

Return of Organization Exempt from Income Tax

2002

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

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

Open to Public Inspection

A For the 2002 calendar year, or tax year beginning 6/01, 2002, and ending 5/31, 2003

- 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.

SOUTH TEXAS SYMPHONY ASSOCIATION P O BOX 2832 MCALLEN, TX 78505-2832

D Employer Identification Number

74-1939277

E Telephone number

(956) 393-2293

F Accounting method: Cash, Accrual

Other (specify)

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

H and I are not applicable to section 527 organizations

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

H (b) If 'Yes,' enter number of affiliates

H (c) Are all affiliates included? 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

I Enter 4-digit GEN

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

G Web site: N/A

J Organization type (check only): 501(c) 3

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: 411,945.

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

Table with 21 rows and 4 columns (a, b, c, d) for revenue and expenses. Includes a 'STATEMENT 1' label for lines 9a and 9b.

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**Part II Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (att sch) (cash \$ _____ non-cash \$ _____)	22			
23	Specific assistance to individuals (att sch)	23			
24	Benefits paid to or for members (att sch)	24			
25	Compensation of officers, directors, etc	25	58,817.	11,154.	45,785.
26	Other salaries and wages	26			
27	Pension plan contributions	27			
28	Other employee benefits	28			
29	Payroll taxes	29			
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32			
33	Supplies	33			
34	Telephone	34	2,803.		2,803.
35	Postage and shipping	35	4,202.		4,202.
36	Occupancy	36			
37	Equipment rental and maintenance	37			
38	Printing and publications	38	13,067.	12,577.	490.
39	Travel	39	4,134.	1,010.	2,902.
40	Conferences, conventions, and meetings	40	1,822.		1,822.
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42	3,698.		2,126.
43	Other expenses not covered above (itemize)	43			
a	<b>CONCERT EXPENSES</b>	43a	188,106.	188,106.	
b	<b>INSURANCE</b>	43b	2,732.		2,732.
c	<b>MARKETING AND PROMOTIONS</b>	43c	3,998.	3,865.	133.
d	<b>OFFICE EXPENSE</b>	43d	10,448.		10,448.
e	<b>PROFESSIONAL SERVICES</b>	43e	7,250.		7,250.
44	Total functional expenses (add lines 22 - 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	301,077.	216,712.	80,693.

Joint Costs. Check  if you are following SOP 98-2.  
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to program services \$ \_\_\_\_\_; (iii) the amount allocated to management and general \$ \_\_\_\_\_; and (iv) the amount allocated to fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? 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) & (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others.)
a PROMOTION OF MUSIC IN THE RIO GRANDE VALLEY AND THE PRODUCTION OF SIX CONCERTS. DONATED SERVICES AMOUNTED TO \$39,041.  (Grants and allocations \$ _____)	216,712.
b _____  (Grants and allocations \$ _____)	
c _____  (Grants and allocations \$ _____)	
d _____  (Grants and allocations \$ _____)	
e Other program services (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), program services)	216,712.

**Part IV Balance Sheets** (See 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				
ASSETS	45 Cash – non-interest-bearing	30,941.	45	125,870.
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable			
	b Less. allowance for doubtful accounts	13,681.	47 c	
	48 a Pledges receivable			
	b Less. allowance for doubtful accounts		48 c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51 a Other notes & loans receivable (attach sch)			
	b Less. allowance for doubtful accounts		51 c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	1,626.
	54 Investments – securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
	55 a Investments – land, buildings, & equipment. basis	36,022.		
	b Less: accumulated depreciation (attach schedule) <b>STATEMENT 2</b>	32,500.	5,149.	55 c
56 Investments – other (attach schedule)		56		
57 a Land, buildings, and equipment. basis				
b Less. accumulated depreciation (attach schedule)		57 c		
58 Other assets (describe <b>SEE STATEMENT 3</b> )		58	10,220.	
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)	49,771.	59	141,238.	
LIABILITIES	60 Accounts payable and accrued expenses	21,924.	60	13,425.
	61 Grants payable		61	
	62 Deferred revenue	38,250.	62	37,120.
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64 a Tax-exempt bond liabilities (attach schedule)		64 a	
	b Mortgages and other notes payable (attach schedule)		64 b	
	65 Other liabilities (describe <b>SEE STATEMENT 3</b> )		65	
66 <b>Total liabilities</b> (add lines 60 through 65)	60,174.	66	50,545.	
NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	-54,088.	67	-7,407.
	68 Temporarily restricted	43,685.	68	98,100.
	69 Permanently restricted		69	
	<b>Organizations that do not follow SFAS 117, check here</b> <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 <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)	-10,403.	73	90,693.
	74 <b>Total liabilities and net assets/fund balances</b> (add lines 66 and 73)	49,771.	74	141,238.

