

**Return of Organization Exempt From Income Tax**

**2003**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

▶ 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 and ending

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

**C** Name of organization: **VITA LIVING, INC.**  
 Number and street (or P.O. box if mail is not delivered to street address): **3300 S. GESSNER**  
 City or town, state or country, and ZIP + 4: **HOUSTON, TX 77063**

**D** Employer identification number: **76-0037136**

**E** Telephone number: **713 271 5795**

**F** Accounting method:  Cash  Accrual

**G** Website: **VITALIVING.ORG**

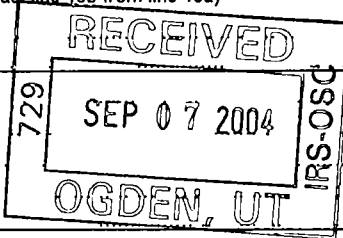
**J** Organization type (check only one):  501(c) ( 3 ) (insert no )  4947(a)(1) or  527

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

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **6,237,771.**

**H and I are not applicable to section 527 organizations.**  
**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** If "Yes," enter number of affiliates ▶  
**H(c)** Are all affiliates included? **N/A**  Yes  No (if "No," attach a list.)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
**I** Group Exemption Number ▶  
**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			
Revenue	1	Contributions, gifts, grants, and similar amounts received:	
	a	Direct public support	1a 164,310.
	b	Indirect public support	1b
	c	Government contributions (grants)	1c
	d	Total (add lines 1a through 1c) (cash \$ 164,310. noncash \$ )	1d 164,310.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2 5,584,772.
	3	Membership dues and assessments	3
	4	Interest on savings and temporary cash investments	4 16,839.
	5	Dividends and interest from securities	5
	6 a	Gross rents SEE STATEMENT 1	6a 93,830.
	b	Less: rental expenses SEE STATEMENT 2	6b 153,750.
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c <59,920.>
7	Other investment income (describe ▶ )	7	
8 a	Gross amount from sales of assets other than inventory	(A) Securities 106,709. 8a 51,747. (B) Other	
b	Less: cost or other basis and sales expenses	107,812. 8b 50,536.	
c	Gain or (loss) (attach schedule)	<1,103.> 8c 1,211.	
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	STMT 3 STMT 4 8d 108.	
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		
a	Gross revenue (not including \$ of contributions reported on line 1a)	9a	
b	Less: direct expenses other than fundraising expenses	9b	
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	
10 a	Gross sales of inventory, less returns and allowances	10a	
b	Less: cost of goods sold	10b	
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	
11	Other revenue (from Part VII, line 103)	11 219,564.	
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12 5,925,673.	
Expenses	13	Program services (from line 44, column (B))	13 4,231,893.
	14	Management and general (from line 44, column (C))	14 1,542,926.
	15	Fundraising (from line 44, column (D))	15 12,724.
	16	Payments to affiliates (attach schedule)	16
	17	Total expenses (add lines 16 and 44, column (A))	17 5,787,543.
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18 138,130.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19 2,843,058.
	20	Other changes in net assets or fund balances (attach explanation)	20 1,074.
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21 2,982,262.



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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. Page 2

<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 \$ 50,032. noncash \$	22	50,032.	50,032.	STATEMENT 8	
23 Specific assistance to individuals (attach schedule)	23	318,785.	318,785.	STATEMENT 9	
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc.	25	146,096.	0.	146,096.	0.
26 Other salaries and wages	26	3,371,950.	2,993,204.	372,371.	6,375.
27 Pension plan contributions	27				
28 Other employee benefits	28	444,960.	376,730.	68,230.	
29 Payroll taxes	29	271,833.	212,259.	59,574.	
30 Professional fundraising fees	30				
31 Accounting fees	31	8,100.		8,100.	
32 Legal fees	32				
33 Supplies	33	34,278.	1,298.	31,395.	1,585.
34 Telephone	34	42,751.		42,751.	
35 Postage and shipping	35				
36 Occupancy	36				
37 Equipment rental and maintenance	37	90,475.		90,475.	
38 Printing and publications	38				
39 Travel	39	14,560.	14,560.		
40 Conferences, conventions, and meetings	40				
41 Interest	41	2,189.		2,189.	
42 Depreciation, depletion, etc. (attach schedule)	42	93,052.		93,052.	
43 Other expenses not covered above (itemize):					
a _____	43a				
b _____	43b				
c _____	43c				
d _____	43d				
e SEE STATEMENT 6	43e	898,482.	265,025.	628,693.	4,764.
44 Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	5,787,543.	4,231,893.	1,542,926.	12,724.

