_{Form} 990

Department of the Treasury Internal Revenue Service

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)

20**04**

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

Open to Public Inspection

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Name change Institute Solitati CANGLIANS Paul CAN			use 99590 *****AUTO**5.	-DIGIT 292	21		57	0567186
Initiat return For Bot 211 68 For			nein CHILD EVANGELISM FELLOWSHIP	INC				
Facult return Facult retur			Se PO BOX 211684				(803	798-8624
Application pending Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trust must shart attach a completed Schedula A (Form 990 or 990-E2). Hard 1 are not applicable to section 527 organizations (1 this shart shart attach a completed Schedula A (Form 990 or 990-E2). Hard 1 are not applicable to section 527 organizations (1 this shart			ISDE COLUMNIA CO SOSSI COSA		1, 2,	T	F Accountin	g method. X Cash Accrual
Application pending Section 501(s)(3) creamizations and 4947(e)(1) nonexement charitable trust must attach a completed Schedule A (From 990 or 990-EZ) 16) 16 17 17 18 18 18 18 18 18	$\overline{}$		i tio			1	☐ Oth	ner (specify)
Comparization type (check only one) ► District Size (more step) Size	_			1) nonexempt	charitable			
Drogalization type (check only one)			trusts must attach a completed Schedule A (F	orm 990 or 990)-EZ).			
J Croganization type (check only one) > 1 501(c) (3) < (neet no) 4947(x(1) or 527 16	G	Websit	e: ►			1 ''		<u> </u>
K Check Here	.1	Organi	ration type (check only one) > 7 501(c) (3) < (insert no.)	1 4947(a)(1) o	r 🗆 527	1 '		
received and the adjustment gives better the proposition of the propo						H(d) Is this a ser	parate retur	n filed by an
n the mail, it should file a return without financial data Some states require a complete return. Gross receipts, Add lines 6b, 8b, 9b, and 10b to line 12						organization	covered b	y a group ruling? Yes No
Corrisource people. Add lines 6b, 8b, 9b, and 10b to line 12 ► 164735 to attach Sch 8 (Form 990, 990-EZ, or 990-FF). Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.) Contributions, gifts, grants, and similar amounts received: Indirect public support Government contributions (grants) Total (add lines 1a through 1c) (cash \$								
Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.) Contributions, gifts, grants, and similar amounts received: Indirect public support Government contributions (grants) Total (add lines 1 at through 1c) (cash \$ noncash \$ noncash \$ noncash \$ noncash \$ noncash \$ noncash \$ noncash \$ noncash \$ noncash \$ noncash \$ noncash \$ noncash \$ noncash \$ noncash \$ noncash \$ noncash \$				11/02	Ø			
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a Direct public support 6 Indirect public support 10 Government contributions (grants) 11 Total (add lines 1a through 1c) (cash \$ noncash \$) 12 Total (add lines 1a through 1c) (cash \$ noncash \$) 13 Membership dues and assessments 4 Interest on savings and temporary cash investments 5 Dividends and interest from securities 6 Gross rents 6 Gross rents 6 Gross rents 6 Gross rents 6 Gross amount from securities 6 Gross amount from securities 6 Gross amount from sales of assets other than inventory 1 Less: cost or other basis and sales expenses 2 Calin or (loss) (combine line 8c, columns (A) and (B)) 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) b Less: direct expenses other than fundraising expenses c Net income or (loss) from special events (subtract line 9b from line 9a) 2 Cross profit or (loss) from special events (subtract line 9b from line 9a) 10a Gross sales of inventory, less returns and allowances 10a Gross and from securities (B) 11 Total revenue (add lines 1d, 2, 3, 4, 5, 5, 6), 8d, 9c, 10c, and 11) 12 12 7 7 9 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		100				20 000		
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Interest on savings and temporary cash investments 4 3 6		135	Trogram service revenue including government lees t		•			
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6a Gross rents by Less: rental expenses c Net rental income or (loss) (subtract line 6b from line 6a) 7 Dither investment income describe 8a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) (combine line 8c, columns (A) and (B)) 9 Special events and activities (attach schedule). If any amount is from gaming, check here c Net income or (loss) from special events (subtract line 9b from line 9a) c Net income or (loss) from special events (subtract line 9b from line 9a) c Gross profit or (loss) from special events (subtract line 9b from line 1a) c Gross sales of inventory, less returns and allowances c Gross profit or (loss) from special events (subtract line 10b from line 10a) c Gross profit or (loss) from special events (subtract line 10b from line 10a) c Gross profit or (loss) from special events (subtract line 10b from line 10a) c Gross profit or (loss) from special events (subtract line 10b from line 10a) c Gross profit or (loss) from special events (subtract line 10b from line 10a) c Gross profit or (loss) from special events (subtract line 10b from line 10a) c Gross profit or (loss) from special events (subtract line 10b from line 10a) c Gross profit or (loss) from special events (subtract line 10b from line 10a) c Gross profit or (loss) from special events (subtract line 10b from line 10a) c Gross profit or (loss) from special events (subtract line 10b from line 10a) c Gross profit or (loss) from special events (subtract line 10b from line 10a) c Gross profit or (loss) from special events (subtract line 10b from line 10a) c Gross profit or (loss) from special events (subtract line 10b from line 10a) c Gross profit or (loss) from special events (subtract line 10b from line 10a) c Gross profit or (loss) from special events (subtract line 10b from line 10a) c Gross profit or (loss) from special events (subtract line 10b from line 10a) c Gross profit or (loss) from special events (subtract line 10b from line 10a) c Gross profit or (loss) fro							<u> </u>	
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Program serior estate (MA) in 944 (Ma) (Ma) (Ma) (Ma) (Ma) (Ma) (Ma) (Ma)		11	Other revenue (from Par (41) Inte 103)					· · · · · · · · · · · · · · · · · · ·
15 Fundraising (from feet 4 column (a)) 16 Payments to affiliates (ascent stricture) 17 Total expenses (add lines 16 and 44, column (A)) 18 Excess or (deficit) for the year (subtract line 17 from line 12) 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 19 Other changes in net assets or fund balances (attach explanation). 20 Net assets or fund balances at end of year (combine lines 18, 19, and 20) 21 O 0 5 9		12			<u> </u>	<u></u>		127845
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17 Total expenses (add lines 16 and 44, cdiumn (A))	ğ		Fundraising (from line 44 column D)		,			17665
18 Excess or (deficit) for the year (subtract line 17 from line 12)	Ш		Payments to affiliates (attach, schedule)					134,673
19 Net assets or fund balances at beginning of year (from line 73, column (A))		<u> </u>			• • •	· · · · ·		- 15/087
21 Not accord of failed contained at one of your footnome into 16, 10, and 20	sets		· · · · · · · · · · · · · · · · · · ·					(27.61)
21 Not accord of failed contained at one of your footnome into 16, 10, and 20	Ą		• • • • • • • • • • • • • • • • • • • •			(/\))		22040
21 Not accord of failed contained at one of your footnome into 16, 10, and 20	Š							(0059
						Cat No 11282Y		Form 990 (2004)

