

Form **990**

OMB No 1545-0047

Return of Organization Exempt From Income Tax

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

2003

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2003 calendar year, or tax year beginning , and ending**B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization**CARENET PREGNANCY CENTER OF OKANOAGAN COUNTY**

Number and street (or P.O. box if mail is not delivered to street address)

P.O. BOX 428

Room/suite

City or town, state or country, and ZIP + 4

OKANOAGAN**WA 98840-0428****D** Employer ID number**91-1638873****E** Telephone number**509-422-5506****F** Accounting method: ☒ Cash☐ Accrual ☐ Other (specify)

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

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ☐ Yes ☐ No**H(c)** Are all affiliates included? ☐ Yes ☐ No

(If "No," attach list. See instr.)

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)**G** Website: ▶ **N/A****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 ▶ **38,377****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)****1** Contributions, gifts, grants, and similar amounts received**a** Direct public support**b** Indirect public support**c** Government contributions (grants)**1a** **30,286****1b****1c****d** Total (add lines 1a through 1c) (cash \$ **30,286** noncash \$)**1d** **30,286****2** Program service revenue including government fees and contracts (from Part VII, line 93)**2****3** Membership dues and assessments**3****4** Interest on savings and temporary cash investments**4** **54****5** Dividends and interest from securities**5****6a** Gross rents**6a****b** Less: rental expenses**6b****c** Net rental income or (loss) (subtract line 6b from line 6a)**6c****7** Other investment income (describe ▶)**7****8a** Gross amount from sales of assets other than inventory**(A) Securities****(B) Other****8a****b** Less: cost or other basis and sales expenses**8b****c** Gain or (loss) (attach schedule)**8c****d** Net gain or (loss) (combine line 8c with lines (A) and (B))**8d****9** Special events and activities (attach schedule) If any amount is from gaming, check here ☐**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****10a** 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** **8,037****12** Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)**12** **38,377****13** Program services (from line 44, column (B))**13** **40,439****14** Management and general (from line 44, column (C))**14****15** Fundraising (from line 44, column (D))**15** **785****16** Payments to affiliates (attach schedule)**16****17** Total expenses (add lines 16 and 44, column (A))**17** **41,224****18** Excess or (deficit) for the year (subtract line 17 from line 12)**18** **-2,847****19** Net assets or fund balances at beginning of year (from line 73, column (A))**19** **18,304****20** Other changes in net assets or fund balances (attach explanation)**See Stmt 1****20** **2****21** Net assets or fund balances at end of year (combine lines 18, 19, and 20)**21** **15,459**

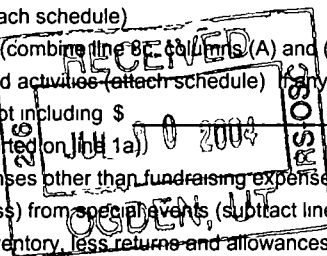
For Paperwork Reduction Act Notice, see the separate instructions.

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Part II Statement of

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations

Functional Expenses

and section 4947(a)(1) nonexempt charitable trusts but optional for others (See page 22 of the instructions.)

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 (attach schedule) (cash \$ _____ non-cash \$ _____)	22			
23	Specific assistance to individuals	23			
24	Benefits paid to or for members	24			
25	Compensation of officers, directors, etc.	25			
26	Other salaries and wages	26	14,454	14,454	
27	Pension plan contributions	27			
28	Other employee benefits	28			
29	Payroll taxes	29	82	82	
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32			
33	Supplies	33			
34	Telephone	34			
35	Postage and shipping	35	1,624	1,624	
36	Occupancy	36	9,393	9,393	
37	Equipment rental and maintenance	37			
38	Printing and publications	38			
39	Travel	39			
40	Conferences, conventions, and meetings	40			
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42	229	229	
43	Other expenses not covered above (itemize). a	43a			
	b See Statement 2	43b	15,442	14,657	785
	c	43c			
	d	43d			
	e	43e			
44	Total functional expenses (add lines 22 - 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	41,224	40,439	0 785

Joint Costs. Check ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

► ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____,

(iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See page 25 of the instructions.)

What is the organization's primary exempt purpose?