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? **SEE STATEMENT 7**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**  
 (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts, but optional for others.)

<b>a TO SERVE MENTALLY RETARDED ADULTS AND CHILDREN</b>	
(Grants and allocations \$ _____)	4,231,893.
<b>b</b>	
(Grants and allocations \$ _____)	
<b>c</b>	
(Grants and allocations \$ _____)	
<b>d</b>	
(Grants and allocations \$ _____)	
<b>e Other program services (attach schedule)</b>	(Grants and allocations \$ _____)
<b>f Total of Program Service Expenses (should equal line 44, column (B), Program services)</b>	<b>4,231,893.</b>

**Part IV Balance Sheets**

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
<b>Assets</b>	45 Cash - non-interest-bearing	297,475.	45	197,261.
	46 Savings and temporary cash investments	701,715.	46	613,775.
	47 a Accounts receivable	47a 611,916.		
	b Less: allowance for doubtful accounts	47b 85,000.	654,280.	47c 526,916.
	48 a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b		48c
	49 Grants receivable			49
	50 Receivables from officers, directors, trustees, and key employees			50
	51 a Other notes and loans receivable	51a		
	b Less: allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use			52
	53 Prepaid expenses and deferred charges	20,765.	53	45,548.
	54 Investments - securities <b>STMT 10</b> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	358,083.	54	727,656.
	55 a Investments - land, buildings, and equipment: basis	55a		
b Less: accumulated depreciation	55b		55c	
56 Investments - other			56	
57 a Land, buildings, and equipment: basis	57a 1,873,633.			
b Less: accumulated depreciation	57b 782,280.	1,131,473.	57c 1,091,353.	
58 Other assets (describe <b>▶ DEPOSITS</b> )		22,818.	58 44,545.	
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)		3,186,609.	59 3,247,054.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	277,711.	60	264,792.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable	65,840.	64b	
	65 Other liabilities (describe <b>▶</b> )		65	
66 <b>Total liabilities</b> (add lines 60 through 65)		343,551.	66 264,792.	
<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.			
	67 Unrestricted	2,843,058.	67	2,982,262.
	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.			
	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)		2,843,058.	73 2,982,262.	
74 <b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)		3,186,609.	74 3,247,054.	

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		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
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? <span style="float:right">N/A</span>		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80 a	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 <b>VITA LIVING FOUNDATION</b> and check whether it is <input type="checkbox"/> exempt or <input checked="" type="checkbox"/> nonexempt.		
81 a	Enter direct or indirect political expenditures. See line 81 instructions <span style="float:right">81a 0.</span>		
b	Did the organization file Form 1120-POL for this year?		X
82 a	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?		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.) <span style="float:right">82b N/A</span>		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? <span style="float:right">N/A</span>		
85	<b>501(c)(4), (5), or (6) organizations.</b> a Were substantially all dues nondeductible by members? <span style="float:right">N/A</span>		
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. <span style="float:right">N/A</span>		
c	Dues, assessments, and similar amounts from members <span style="float:right">85c N/A</span>		
d	Section 162(e) lobbying and political expenditures <span style="float:right">85d N/A</span>		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices <span style="float:right">85e N/A</span>		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) <span style="float:right">85f N/A</span>		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? <span style="float:right">N/A</span>		
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? <span style="float:right">N/A</span>		
86	<b>501(c)(7) organizations.</b> Enter: a Initiation fees and capital contributions included on line 12 <span style="float:right">86a N/A</span>		
b	Gross receipts, included on line 12, for public use of club facilities <span style="float:right">86b N/A</span>		
87	<b>501(c)(12) organizations.</b> Enter: a Gross income from members or shareholders <span style="float:right">87a N/A</span>		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) <span style="float:right">87b N/A</span>		
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		X
89 a	<b>501(c)(3) organizations.</b> Enter: Amount of tax imposed on the organization during the year under: section 4911 <span style="float:right">0.</span> ; section 4912 <span style="float:right">0.</span> ; section 4955 <span style="float:right">0.</span>		
b	<b>501(c)(3) and 501(c)(4) organizations.</b> 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		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float:right">0.</span>		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization <span style="float:right">0.</span>		
90 a	List the states with which a copy of this return is filed <b>TX</b>		
b	Number of employees employed in the pay period that includes March 12, 2003 <span style="float:right">90b 206</span>		
91	The books are in care of <b>RICHARD MCCORD</b> Telephone no. <b>713 271 5795</b>		