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.

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**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See instructions.)

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

<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>	396,571.
<b>b</b>	Amounts included on line a but not on line 12, Form 990.		
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$ 39,041.		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify)		
	SEE STM 4 \$ 9,772.		
	Add amounts on lines (1) through (4)	<b>b</b>	48,813.
<b>c</b>	Line a minus line b	<b>c</b>	347,758.
<b>d</b>	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)		
	SEE STM 5 \$ 54,415.		
	Add amounts on lines (1) and (2)	<b>d</b>	54,415.
<b>e</b>	Total revenue per line 12, Form 990 (line c plus line d)	<b>e</b>	402,173.

<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	349,890.
<b>b</b>	Amounts included on line a but not on line 17, Form 990.		
(1)	Donated services and use of facilities \$ 39,041.		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify)		
	SEE STMT 6 \$ 9,772.		
	Add amounts on lines (1) through (4)	<b>b</b>	48,813.
<b>c</b>	Line a minus line b	<b>c</b>	301,077.
<b>d</b>	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)		
	----- \$		
	Add amounts on lines (1) and (2)	<b>d</b>	
<b>e</b>	Total expenses per line 17, Form 990 (line c plus line d)	<b>e</b>	301,077.

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated; see 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 and deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 7				
		0.	0.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?  Yes  No  
 If 'Yes,' attach schedule -- see instructions

**Part VI Other Information** (See 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		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		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
78b	If 'Yes,' has it filed a tax return on Form 990-T for this year?		N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement		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?		X
b If 'Yes,' enter the name of the organization <u>N/A</u> 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	0.
81b	Did the organization file Form 1120-POL for this year?		N/A
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	39,041.
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
83b	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
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
85h	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) organizations. Enter: 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) organizations. Enter: 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	X
89a	501(c)(3) organizations. Enter. Amount of tax imposed on the organization during the year under section 4911 <u>0.</u> , section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
b 501(c)(3) and 501(c)(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 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			0.
d Enter. Amount of tax on line 89c, above, reimbursed by the organization			0.
90a	List the states with which a copy of this return is filed <u>NONE</u>		
90b	Number of employees employed in the pay period that includes March 12, 2002 (See instructions)	90b	4
91	The books are in care of <u>SUZANNE MCDONALD</u> Telephone number <u>(956) 393-2293</u> Located at <u>UNIV. OF TX-PAN AMERICAN, EDINBURG, TX</u> ZIP + 4 <u>78539</u>		
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 <u>92</u>		N/A

**Part VII Analysis of Income-Producing Activities** (See 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	
93 Program service revenue					
a <b>TICKET SALES</b>					136,894.
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts					
96 Dividends & 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 pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			1	-2,381.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a _____					
b <b>MISCELLANEOUS</b>			1	2,507.	
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				126.	136,894.
105 Total (add line 104, columns (B), (D), and (E))					137,020.

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 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).
93A	FEES SUPPORT PROGRAMS AND CONCERTS THAT FURTHER PUBLIC EDUCATION IN THE ARTS.

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See instructions.)

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

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See 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).

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.

Please  Suzanne M. Mc Donald Date 4-7-04

AD, PRESIDENT

Date \_\_\_\_\_ Check if self-prepared  Preparer's SSN or PTIN (see General Instruction W) \_\_\_\_\_

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Organization Exempt Under**  
**Section 501(c)(3)**

OMB No 1545 0047

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

**2002**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information — (See separate instructions.)**

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

Name of the organization

**SOUTH TEXAS SYMPHONY ASSOCIATION**

Employer identification number

**74-1939277**

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

(See 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 and 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 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 instructions )

