

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)

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2002 calendar year, or tax year beginning Jul 1, 2002, and ending Jun 30, 2003

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: The Network Against Sexual and Domestic Abuse. D Employer identification number: 81-0389914. E Telephone number: (406) 586-7689. F Accounting method: Accrual.

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

H (a) Is this a group return for affiliates? Yes X No. H (b) If Yes enter number of affiliates. H (c) Are all affiliates included? Yes No. 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.

Web site

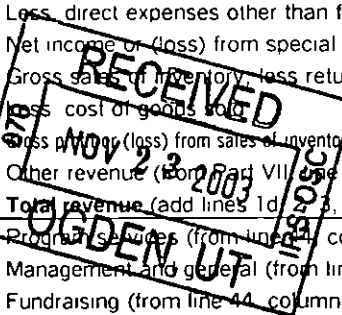
Organization type (check only one) X 501(c) 3 (insert no) 4947(a)(1) or 527

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 12 300,028

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

Table with 21 rows and multiple columns. Rows include: 1 Contributions gifts grants and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less rental expenses; 6c Net rental income or (loss); 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less direct expenses; 9c Net income or (loss); 10a Gross sales of inventory; 10b Less cost of goods sold; 10c Gross profit (loss); 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit); 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.



DEC 15 2003

REVENUE

EXPENSES

ASSETS

Handwritten number 2463

**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 62,725	30,781	29,308	2,636
26 Other salaries and wages	26 112,437	112,437	0	0
27 Pension plan contributions	27			
28 Other employee benefits	28 13,700	12,610	1,090	0
29 Payroll taxes	29 15,180	10,638	4,332	210
30 Professional fundraising fees	30			
31 Accounting fees	31 10,080	2,938	7,142	0
32 Legal fees	32			
33 Supplies	33 2,469	2,095	374	0
34 Telephone	34 7,953	7,953	0	0
35 Postage and shipping	35 1,162	939	223	0
36 Occupancy	36 1,360	1,360	0	0
37 Equipment rental and maintenance	37 4,006	3,956	50	0
38 Printing and publications	38 2,176	2,049	0	127
39 Travel	39 2,937	2,628	295	14
40 Conferences conventions and meetings	40			
41 Interest	41			
42 Depreciation depletion, etc (attach schedule)	42 12,541	12,541	0	0
43 Other expenses not covered above (itemize)				
a Advertising	43a 1,958	1,881	77	0
b Community Education	43b 454	374	80	0
c Insurance	43c 367	367	0	0
d Licenses & Taxes	43d 355	340	15	0
e See Other Expenses Stmt	43e 15,262	13,947	1,299	16
44 Total functional expenses (add lines 22-43) Organizations completing columns (B) (D), carry these totals to lines 13-15	44 267,122	219,834	44,285	3,003

**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? <u>Aid Victims of Domestic Abuse</u> <small>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) &amp; (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants &amp; allocations to others.)</small>	Program Service Expenses <small>(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts but optional for others.)</small>
a <u>Safe Shelter - The shelter in Bozeman is staffed 24 hrs/day and provides a home for up to 2 months to women and their children seeking refuge from abuse. 83 women and children sought the safety of the shelter.</u> (Grants and allocations \$ 0)	173,114
b <u>Community Education and Professional Information - Staff board members and formerly battered women are available to speak to interested community groups. Educ presentations reached 55,297 people. Volunteer training=134 hrs.</u> (Grants and allocations \$ 0)	801
c <u>Local and toll free state crisis hotlines are staffed 24 hours a day by paid staff and volunteers. The local crisis line handled 735 crisis line calls.</u> (Grants and allocations \$ 0)	14,817
d <u>Support groups, Victim's advocates-Weekly support groups are offered for battered women and their children. In fiscal yr '02-'03 45 adults, 25 teens and children met with staff and volunteers for peer support, info, advocacy.</u> (Grants and allocations \$ 0)	428
e <u>Other program services Legal Advocacy</u> (Grants and allocations \$ 0)	30,674
f <b>Total of Program Service Expenses</b> (should equal line 44, column (B) program services)	219,834