Located at **3300 GESSNER, # 150, HOUSTON, TX**

ZIP + 4 **77063**

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

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

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
<b>Note:</b> Enter gross amounts unless otherwise indicated.					
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					5,584,772.
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					16,839.
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					<59,920.>
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					108.
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a PRIVATE PAY					212,411.
b OTHER INCOME					3,081.
c OTHER INCOME					4,071.
d ROUND UP					1.
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		0.	5,761,363.
105 Total (add line 104, columns (B), (D), and (E))					5,761,363.

**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).
95,	PROVIDE 24-7 RESIDENTIAL SERVICES & AT HOME SERVICES TO MENTALLY
97A,	RETARDED INCLUDING BEHAVIOR MANAGEMENT & COMMUNICATION TRAINING TO
100	IMPROVE THEIR QUALITY OF LIFE

**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
N/A	%			
	%			
	%			
	%			

**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).

I am preparing this return on accompanying schedules and statements, and to the best of my knowledge and belief, it is true, and I am not aware of any information of which preparer has any knowledge.

Date: 2/2/04  
Preparer: Richard L McCord CFO

Date: \_\_\_\_\_ Check if: \_\_\_\_\_ Preparer's SSN or PTIN: \_\_\_\_\_

**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 **VITA LIVING, INC.** Employer identification number **76 0037136**

**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
<u>NONE</u> -----				
-----				
-----				
-----				
-----				
-----				
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
<u>NONE</u> -----		
-----		
-----		
-----		
-----		
-----		
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
<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 <b>▶</b> \$ _____ \$ _____ (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.		<b>X</b>
<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?		<b>X</b>
<b>b</b> Lending of money or other extension of credit?		<b>X</b>
<b>c</b> Furnishing of goods, services, or facilities?		<b>X</b>
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		<b>X</b>
<b>e</b> Transfer of any part of its income or assets?		<b>X</b>
<b>3 a</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.)		<b>X</b>
<b>b</b> Do you have a section 403(b) annuity plan for your employees?		<b>X</b>
<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?		<b>X</b>

**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.)

<b>Part IV-A Support Schedule</b> (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.)	147,610.	181,940.	106,238.	129,743.	565,531.
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	5,879,023.	5,730,687.	5,541,471.	5,764,015.	22,915,196.
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	83,500.	37,908.	66,398.	57,356.	245,162.
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	203,496.		SEE STATEMENT 14		203,496.
23 Total of lines 15 through 22	6,313,629.	5,950,535.	5,714,107.	5,951,114.	23,929,385.
24 Line 23 minus line 17	434,606.	219,848.	172,636.	187,099.	1,014,189.
25 Enter 1% of line 23	63,136.	59,505.	57,141.	59,511.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 20,284.
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 171,864.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 1,014,189.
d Add: Amounts from column (e) for lines: 18 245,162. 19 22 203,496. 26b 171,864.					26d 620,522.
e Public support (line 26c minus line 26d total)					26e 393,667.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 38.8159%
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					
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					
c Add: Amounts from column (e) for lines: 15 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.