	Yes	No
<p><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 ▶ \$ <u>                    N/A                    </u></p> <p>(Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)</p> <p>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.</p>		X
<p><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.)</p> <p>a Sale, exchange, or leasing of property?</p>		X
<p>b Lending of money or other extension of credit?</p>		X
<p>c Furnishing of goods, services, or facilities?</p>		X
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>		X
<p>e Transfer of any part of its income or assets?</p>		X
<p><b>3</b> Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below.)</p>		X
<p><b>4</b> Do you have a section 403(b) annuity plan for your employees?</p>		X
<p><b>Note:</b> 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.</p>		

**Part IV** Reason for Non-Private Foundation Status (See 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 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 instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	163,949.	88,097.	95,352.	52,963.	400,361.
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	124,557.	192,482.	186,437.	201,631.	705,107.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets SEE STMT 8	2,585.	2,696.	1,087.	545.	6,913.
23 Total of lines 15 through 22	291,091.	283,275.	282,876.	255,139.	1,112,381.
24 Line 23 minus line 17	166,534.	90,793.	96,439.	53,508.	407,274.
25 Enter 1% of line 23	2,911.	2,833.	2,829.	2,551.	

<b>26 Organizations described on lines 10 or 11:</b>	a Enter 2% of amount in column (e), line 24	▶ 26a	8,145.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts		▶ 26b	
c Total support for section 509(a)(1) test. Enter line 24, column (e)		▶ 26c	407,274.
d Add Amounts from column (e) for lines. 18 _____ 19 _____	22 <u>6,913.</u> 26b _____	▶ 26d	6,913.
e Public support (line 26c minus line 26d total)		▶ 26e	400,361.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		▶ 26f	98.30 %

<b>27 Organizations described on line 12:</b>	N/A		
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year.	(2001) _____ (2000) _____ (1999) _____ (1998) _____		
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year.	(2001) _____ (2000) _____ (1999) _____ (1998) _____		
c Add Amounts from column (e) for lines 15 _____ 16 _____	17 _____ 20 _____ 21 _____	▶ 27c	
d Add Line 27a total _____ and line 27b total _____		▶ 27d	
e Public support (line 27c total minus line 27d total)		▶ 27e	
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)	▶ 27f		
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 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

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

N/A

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

N/A

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>		
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		
<b>The lobbying nontaxable amount is –</b>		
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	<b>41</b>	
\$225,000 plus 5% of the excess over \$1,500,000		
\$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>	
<b>Caution:</b> 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.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4 -Year Averaging Period				
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(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 non-taxable 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 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

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



CLIENT SYMPHONY

SOUTH TEXAS SYMPHONY ASSOCIATION

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STATEMENT 1  
FORM 990, PART I, LINE 9  
NET INCOME (LOSS) FROM SPECIAL EVENTS

<u>SPECIAL EVENTS</u>	<u>GROSS RECEIPTS</u>	<u>LESS CONTRI- BUTIONS</u>	<u>GROSS REVENUE</u>	<u>LESS DIRECT EXPENSES</u>	<u>NET INCOME (LOSS)</u>
FUNDRAISERS	7,391.	0.	7,391.	9,772.	-2,381.
TOTAL	<u>\$ 7,391.</u>	<u>\$ 0.</u>	<u>\$ 7,391.</u>	<u>\$ 9,772.</u>	<u>\$ -2,381.</u>

STATEMENT 2  
FORM 990, PART IV, LINE 55B  
INVESTMENTS - LAND, BUILDINGS, AND EQUIPMENT

<u>CATEGORY</u>	<u>BASIS</u>	<u>ACCUM. DEPREC.</u>	<u>BOOK VALUE</u>
MACHINERY AND EQUIPMENT	\$ 36,022.	\$ 32,500.	\$ 3,522.
TOTAL	<u>\$ 36,022.</u>	<u>\$ 32,500.</u>	<u>\$ 3,522.</u>

STATEMENT 3  
FORM 990, PART IV, LINE 58  
OTHER ASSETS

RGV INTL MUSIC FESTIVAL DONOR LIST.	\$ 10,220.
TOTAL	<u>\$ 10,220.</u>

STATEMENT 4  
FORM 990, PART IV-A, LINE B(4)  
OTHER AMOUNTS

SPECIAL EVENTS EXP.	\$ 9,772.
TOTAL	<u>\$ 9,772.</u>

STATEMENT 5  
FORM 990, PART IV-A, LINE D(2)  
OTHER AMOUNTS

FUNDING FOR FUTURE YEARS	\$ 54,415.
TOTAL	<u>\$ 54,415.</u>

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**STATEMENT 6**  
**FORM 990, PART IV-B, LINE B(4)**  
**OTHER AMOUNTS**

SPECIAL EVENTS EXP.