Part I	Statement of Functional Expenses		st comp 1) none	lete column (A), Column cempt chantable trusts b	s (B), (C), and (D) are re out optional for others (\$	quired for section 501(c) See page 22 of the instr	(3) and (4) organizations actions.)
C	Do not include amounts rep 6b, 8b, 9b, 10b, or 16 c	orted on line		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
2 Gı	rants and allocations (attac	h schedule)				* * / . > * =	
•	ash \$ noncash	•	22			*	
	pecific assistance to individuals	•	23			1. 1 ± 4	
	enefits paid to or for members	,	24	20 000			0
	ompensation of officers, dir		25	39000	16864	30000	4000 7300
	ther salaries and wages		26 27	19167	1000		DJUU
	ension plan contributions		28	12140		13145	
	ther employee benefits .		29	5695	12.32	4463	
	ayroll taxes		30	- J - J - J		7 4 00	
	rofessional fundraising fees counting fees		31	2400	800	1600	
	egal fees		32	877	873	7.4.0	
	upplies		33	2882	2040	400	422
	elephone		34	4619	7-1 17	2500	
	ostage and shipping		35	1443	350	700	893
			36	5155	2157	3000	
	quipment rental and mainte		37	1973	1473'	500	·
	rinting and publications .		38	350	700	కం	100
	ravel		39	8271	2819	3252	2700
0 C	onferences, conventions, a	nd meetings .	40	6543	3143	1900	1500
1 In	nterest		41	81	81		
2 De	epreciation, depletion, etc. (attach schedule)	42				
3 Ot	ther expenses not covered above (i	itemize): a	43a				
b	Insprance.		43b	7315	2315		1/00
С	other Offices		43c	7500	2400		400
d '''	Dyr Seas Mass	44	43d	1600	3600	210	\$50
با e ستا	muher 1123 afro	sturing 29)	43e	1410	360	4	220
4 To:	otal functional expenses (add lines 22 thrompleting columns (B)-(D), carry these	ough 43). Organizations totals to lines 13—15	44	121409	47.524	61220	17.665
re any "Yes," ii) the a Part I	Costs. Check □ If you joint costs from a combined e menter (i) the aggregate amou amount allocated to Manager Statement of Programs the organization's primary	ducational campaign nt of these joint cost nent and general \$ am Service Acco	and fus \$; (ii) the ; and (iv) the shments (See p	e amount allocated e amount allocated page 25 of the in	to Program services to Fundraising \$ istructions.)	Yes N
II orga f client	anizations must describe their its served, publications issue ations and 4947(a)(1) nonexer	exempt purpose ac	chiever ieveme	ments in a clear an ents that are not m	d concise manner. neasurable (Section	State the number n 501(c)(3) and (4)	Expenses (Required for 501(c)(3) an (4) orgs , and 4947(a)(1) trusts, but optional for others)
a	Children	Lerebed	fa	and allocations	st 37	5.79	39122
b	Teacher	Trains	ng		2	138	3402
 				and allocations and allocations	\$0		
d				and allocations	\$		
e Oth	ner program services (attach			and allocations	\$	· '	
	al of Program Service Exp					 	47/211
				<u>, , , , , , , , , , , , , , , , , , , </u>	<u> </u>	<u> </u>	Form 990 (200