► **PREGNANCY AWARENESS & CARE**

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) & (4) orgs. & 4947(a)(1) trusts, but optional for others.)a **THE CENTER COUNSELED NUMEROUS INDIVIDUALS ABOUT PREGNANCY AWARENESS DURING 2002.**(Grants and allocations \$ _____) **40,439**

b

(Grants and allocations \$ _____)

c

(Grants and allocations \$ _____)

d

(Grants and allocations \$ _____)

e Other program services (attach schedule)

f **Total of Program Service Expenses** (should equal line 44, column (B), Program services)**40,439**

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

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
45	Cash-non-interest-bearing		45
46	Savings and temporary cash investments	17,049	46 14,449
47a	Accounts receivable	47a	
b	Less allowance for doubtful accounts	47b	47c
48a	Pledges receivable	48a	
b	Less allowance for doubtful accounts	48b	48c
49	Grants receivable		49
50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50
51a	Other notes and loans receivable (attach schedule)	51a	
b	Less allowance for doubtful accounts	51b	51c
52	Inventories for sale or use		52
53	Prepaid expenses and deferred charges		53
54	Investments-securities ☐ Cost ☐ FMV		54
55a	Investments-land, buildings, and equipment basis	55a	
b	Less accumulated depreciation (attach schedule)	55b	55c
56	Investments-other (attach schedule)		56
57a	Land, buildings, and equipment basis	57a 2,283	
b	Less accumulated depreciation (attach schedule)	57b 859	57c 1,653
58	Other assets (describe ☐)		58
59	Total assets (add lines 45 through 58) (must equal line 74)	18,702	59 15,873
60	Accounts payable and accrued expenses		60
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 ☐ See Stmt 3)	398	65 414
66	Total liabilities (add lines 60 through 65)	398	66 414
Organizations that follow SFAS 117, check here ☒ and complete lines 67 through 69 and lines 73 and 74			
67	Unrestricted	17,329	67 15,459
68	Temporarily restricted	975	68
69	Permanently restricted		69
Organizations that do not follow SFAS 117, check here ☐ 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	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	18,304	73 15,459
74	Total liabilities and net assets / fund balances (add lines 66 and 73)	18,702	74 15,873

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

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Part IV-A**Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See page 27 of the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	38,377
b	Amounts included on line a but not on line 12, Form 990	b	
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify)		
	\$		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	38,377
d	Amounts included on line 12, Form 990 but not on line a:	d	
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)		
	\$		
	Add amounts on lines (1) and (2)	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	38,377

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

a	Total expenses and losses per audited financial statements	a	41,224
b	Amounts included on line a but not on line 17, Form 990	b	
(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)		
	\$		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	41,224
d	Amounts included on line 17, Form 990 but not on line a:	d	
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)		
	\$		
	Add amounts on lines (1) and (2)	d	
e	Total expenses per line 17, Form 990 (line c plus line d)	e	41,224

Part V**List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated, see page 27 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contrib to employee benefit plans & deferred compensation	(E) Expense account and other allowances
SHARON CRAIG 597B SALMON CR. OKANOGAN, 98840	CHAIR 1.5	0	0	0
PAUL ASHBROOK 172-A OMAK RIVER OMAK, WA 98841	VICE CHAIR 1.0	0	0	0
MIKE MCDANIEL P.O. BOX 946 OMAK, WA 98841	SECRETARY 1.0	0	0	0
KORY LESTER P.O. BOX 26 OKANOGAN, WA 98840	TREASURER 1.0	0	0	0
CHARLIE DUNCAN 2184 BURTON AVE. OKANOGAN, 98840	MEMBER 1.0	0	0	0
VIRGINIA LINKLATER P.O. BOX 732 OKANOGAN, WA 98840	MEMBER 1.0	0	0	0
GEN HULL P.O. BOX 1086 OMAK, WA 98841	MEMBER 1.0	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?
If "Yes," attach schedule-see page 28 of the instructions