**Part IV Balance Sheets** (See Instructions)

Note		(A)		(B)		
Where required attached schedules and amounts within the description column should be for end of year amounts only		Beginning of year		End of year		
ASSETS	45	Cash – non-interest bearing	1,510	45	26	
	46	Savings and temporary cash investments	47,281	46	54,853	
	47a	Accounts receivable				
		b Less allowance for doubtful accounts		47c		
	48a	Pledges receivable				
		b Less allowance for doubtful accounts		48c		
	49	Grants receivable	48,844	49	58,377	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)	610	50		
	51a	Other notes & loans receivable (attach sch)				
		b Less allowance for doubtful accounts		51c		
	52	Inventories for sale or use		52		
	53	Prepaid expenses and deferred charges		53	169	
	54	Investments – securities (attach schedule)		54		
	55a	Investments – land, buildings, & equipment basis				
		b Less accumulated depreciation (attach schedule)		55c		
56	Investments – other (attach schedule)		56			
57a	Land, buildings, and equipment basis	186,805				
	b Less accumulated depreciation (attach schedule) L-57 Stmt	84,123	84,767	57c	102,682	
58	Other assets (describe ▶ See Line 58 Stmt)			58	1,925	
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)		183,012	59	218,032	
LIABILITIES	60	Accounts payable and accrued expenses	9,578	60	4,945	
	61	Grants payable		61		
	62	Deferred revenue		62		
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64a	Tax exempt bond liabilities (attach schedule)		64a		
		b Mortgages and other notes payable (attach schedule)		64b		
	65	Other liabilities (describe ▶)		65		
66	<b>Total liabilities</b> (add lines 60 through 65)		9,578	66	4,945	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
	67	Unrestricted	42,542	67	59,391	
	68	Temporarily restricted	126,292	68	149,096	
	69	Permanently restricted	4,600	69	4,600	
	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)		173,434	73	213,087
	74	<b>Total liabilities and net assets/fund balances</b> (add lines 66 and 73)		183,012	74	218,032

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.

BAA

**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>	311,807
<b>b</b>	Amounts included on line <b>a</b> but not on line 12 Form 990		
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$ 23,222		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify) <u>Fund Raising Expenses</u> \$ 3,607		
	Add amounts on lines (1) through (4)	<b>b</b>	26,829
<b>c</b>	Line <b>a</b> minus line <b>b</b>	<b>c</b>	284,978
<b>d</b>	Amounts included on line 12, Form 990 but not on line <b>a</b>		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify) <u>Loss on Sale of Fixed Assets</u> \$ -1,038		
	Add amounts on lines (1) and (2)	<b>d</b>	-1,038
<b>e</b>	Total revenue per line 12, Form 990 (line <b>c</b> plus line <b>d</b> )	<b>e</b>	283,940

<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	272,154
<b>b</b>	Amounts included on line <b>a</b> but not on line 17 Form 990		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20 Form 990 \$		
(4)	Other (specify) <u>Fund Raising &amp; Diff Deprec</u> \$ 3,994		
	Add amounts on lines (1) through (4)	<b>b</b>	3,994
<b>c</b>	Line <b>a</b> minus line <b>b</b>	<b>c</b>	268,160
<b>d</b>	Amounts included on line 17 Form 990 but not on line <b>a</b>		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify) <u>Loss on Sale of Fixed Assets</u> \$ -1,038		
	Add amounts on lines (1) and (2)	<b>d</b>	-1,038
<b>e</b>	Total expenses per line 17, Form 990 (line <b>c</b> plus line <b>d</b> )	<b>e</b>	267,122

