EZ, Part IV | | 0. | 0. | 0. |

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

B) Did the organization, during the year, pay premiums,
directly or indirectly, on a personal benefit contract? . . [] Yes [X] No

| Schedule A | Other Income | | | Statement 6 |
|------------------------------|----------------|----------------|----------------|----------------|
| Description | 2002 Amount | 2001 Amount | 2000 Amount | 1999 Amount |
| FUNDRAISING EVENT | 2,600. | 0. | 0. | 0. |
| Total to Schedule A, line 22 | 2,600. | 0. | 0. | 0. |

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

| | | |
|--|---|---|
| Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy. | | |
| Type or print. File by the extended due date for filing the return. See instructions. | Name of Exempt Organization RAPTOR, INC. | Employer identification number 31-0955114 |
| | Number, street, and room or suite no. If a P.O. box, see instructions. 1586 COVERED BRIDGE ROAD | For IRS use only |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. CINCINNATI, OH 45231 | |

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

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

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

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

4 I request an additional 3-month extension of time until November 15, 2004.

5 For calendar year 2003, or other tax year beginning _____ and ending _____.

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

7 State in detail why you need the extension
All information from third parties that is necessary to file a complete and accurate return has not yet been received.

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

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

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

Signature and Verification

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

Signature Title Date

Notice to Applicant - To Be Completed by the IRS

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

Director _____ By _____ Date _____

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

| | |
|---------------|--|
| Type or print | Name VIRGINIA M. FANTETTI, CPA |
| | Number and street (include suite, room, or apt. no.) Or a P.O. box number 431 OHIO PIKE, SUITE 201 |
| | City or town, province or state, and country (including postal or ZIP code) CINCINNATI, OH 45255 |