TOTAL	\$	9,772.
	\$	<u>9,772.</u>

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

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP &amp; DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
SUZANNE M. MCDONALD 1401 CAMILLIA MCALLEN, TX 78501	PRESIDENT 10-12	\$ 0.	\$ 0.	\$ 0.
WILLIAM A. BURNS 2312 FOX RUN DR. MISSION, TX 78572	VICE PRESIDENT 10-12	0.	0.	0.
DR. MATT WEBER 2000 N. 23RD ST. MCALLEN, TX 78501	SECRETARY 10-12	0.	0.	0.
CECILIO RODRIGUEZ 1409 ZINNIA AVE. MCALLEN, TX 78504	TREASURER 10-12	0.	0.	0.
YVONNE L. ANDERSON 2424 CRESTVIEW EDINBURG, TX 78539	EXECUTIVE 10-12	0.	0.	0.
STEPHEN L. CRAIN 401 BYRON NELSON MCALLEN, TX 78503	EXECUTIVE 10-12	0.	0.	0.
PAULETTE R. SACA 109 CONDOR MCALLEN, TX 78504	EXECUTIVE 10-12	0.	0.	0.
RUBEN BOSQUEZ 510 E. RIDGE MCALLEN, TX 78503	EXECUTIVE 10-12	0.	0.	0.
CAROL BROWN 2404 EBONY AVE. MCALLEN, TX 78501	ADVISORY 10-12	0.	0.	0.
ADRIANA GARCIA 137 E. GARDENIA MCALLEN, TX 78501	ADVISORY 10-12	0.	0.	0.

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SOUTH TEXAS SYMPHONY ASSOCIATION

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STATEMENT 7 (CONTINUED)  
 FORM 990, PART V  
 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
DAVID J. GUERRERO 5414 N. 5TH AVE. MCALLEN, TX 78503	ADVISORY 10-12	\$ 0.	\$ 0.	\$ 0.
MARIANNE JELINEK 707 TULIP MCALLEN, TX 78504	ADVISORY 10-12	0.	0.	0.
ALICE JOHNSON 825 N. 5TH HARLINGEN, TX 78550	ADVISORY 10-12	0.	0.	0.
DR. ROBERTO MANGOO-KARIM 1901 S. FIRST ST., SUITE 600 MCALLEN, TX 78503	ADVISORY 10-12	0.	0.	0.
DR. SAL MENDEZ 1421 N. COL. ROWE BLVD. MCALLEN, TX 78501	ADVISORY 10-12	0.	0.	0.
DR. MARIAN MONTA 3527 PLAZAS DEL LAGO EDINBURG, TX 78539	ADVISORY 10-12	0.	0.	0.
DR. VIVIAN MUNN 1419 POST OAKS RD. EDINBURG, TX 78539	ADVISORY 10-12	0.	0.	0.
LISA OLIVEIRA 2415 DORADO DRIVE MISSION, TX 78572	ADVISORY 10-12	0.	0.	0.
CHUCK D. OLSON 100 W. MOORE RD., #16 PHARR, TX 78577	CHAIRMAN 10-12	0.	0.	0.
LETTY OSIO 4701 N. 4TH ST. MCALLEN, TX 78504	ADVISORY 10-12	0.	0.	0.
GUSTAVO PENNA, JR. 1225 CENTRAL BLVD., #904 BROWNSVILLE, TX 78520	ADVISORY 10-12	0.	0.	0.
ROB PETERSON 1105 HACKBERRY DR. WESLACO, TX 78596	ADVISORY 10-12	0.	0.	0.