**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
Charney L Gonnerman PO Box 752, Bozeman, MT 59771	Director 40	32,051	0	0
Kathy Coles PO Box 752, Bozeman, MT 59771	Legal Advocate 40	30,674	0	0
----- ----- -----				
Board of Directors See Statement	Less than 2	0	0	0
Address for BOD PO Box 752 Bozeman, MT 59771-0752				
	0	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
<b>76</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes' attach a detailed description of each activity	<b>76</b>	X
<b>77</b> 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	<b>77</b>	X
<b>78a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	<b>78a</b>	X
<b>b</b> If Yes has it filed a tax return on <b>Form 990-T</b> for this year?	<b>78b</b>	X
<b>79</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If Yes, attach a statement	<b>79</b>	X
<b>80a</b> Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	<b>80a</b>	X
<b>b</b> If Yes, enter the name of the organization: _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
<b>81a</b> Enter direct or indirect political expenditures. See line 81 instructions	<b>81a</b>	0
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?	<b>81b</b>	X
<b>82a</b> Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	<b>82a</b>	X
<b>b</b> If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	<b>82b</b>	23,222
<b>83a</b> Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>83a</b>	X
<b>b</b> Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<b>83b</b>	X
<b>84a</b> Did the organization solicit any contributions or gifts that were not tax deductible?	<b>84a</b>	X
<b>b</b> If Yes, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>84b</b>	
<b>85 501(c)(4), (5), or (6) organizations</b> <b>a</b> Were substantially all dues nondeductible by members?	<b>85a</b>	
<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? If Yes, was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	<b>85b</b>	
<b>c</b> Dues, assessments, and similar amounts from members	<b>85c</b>	
<b>d</b> Section 162(e) lobbying and political expenditures	<b>85d</b>	
<b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	<b>85e</b>	
<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e)	<b>85f</b>	
<b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	<b>85g</b>	
<b>h</b> 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?	<b>85h</b>	
<b>86 501(c)(7) organizations</b> Enter <b>a</b> Initiation fees and capital contributions included on line 12	<b>86a</b>	
<b>b</b> Gross receipts included on line 12, for public use of club facilities	<b>86b</b>	
<b>87 501(c)(12) organizations</b> Enter <b>a</b> Gross income from members or shareholders	<b>87a</b>	
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>87b</b>	
<b>88</b> 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	<b>88</b>	X
<b>89a 501(c)(3) organizations</b> Enter Amount of tax imposed on the organization during the year under section 4911: 0 section 4912: 0 section 4955: 0		
<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	<b>89b</b>	X
<b>c</b> Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
<b>d</b> Enter Amount of tax on line 89c above, reimbursed by the organization		0
<b>90a</b> List the states with which a copy of this return is filed: <u>Montana</u>		
<b>b</b> Number of employees employed in the pay period that includes March 12, 2002 (See instructions)	<b>90b</b>	8
<b>91</b> The books are in care of: <u>The Network Against Sexual &amp; Domestic Abuse</u> Telephone number: <u>(406) 586-7689</u> Located at: <u>Post Office Box 752, Bozeman MT</u> ZIP + 4: <u>59771-0752</u>		
<b>92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041</b> - Check here <input type="checkbox"/> and enter the amount of tax exempt interest received or accrued during the tax year	<b>92</b>	

**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 _____					
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					377
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					-1,552
101 Net income or (loss) from special events					46,255
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a _____					
b Class Fees					125
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))					45,205
105 Total (add line 104 columns (B), (D), and (E))					45,205

**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)
95	Prudent investment of funds designated for network expenses and projects
100	Gain on Sales of donated Stocks and loss on sale of investments See Relationship of Activities to the Accomplishment of Exempt Purposes Statement