► ☐ Yes ☒ No

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

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	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	77	X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization ☐ and check whether it is ☐ exempt or ☐ nonexempt		
81a	Enter direct and indirect political expenditures. See line 81 instructions	81a	
b	Did the organization file Form 1120-POL for this year?	81b	X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) See Stmt 4	82b	350
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	N/A
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
c	Dues, assessments, and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
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?	85h	N/A
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89a	501(c)(3) organizations. Enter. Amount of tax imposed on the organization during the year under section 4911 <u>0</u> , section 4912 <u>0</u> , section 4955 <u>0</u>		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter. Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
d	Enter. Amount of tax on line 89c, above, reimbursed by the organization		0
90a	List the states with which a copy of this return is filed None		
b	Number of employees employed in the pay period that includes March 12, 2003 (See instructions.)	90b	2
91	The books are in care of KORY LESTER Located at P.O. BOX 428, OKANOGAN, WA		
	Telephone no 509-422-5506 ZIP + 4 98840-0428		
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	

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

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by sec 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 and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	54	
96 Dividends and 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 personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a _____					
b FUND RAISING			41	8,037	
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0		8,091	0
105 Total (add line 104, columns (B), (D), and (E))					8,091

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)
1	
N/A	

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)

Please	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge
	<i>Kenneth J. Lester</i> Preparer Date 7-24-04

Date

Check if

Preparer's SSN or PTIN (See Gen. Instr. W)

Depreciation and Amortization

OMB No 1545-0172

Form **4562**

(Including Information on Listed Property)

2003Department of the Treasury
Internal Revenue Service

▶ See separate instructions.

▶ Attach to your tax return.

Attachment
Sequence No **67**

Name(s) shown on return

**CARENET PREGNANCY CENTER OF
OKANOGAN COUNTY**Identifying number
91-1638873

Business or activity to which this form relates

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

1	Maximum amount See page 2 of the instructions for a higher limit for certain businesses	1	100,000
2	Total cost of section 179 property placed in service (see page 2 of the instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	400,000
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 page 2 of the 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 2002 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	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 2004 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 prop (other than listed prop) placed in service during the tax year (see pg 3 of the instr)	14	
15	Property subject to section 168(f)(1) election (see page 4 of the instructions)	15	
16	Other depreciation (including ACRS) (see page 4 of the instructions)	16	

Part III MACRS Depreciation (Do not include listed property.) (See page 4 of the instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2003	17	229
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 ☐		

Section B-Assets Placed in Service During 2003 Tax Year Using the General Depreciation System

(a) Classification 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						
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			27 5 yrs	MM	S/L	
i Nonresidential real property			27 5 yrs	MM	S/L	
			39 yrs	MM	S/L	
				MM	S/L	

Section C-Assets Placed in Service During 2003 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 page 6 of the instructions)

21	Listed property Enter amount from line 28	21	
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 instr	22	229
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	

For Paperwork Reduction Act Notice, see separate instructions.

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There are no amounts for Page 2

CARENET PREGNANCY CENTER OF

91-1638873

Form 4562 (2003)

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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 page 7 of the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?				Yes		No		24b If "Yes," is the evidence written?				Yes		No	
(a) Type of prop (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)		(f) Recovery period		(g) Method/Convention		(h) Depreciation deduction		(i) Elected section 179 cost			
25 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 page 6 of the instructions)										25					
26 Property used more than 50% in a qualified business use (see page 6 of the instructions)															
		%													
		%													
27 Property used 50% or less in a qualified business use (see page 6 of the instructions):															
		%						S/L-							
		%						S/L-							
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1										28					
29 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 page 2 of the instructions)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) 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?												
36 Is another vehicle available for personal use?												