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SOUTH TEXAS SYMPHONY ASSOCIATION

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STATEMENT 7 (CONTINUED)  
 FORM 990, PART V  
 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
NORMA PRIOLO 1701 E. 24TH PLACE MISSION, TX 78572	ADVISORY 10-12	\$ 0.	\$ 0.	\$ 0.
MARICELLA RODRIGUEZ 1409 ZINNIA AVE. MCALLEN, TX 78504	ADVISORY 10-12	0.	0.	0.
DR. MARCUS SMOLENSKY 1101 DOVE AVE., #57 MCALLEN, TX 78504	ADVISORY 10-12	0.	0.	0.
CODY SPARKS 1021 URSULA MISSION, TX 78572	ADVISORY 10-12	0.	0.	0.
ELEANOR SYMONA 602 N. VICTORIA RD., MH #190 DONNA, TX 78537	ADVISORY 10-12	0.	0.	0.
DR. MARVIN TAVAREZ 1713 LARKSPUR MCALLEN, TX 78501	ADVISORY 10-12	0.	0.	0.
ROSA VALENCIA 612 E. NEWPORT LANE MCALLEN, TX 78501	ADVISORY 10-12	0.	0.	0.
JANET WALLACE P O BOX 3512 MCALLEN, TX 78502	ADVISORY 10-12	0.	0.	0.
PETER DABROWSKI P O BOX 2832 MCALLEN, TX 78502	EXECUTIVE DIREC 10-12	0.	0.	0.
CHRISTOPHER MUNN 1419 POST OAK RD. EDINBURG, TX 78539	DIRECTOR 10-12	0.	0.	0.
TOTAL		\$ 0.	\$ 0.	\$ 0.

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SOUTH TEXAS SYMPHONY ASSOCIATION

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STATEMENT 8  
SCHEDULE A, PART IV-A, LINE 22  
OTHER INCOME

DESCRIPTION	(A) 2001	(B) 2000	(C) 1999	(D) 1998	(E) TOTAL
MISCELLANEOUS	\$ 2,585.	\$ 2,696.	\$ 1,087.	\$ 545.	\$ 6,913.
TOTAL	<u>\$ 2,585.</u>	<u>\$ 2,696.</u>	<u>\$ 1,087.</u>	<u>\$ 545.</u>	<u>\$ 6,913.</u>

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.

Name of Exempt Organization: SOUTH TEXAS SYMPHONY ASSOCIATION
Employer identification number: 74-1939277
P O BOX 2832
MCALLEN, TX 78505-2832

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

X Form 990
Form 990-EZ
Form 990-T (Section 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 organizations four digit Group Exemption Number (GEN)
whole group, check this box
part of the group, check this box

4 I request an additional 3-month extension of time until 4/15, 20 04
5 For calendar year, or other tax year beginning 6/01, 20 02 and ending 5/31, 20 03.
6 If this tax year is for less than 12 months, check reason. Initial return Final return Change in accounting period
7 State in detail why you need the extension ADDITIONAL TIME IS RESPECTFULLY REQUESTED TO ACCUMULATE THE NECESSARY INFORMATION TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions
8b 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
8c Balance due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions

Signature and Verification

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

Signature: B. J. [Signature] Title: CPA Date: 1-12-04

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 filed return Please attach this form to the organization's return.
We have not approved this application After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
We cannot consider this application because it was filed after the due date of the return for which an extension was requested.
Other.

Director By [Signature] JAN 22 2004

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. DANIEL HOFF, FIELD DIRECTOR, EMISSION PROCESSING, OGDEN

Name: Burton McCumber & Cortez, LLP
Number and street (include suite, room, or apartment number) or a P.O. box number: 200 South 10th St., Ste 1500
City or town, province or state, and country (including postal or ZIP code): McAllen, TX 78501

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

Department of the Treasury  
Internal Revenue Service

▶ 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> File by the due date for filing your return. See instructions.	Name of Exempt Organization <b>SOUTH TEXAS SYMPHONY ASSOCIATION</b>	Employer identification number <b>74-1939277</b>
	Number, street, and room or suite number. If a P O box, see instructions <b>P O BOX 2832</b>	
	City, town or post office. For a foreign address, see instructions <b>MCALLEN, TX 78505-2832</b>	state ZIP code

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

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

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

- 1** I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until 1/15, 20 04, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ▶  calendar year 20 \_\_\_\_ or
  - ▶  tax year beginning 6/01, 20 02, and ending 5/31, 20 03.
- 2** If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period
- 3a** If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ \_\_\_\_\_ 0.
- b** If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ \_\_\_\_\_ 0.
- 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. \$ \_\_\_\_\_ 0.

### Signature and Verification

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, and that I am authorized to prepare this form

Signature ▶  Title ▶ CPA Date ▶ 10-14-03

BAA For Paperwork Reduction Act Notice, see instructions.

Form **8868** (12-2000)