NONE

**Part V Private School Questionnaire** (See page 7 of the instructions.)

N/A

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

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
_____			
_____			
_____			
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
_____			
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
_____			
_____			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

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

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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations												
		N/A													
<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 - <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><b>If the amount on line 40 is -</b></td> <td style="width: 50%;"><b>The lobbying nontaxable amount is -</b></td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </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>41</b>	
<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				N/A
	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
<b>45</b> Lobbying nontaxable amount					0.
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					0.
<b>47</b> Total lobbying expenditures					0.
<b>48</b> Grassroots nontaxable amount					0.
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					0.
<b>50</b> 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:	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.)			0.

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



FORM 990 RENTAL INCOME STATEMENT 1

KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
REAL ESTATE, HOUSTON, TX	1	89,030.
SUBLEASE, HOUSTON, TX	2	4,800.
TOTAL TO FORM 990, PART I, LINE 6A		93,830.

FORM 990 RENTAL EXPENSES STATEMENT 2

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
UTILITIES		12,341.	
LEASE EXPENSE		12,555.	
INTEREST		1,412.	
MAINTENANCE		61,372.	
DEPRECIATION		22,284.	
INSURANCE		43,483.	
TAXES		303.	
- SUBTOTAL -	1		153,750.
TOTAL TO FORM 990, PART I, LINE 6B			153,750.

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 3

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
VARIOUS	106,709.	107,812.	0.	<1,103.>
TO FORM 990, PART I, LINE 8	106,709.	107,812.	0.	<1,103.>

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**FORM 990**                      **GAIN (LOSS) FROM SALE OF OTHER ASSETS**                      **STATEMENT**      **4**


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DESCRIPTION	DATE	DATE	METHOD	NET GAIN OR (LOSS)	
	ACQUIRED	SOLD	ACQUIRED		
VARIOUS	VARIOUS	VARIOUS	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	
	51,747.	50,536.	0.	0.	1,211.
TO FM 990, PART I, LN 8	51,747.	50,536.	0.	0.	1,211.

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**FORM 990**                      **OTHER CHANGES IN NET ASSETS OR FUND BALANCES**                      **STATEMENT**      **5**


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DESCRIPTION	AMOUNT
UNREALIZED GAINS	1,074.
TOTAL TO FORM 990, PART I, LINE 20	1,074.

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**FORM 990**                      **OTHER EXPENSES**                      **STATEMENT**      **6**


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DESCRIPTION	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
OTHER ACTIVITY EXPENSES	19,221.	19,221.		
MEDICAL AND DENTAL EXPENSES	42,157.	42,157.		
TRAINING	203,647.	203,647.		
DUE & LICENSES	11,427.		11,427.	
MISC EXPENSE	49,002.		44,238.	4,764.
FOOD	49,249.		49,249.	
HOUSEKEEPING	20,182.		20,182.	
INSURANCE	135,055.		135,055.	
LEASES	169,380.		169,380.	
PROFESSIONAL	129,699.		129,699.	
TAXES, REAL ESTATE AND OTHER	588.		588.	
TRANSPORTATION	84,592.		84,592.	
UTILITIES	31,550.		31,550.	
CONSULTANT	2,665.		2,665.	

INSURANCE REFUND	<49,932.>	<49,932.>	
TOTAL TO FM 990, LN 43	898,482.	265,025.	628,693. 4,764.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 7  
PART III

EXPLANATION

PROVIDE HOUSING & OTHER SERVICES TO MENTALLY RETARDED INDIVIDUALS

FORM 990 CASH GRANTS AND ALLOCATIONS STATEMENT 8

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
	VITA LIVING FOUNDATION	3300 GESSNER, HOUSTON, TX	COMMON BOARD OF DIRECTORS	49,932.
	OTHER		NONE	100.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				50,032.