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 page 8 of the instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See page 8 of the 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 page 9 of the instructions)		

Note: 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) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2003 tax year (see page 9 of the instructions)					
43 Amortization of costs that began before your 2003 tax year					43
44 Total. Add amounts in column (f). See page 9 of the instructions for where to report					44

91-1638873

Federal Asset Report

FYE: 12/31/2003

Indirect Depreciation

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Sec 168(k)	Basis for Depr	PerConv Meth	Prior	Current
Prior MACRS:										
1	COPY MACHINE	7/01/99	600				600	10 HY S/L	210	60
2	REMODEL	7/01/00	1,683				1,683	10 HY S/L	420	169
			<u>2,283</u>				<u>2,283</u>		<u>630</u>	<u>229</u>
Grand Totals			2,283				2,283		630	229
Less: Dispositions			<u>0</u>				<u>0</u>		<u>0</u>	<u>0</u>
Net Grand Totals			<u>2,283</u>				<u>2,283</u>		<u>630</u>	<u>229</u>

91-1638873

WA Asset Report

FYE: 12/31/2003

Indirect Depreciation

Asset	Description	Date In Service	Cost	Basis for Depr	WA Prior	WA Current	Federal Current	Difference Fed - WA
Other Depreciation:								
1	COPY MACHINE	7/01/99	0	0	0	0	60	60
2	REMODEL	7/01/00	0	0	0	0	169	169
Total Other Depreciation			0	0	0	0	229	229
Total ACRS and Other Depreciation			0	0	0	0	229	229
Grand Totals			0	0	0	0	229	229
Less: Dispositions			0	0	0	0	0	0
Net Grand Totals			0	0	0	0	229	229

91-1638873

AMT Asset Report

FYE: 12/31/2003

Indirect Depreciation

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Sec 168(k)	Basis for Depr	PerConv Meth	Prior	Current
Prior MACRS:										
1	COPY MACHINE	7/01/99	600				600	10 HY S/L	210	60
2	REMODEL	7/01/00	1,683				1,683	10 HY S/L	421	168
			<u>2,283</u>				<u>2,283</u>		<u>631</u>	<u>228</u>
Grand Totals			2,283				2,283		631	228
Less: Dispositions			<u>0</u>				<u>0</u>		<u>0</u>	<u>0</u>
Net Grand Totals			<u>2,283</u>				<u>2,283</u>		<u>631</u>	<u>228</u>

Depreciation Adjustment Report**All Business Activities**

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
<u>MACRS Adjustments:</u>						
Page 1	1	1	COPY MACHINE	60	60	0
Page 1	1	2	REMODEL	169	168	1
				<u>229</u>	<u>228</u>	<u>1</u>

Future Depreciation Report**FYE: 12/31/04**

FYE: 12/31/2003

Indirect Depreciation

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
<u>Prior MACRS:</u>					
1	COPY MACHINE	7/01/99	600	60	60
2	REMODEL	7/01/00	1,683	168	168
			<u>2,283</u>	<u>228</u>	<u>228</u>
Grand Totals			<u>2,283</u>	<u>228</u>	<u>228</u>

Federal Statements**Statement 1 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances**

Description	Amount
ROUNDING DIFFERENCE	\$ 2
Total	\$ 2

Federal Statements**Statement 2 - Form 990, Part II, Line 43 - Other Functional Expenses**

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Mgt & General</u>	<u>Fund- Raising</u>
	\$	\$	\$	\$
Expenses				
ADVERTISING	2,736	2,736		
AFFILIATION FEE	310	310		
BANK SERVICE CHARGES	25	25		
BOOKS/PUBLICATIONS	1,334	1,334		
C.A.T.C.H. EXPENSES	1,547	1,547		
FUND RAISING EXPENSES	785			785
GIFTS TO VOLUNTEERS	182	182		
INSURANCE	1,113	1,113		
LICENSES/LEGAL	10	10		
MAINTENANCE, BUILDING	530	530		
MISCELLANEOUS	106	106		
OFFICE SUPPLIES	1,176	1,176		
P A C E EXPENSE	144	144		
PHONE/UTILITIES	4,211	4,211		
PREGNANCY TESTS	162	162		
TRAINING	1,071	1,071		
Total	\$ 15,442	\$ 14,657	\$ 0	\$ 785

Federal Statements**Statement 3 - Form 990, Part IV, Line 65 - Other Liabilities**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
PAYROLL TAXES COLLECTED, UNREMITTED	\$ <u>398</u>	\$ <u>414</u>
Total	\$ <u>398</u>	\$ <u>414</u>

Federal Statements**Statement 4 - Form 990, Part VI, Line 82b - Donated Services**

Description	Amount
TAX PREPARATION	\$ 350
Total	\$ 350