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See instructions) N/A

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

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

11-20-2003

Date

Executive Director

**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  
Supplementary Information — (See separate instructions )

**2002**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

The Network Against Sexual and Domestic Abuse

Employer identification number

81-0389914

**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 ▶

None

**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 ▶

None

**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 <b>▶ \$</b> <u>0</u></p> <p><b>(Must equal amounts on line 38, Part VI A or line 1 of Part VI B)</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><b>a</b> Sale, exchange, or leasing of property?</p>		X
<p><b>b</b> Lending of money or other extension of credit?</p>		X
<p><b>c</b> Furnishing of goods, services, or facilities?</p>		X
<p><b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>		X
<p><b>e</b> 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.)
- 11 a**  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.)
- 11 b**  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
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	225,047	293,707	269,821	299,151	1,087,726
<b>16</b> Membership fees received					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	24,258	24,682	3,046	4,047	56,033
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	1,089	778	1,602	1,507	4,976
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.	595	1,211	1,005	500	3,311
<b>23</b> Total of lines 15 through 22	250,989	320,378	275,474	305,205	1,152,046
<b>24</b> Line 23 minus line 17	226,731	295,696	272,428	301,158	1,096,013
<b>25</b> Enter 1% of line 23	2,510	3,204	2,755	3,052	
<b>26 Organizations described on lines 10 or 11</b>	a Enter 2% of amount in column (e) line 24				<b>26a</b> 21,920
<b>b</b> Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 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.					<b>26b</b>
<b>c</b> Total support for section 509(a)(1) test. Enter line 24, column (e).					<b>26c</b> 1,096,013
<b>d</b> Add: Amounts from column (e) for lines <u>18</u> 4,976 <u>19</u> _____ <u>22</u> 3,311 <u>26b</u> _____					<b>26d</b> 8,287
<b>e</b> Public support (line 26c minus line 26d total)					<b>26e</b> 1,087,726
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))					<b>26f</b> 99.24%
<b>27 Organizations described on line 12</b>					
<b>a</b> 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>b</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) _____					
<b>c</b> Add: Amounts from column (e) for lines <u>15</u> _____ <u>16</u> _____ <u>17</u> _____ <u>20</u> _____ <u>21</u> _____					<b>27c</b>
<b>d</b> Add: Line 27a total _____ and line 27b total _____					<b>27d</b>
<b>e</b> Public support (line 27c total minus line 27d total)					<b>27e</b>
<b>f</b> Total support for section 509(a)(2) test. Enter amount from line 23, column (e)					<b>27f</b>
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))					<b>27g</b> %
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					<b>27h</b> %

**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
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 a	Does the organization maintain the following: a Records indicating the racial composition of the student body, faculty, and administrative staff?		
32 b	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
32 c	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions programs, and scholarships?		
32 d	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 a	Does the organization discriminate by race in any way with respect to: a Students' rights or privileges?		
33 b	b Admissions policies?		
33 c	c Employment of faculty or administrative staff?		
33 d	d Scholarships or other financial assistance?		
33 e	e Educational policies?		
33 f	f Use of facilities?		
33 g	g Athletic programs?		
33 h	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?		
34 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 instructions )  
 (To be completed ONLY by an eligible organization that filed Form 5768)

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

<b>Limits on Lobbying Expenditures</b>		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term expenditures means amounts paid or incurred )			
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	0
<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>	0
<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>	0
<b>41</b>	Lobbying nontaxable amount Enter the amount from the following table – If the amount on line 40 is – Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000 The lobbying nontaxable amount is – 20% of the amount on line 40 \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000 \$1,000,000	<b>41</b>	0
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	0
<b>43</b>	Subtract line 42 from line 36 Enter 0 if line 42 is more than line 36	<b>43</b>	0
<b>44</b>	Subtract line 41 from line 38 Enter 0 if line 41 is more than line 38	<b>44</b>	0
<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:	Yes	No	Amount
<b>a</b> Volunteers			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h )			
<b>c</b> Media advertisements			
<b>d</b> Mailings to members, legislators, or the public			
<b>e</b> Publications or published or broadcast statements			
<b>f</b> Grants to other organizations for lobbying purposes			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
<b>i</b> Total lobbying expenditures (add lines c through h )			

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



**Depreciation and Amortization**  
**(Including Information on Listed Property)**  
▶ See separate instructions  
▶ Attach to your tax return

Name(s) shown on return **The Network Against Sexual and Domestic Abuse** Identifying number **81-0389914**

Business or activity to which this form relates  
Form 990 / Form 990EZ

**Part I Election To Expense Certain Tangible Property Under Section 179**  
Note If you have any listed property, complete Part V before you complete Part I

1	Maximum amount See instructions for a higher limit for certain businesses	1	\$24,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	\$200,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less enter 0	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less enter 0 If married filing separately see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c) lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2001 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2003 Add lines 9 and 10 less line 12	13	

Note Do not use Part II or Part III below for listed property Instead use Part V

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election (see instructions)	15	
16	Other depreciation (including ACRS) (see instructions)	16	232

**Part III MACRS Depreciation (Do not include listed property) (See instructions)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2002	17	10,456
18	If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts check here <input type="checkbox"/>		