FORM 990 SPECIFIC ASSISTANCE TO INDIVIDUALS STATEMENT 9

DESCRIPTION	AMOUNT
PHYSICIAN	1,912.
OTHER ASSISTANCE PROVIDED	224,054.
REGISTERED NURSE	52,040.
LV NURSE	40,779.
TOTAL TO FORM 990, PART II, LINE 23	318,785.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 10

SECURITY DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
SECURITIES AND OTHER INVESTMENTS		706,095.			706,095.
SECURITIES AND OTHER INVESTMENTS			21,561.		21,561.
TO 990, LN 54 COL B		706,095.	21,561.		727,656.

FORM 990 OTHER REVENUE NOT INCLUDED ON FORM 990 STATEMENT 11

DESCRIPTION	AMOUNT
RENT	153,750.
INSURANCE REFUND	49,932.
TOTAL TO FORM 990, PART IV-A	203,682.

FORM 990 OTHER EXPENSES NOT INCLUDED ON FORM 990 STATEMENT 12

DESCRIPTION	AMOUNT
RENT	153,750.
INSURANCE REFUND	49,932.
TOTAL TO FORM 990, PART IV-B	203,682.

FORM 990

PART V - LIST OF OFFICERS, DIRECTORS,  
TRUSTEES AND KEY EMPLOYEES

STATEMENT 13

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
RENEE WALLACE 3300 GESSNER HOUSTON, TX	CHAIRMAN 8	4,904.	0.	0.
SANDY YOUNG 3300 GESSNER HOUSTON. TX	EXECUTIVE DIRECTOR FULL	73,102.	0.	0.
RICHARD MCCORD 3300 GESSNER HOUSTON, TX	CFO FULL	68,090.	0.	0.
MICHAEL RUBENSTEIN 3300 GESSNER HOUSTON, TX	DIRECTOR 2	0.	0.	0.
IRVING POZMANTIER 3300 GESSNER HOUSTON, TX	DIRECTOR 2	0.	0.	0.
ANDREW WALLACE 3300 GESSNER HOUSTON, TX	DIRECTOR 2	0.	0.	0.
NAOMI DEMPSEY 3300 GESSNER HOUSTON, TX	DIRECTOR 2	0.	0.	0.
MALLORY ROBINSON 3300 GESSNER HOUSTON, TX	DIRECTOR 2	0.	0.	0.
ANN LANG ELLIS 3300 GESSNER HOUSTON, TX	DIRECTOR 2	0.	0.	0.
KAY BROWN 3300 GESSNER HOUSTON, TX	DIRECTOR 2	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		146,096.	0.	0.

SCHEDULE A	OTHER INCOME			STATEMENT 14
DESCRIPTION	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT	1999 AMOUNT
PRIVATE PAY	177,581.	0.	0.	0.
INSURANCE REFUND INCOME *	25,915.	0.	0.	0.
TOTAL TO SCHEDULE A, LINE 22	203,496.	0.	0.	0.

REFUND OF INSURANCE PREMIUMS AMOUNTING TO \$250,000 WERE REPORTED AS OTHER INCOME IN THE 2002 FORM 990. THESE REFUNDS ARE CONSIDERED TO BE A REDUCTION OF INSURANCE EXPENSE.