**Section B - Assets Placed in Service During 2002 Tax Year Using the General Depreciation System**

(a) Class / ca on of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		6,865	5 0 yrs	HY	200DB	1 111
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property	01/03	2,119	27 5 yrs	MM	S/L	35
i Nonresidential real property			27 5 yrs	MM	S/L	
			39 yrs	MM	S/L	

**Section C - Assets Placed in Service During 2002 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40 year			40 yrs	MM	S/L	

**Part IV Summary (see instructions)**

21	Listed property Enter amount from line 28	21	707
22	Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instructions	22	12,541
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**Part V Listed Property** (Include automobiles certain other vehicles cellular telephones certain computers and property used for entertainment recreation, or amusement)  
**Note** For any vehicle for which you are using the standard mileage rate or deducting lease expense complete only 24a 24b columns (a) through (c) of Section A all of Section B and Section C if applicable

**Section A – Depreciation and Other Information (Caution See instructions for limits for passenger automobiles)**

<b>24a</b> Do you have evidence to support the business/investment use claimed?		<input checked="" type="checkbox"/> <b>Yes</b>		<input type="checkbox"/> <b>No</b>		<b>24b</b> If Yes is the evidence written?		<input type="checkbox"/> <b>Yes</b>		<input checked="" type="checkbox"/> <b>No</b>	
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)			
Type of property (list vehicles first)	Date placed in service	Business/investment use percentage	Cost or other basis	Basis for depreciation (business/investment use only)	Recovery period	Method/Convention	Depreciation deduction	Elected section 179 cost			
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)							25				
<b>26</b> Property used more than 50% in a qualified business use (see instructions)											
Telephone	02/01/01	100 00	250	250	7 00	200DB/HY	50				
Cell Phone	03/02/02	100 00	50	50	7 00	SL/HY	10				
Phone System	03/02/02	100 00	3,236	3,236	7 00	200DB/HY	647				
<b>27</b> Property used 50% or less in a qualified business use (see instructions)											
<b>28</b> Add amounts in column (h), lines 25 through 27 Enter here and on line 21 page 1							28	707			
<b>29</b> Add amounts in column (i) line 26 Enter here and on line 7 page 1									29		

**Section B – Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor partner or other 'more than 5% owner,' or related person If you provided vehicles to your employees first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year (do not include commuting miles – see instructions)	(a)		(b)		(c)		(d)		(e)		(f)	
	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle 5	Vehicle 6						
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
36 Is another vehicle available for personal use?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No

**Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles except commuting, by your employees? See instructions for vehicles used by corporate officers directors or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees obtain information from your employees about the use of the vehicles and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (see instructions) <b>Note</b> If your answer to 37, 38, 39, 40, or 41 is 'Yes' do not complete Section B for the covered vehicles		

**Part VI Amortization**

(a)	(b)	(c)	(d)	(e)	(f)
Description of costs	Date amortization begins	Amortizable amount	Code section	Amortization period or percentage	Amortization for this year
<b>42</b> Amortization of costs that begins during your 2002 tax year (see instructions)					
<b>43</b> Amortization of costs that began before your 2002 tax year				43	
<b>44</b> Total Add amounts in column (f) See instructions for where to report				44	

Schedule of Gains and Losses from  
Sale of Assets Other than Inventory

2002

▶ Attach to return

Name The Network Against Sexual and Domestic Abuse	Employer Identification Number 81-0389914
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**Part I, Line 8, Column (A) Securities**

**Public Securities**

Description	Gross Sales Price	Basis	
Publicly Traded Securities	10,929	Cost	11,443
		Selling Expenses	
		Basis	11,443

**Nonpublic Securities**

Description	Date Acquired and Method	Date Sold and to Whom	Gross Sales Price	Cost, other basis or FMV when donated (State which on top)
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----

<b>Total Securities</b>	10,929		11,443
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<b>Gain or (Loss) from Sale of Securities</b>	-514
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**Part I, Line 8, Column (B) Other Assets**

Description	Date Acquired and Method	Date Sold and to Whom	Gross Sales Price	Cost, other basis or FMV when donated	
Leather Sofa	July 1, 2002 Donated	June 30, 2003 Disposed	0	Cost	1,312
				Depreciation	-524
				Basis	788
				Donation FMV	
Gateway Computer	Nov 01, 2002 Donated	June 30, 2003 Disposed	0	Cost	300
				Depreciation	-50
				Basis	250
				Donation FMV	
-----	-----	-----	-----	Cost	
-----	-----	-----	-----	Depreciation	
-----	-----	-----	-----	Basis	
-----	-----	-----	-----	Donation FMV	
-----	-----	-----	-----	Cost	
-----	-----	-----	-----	Depreciation	
-----	-----	-----	-----	Basis	
-----	-----	-----	-----	Donation FMV	

<b>Total Other Assets</b>	0		1,038
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<b>Gain or (Loss) from Sale of Other Assets</b>	-1,038
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Form 990, Page 1, Part I, Line 9

**Special Events and Activities Statement**

List of Three Largest Events and Type and Number of Others	Gross Receipts	Less Contributions	Gross Revenue	Less Direct Expenses	Net Income (Loss)
Holiday Appeal 2002	27,702	0	27,702	691	27,011
Confluence	2,625	0	2,625	210	2,415
Drop an Trot	19,325	0	19,325	2,310	17,015
Other Fund Raising	210	0	210	396	-186
<b>Total</b>	<b>49,862</b>	<b>0</b>	<b>49,862</b>	<b>3,607</b>	<b>46,255</b>

Form 990 Page 2, Part II, Line 43

**Other Expenses Stmt**

Other expenses not covered above (itemize)	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Dues & subscriptions	828	678	150	0
Program Development	731	723	0	8
Security	556	556	0	0
Staff Development	1,233	1,111	114	8
Utilities	2,630	2,630	0	0
Bank Service Charges	225	0	225	0
Emergency Assistance	1,546	1,546	0	0
Workers Comp	7,513	6,703	810	0
<b>Total</b>	<b>15,262</b>	<b>13,947</b>	<b>1,299</b>	<b>16</b>

Form 990, Page 3, Part IV, Lines 57a &amp; 57b

**Land, Buildings and Equipment Statement**

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
Fixed Assets	186,805	84,123	102,682
<b>Total</b>	<b>186,805</b>	<b>84,123</b>	<b>102,682</b>

Form 990, Page 3, Part IV, Line 58

**Other Assets Statement**

Line 58 - Other Assets	Beginning of Year	End of Year
Donated Van		1,925
<b>Total</b>		<b>1,925</b>

Form 990, Page 6, Part VIII

**Relationship of Activities to the Accomplishment of Exempt Purposes Statement**

<b>Line Number ▼</b>	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)
	which were moved to a different account to prevent further losses
	Fixed assets used in providing services to those in crisis
	kept current with new technology
101	Fundraising helps to provide housing and crisis line services
103 a	Support Community Education

Additional Information For Tax Return

The Network Against Sexual and Domestic Abuse

81-0389914

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Form 990 p 1 Line 20

Donated Professional Services included on Financial Statements/Audit  
but not included in income on 990 Tax Return

\$23,222

Depreciation Expense on value of assets increased by donated professional  
services deducted on Financial Statements /Audit but not recorded as depreciation on 990

(387)

Total difference =

\$22,835

Form 990 p 2 Desc of Program Services

Legal advocacy assisted with 61 Temporary Orders of Protection in 2002-2003 FY. The legal advocate is involved with training for law enforcement, the Victim/Witness Project team. She works with judges to revise legal documents for victims. The legal advocate works with the Gallatin Project Team, a community collaboration that connects social service agencies and law enforcement in Gallatin Valley to improve services for domestic violence and child victimization.

# 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

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization	Employer identification number
	The Network Against Sexual and Domestic Abuse	81-0389914
	Number street and room or suite number If a P O box see instructions	
	PO Box 752	
	City town or post office For a foreign address see instructions	state ZIP code
	Bozeman	MT 59771

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

- |  |  |                                    |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990 T (corporation)                    | <input type="checkbox"/> Form 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 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 Feb 17 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 Jul 1, 20 02, and ending Jun 30, 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 \$ \_\_\_\_\_

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 \$ \_\_\_\_\_

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 \$ \_\_\_\_\_

**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 ▶ [Signature] Title ▶ CPA Date ▶ 11/12/03

BAA For Paperwork Reduction Act Notice, see instructions Form 8868 (12 2000)