**VITA LIVING**

PART IV-LINES 57  
 FIXED ASSET SUMMARY  
 FYE 2003

DESCRIPTION	COST				
	Beg	Added	Transfer	Retired	End
BUILDINGS	129,389				129,389
BUILDINGS	120,789				120,789
BUILDINGS	153,363				153,363
BUILDINGS	67,996				67,996
DEPARTMENT EQUIPMENT	25,172				25,172
DEPARTMENT EQUIPMENT	18,814	975			19,789
DEPARTMENT EQUIPMENT	3,920				3,920
DEPARTMENT EQUIPMENT	135,766				135,766
DEPARTMENT EQUIPMENT	32,644	648			33,292
DEPARTMENT EQUIPMENT	10,104	2,750			12,854
DEPT EQUIPMENT TRANSPORTATION	6,568				6,568
DEPARTMENT EQUIPMENT	53,439	5,539			58,978
TRANSPORATION EQUIPMENT	70,988			14,402	56,586
TRANSPORATION EQUIPMENT	21,022	22,974		21,022	22,974
TRANSPORATION EQUIPMENT	249,875	40,160		69,886	220,149
LAND	27,106				27,106
LAND	60,660				60,660
LAND	12,475				12,475
LAND IMPROVEMENTS	10,433				10,433
LEASEHOLD IMPROVEMENTS	97,474				97,474
LEASEHOLD IMPROVEMENTS	14,136				14,136
LEASEHOLD IMPROVEMENTS	3,691	2,583			6,274
DEPARTMENTAL FURNITURE	8,585	552			9,137
BUILDING - ALU'S	343,897	18,798			362,695
DEPT EQUIP-LAWN CARE	12,793				12,793
DEPT EQUIP-POTTERY	7,163				7,163
DEPT EQUIP-ALU	42,951	1,808			44,759
DEPARMENTAL EQUIPMENT	-				-
TRANSPORTATION EQUIPMENT	20,832				20,832
LAND-CAREW	82,546				82,546
LEASEHOLD IMPROVEMENT	37,565				37,565
	<u>1,882,156</u>	<u>96,787</u>	<u>-</u>	<u>105,310</u>	<u>1,873,633</u>

ACCUMULATED DEPRECIATION					
BUILDINGS	(79,723)	(2,891)			(82,614)
BUILDINGS	(67,470)	(2,196)			(69,666)
BUILDINGS	(88,533)	(16,306)			(104,839)
BUILDINGS	(28,135)	(1,997)			(30,132)
DEPARTMENT EQUIPMENT	(19,149)	(1,264)			(20,413)
DEPARTMENT EQUIPMENT	(16,208)	(772)			(16,980)
DEPARTMENT EQUIPMENT	(14,650)	(2,263)			(16,913)
DEPARTMENT EQUIPMENT	(138,038)	(13,876)			(151,914)
DEPARTMENT EQUIPMENT	(25,075)	(2,190)			(27,265)
DEPARTMENT EQUIPMENT	(8,909)	(748)			(9,657)
DEPT EQUIPMENT TRANSPORTATION	(5,917)	(416)			(6,333)
DEPARTMENT EQUIPMENT	(43,122)	(4,131)			(47,253)
TRANSPORATION EQUIPMENT	(59,139)	(12,250)		(13,434)	(57,955)
TRANSPORATION EQUIPMENT	(17,168)	(4,652)		(20,671)	(1,149)
TRANSPORATION EQUIPMENT	(111,175)	(43,255)		(49,633)	(104,797)
LAND IMPROVEMENTS	(6,254)	(1,034)			(7,288)
ACCUMULATED AMORTIZATION	(5,876)	(3,817)			(9,693)
ACCUMULATED AMORTIZATION	(16,059)	(1,127)			(17,186)
ACCUMULATED DEPRECIATION	(83)	(149)			(232)
	<u>(750,683)</u>	<u>(115,334)</u>	<u>-</u>	<u>(83,738)</u>	<u>(782,280)</u>

1,091,353

• If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box

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: VITA LIVING, INC.
Employer identification number: 76-0037136
Number, street, and room or suite no.: 3300 S. GESSNER, NO. 150
City, town or post office, state, and ZIP code: HOUSTON, TX 77063

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

- Form 990 (checked), 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 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
TAXPAYER RESPECTFULLY REQUESTS FOR AN ADDITIONAL TIME IN ORDER TO GATHER INFORMATION THAT IS NECESSARY 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 \$
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: [Handwritten Signature] Title: CPA Date: 8/10/04

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 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.

Name: DAVID N. MILLER & CO., LLP
Number and street (include suite, room, or apt. no.) Or a P.O. box number: 7660 WOODWAY, SUITE 320
City or town, province or state, and country (including postal or ZIP code): HOUSTON, TX 77063