						94 .
Pa	art IV	Balance Sheets (See page 25 of the	instructions.)			
١	Note:	Where required, attached schedules and amounts column should be for end-of-year amounts only	within the description	(A) Beginning of year		(B) End of year
	45 46	Cash—non-interest-bearing Savings and temporary cash investments .		7708	45 46	6319
		Accounts receivable	47a 47b	2551	47c	
	1	Pledges receivable	48a 48b		48c 49	
	50	Receivables from officers, directors, truste (attach schedule)			50	
Assets		Other notes and loans receivable (attach schedule)	51a 51b		51c	
Ä	52 53	Inventories for sale or use		2500	52 53 54	900
	54 55a	Investments—securities (attach schedule) . Investments—land, buildings, and equipment: basis	. ▶ ☐ Cost ☐ FMV		34	
		Less: accumulated depreciation (attach schedule)	55b		55c	
		Investments—other (attach schedule) Land, buildings, and equipment. basis . Less: accumulated depreciation (attach	57a 39918 57b 19303	10707		20/1/
	58	schedule) . Other assets (describe ►	576 19303 Equipment)	19303	57c	31000
	59 60	Total assets (add lines 45 through 58) (must Accounts payable and accrued expenses .		32062	59 60	58835
"	61 62	Grants payable			61 62	
abilities	63 64a	Loans from officers, directors, trustees, and schedule)			63 64a	
Lia	65	Mortgages and other notes payable (attach Other liabilities (describe ▶			64b 65	
	66			13079	66	5539
Net Assets or Fund Balances	67 68 69	anizations that follow SFAS 117, check here 67 through 69 and lines 73 and 74. Unrestricted	· · · · · · · · · · · · · · · · · · ·	18 983	67 68 69	5539 5329b
or Func	70	inizations that do not follow SFAS 117, check complete lines 70 through 74. Capital stock, trust principal, or current fund	ls		70	·
Assets o	71 72 73	Paid-in or capital surplus, or land, building, a Retained earnings, endowment, accumulated Total net assets or fund balances (add line	d income, or other funds		71 72	-
Ę		70 through 72;	o or anough oo or miss	10.00=		17-1

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.

Par	Reconciliation of Revenu Financial Statements wit Return (See page 27 of the	h Revenue per	Part N	Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
а	Total revenue, gains, and other support		а	Total expenses and losses per
	per audited financial statements $\ . \ \ \blacktriangleright$	a		audited financial statements > a
b	Amounts included on line a but not on line 12, Form 990:		b	Amounts included on line a but not on line 17, Form 990:
(1)	Net unrealized gains on investments \$		(1)	Donated services and use of facilities \$
(2)	Donated services and use of facilities \$		(2)	Prior year adjustments reported on line 20,
(3)	Recoveries of prior vear grants \$			Form 990 <u>\$</u>
(4)	year grants \$ Other (specify):		(3)	Losses reported on line 20, Form 990 .
			(4)	Other (specify):
	Add amounts on lines (1) through (4)	Ь	4	s
	The amount of miles (1) amough (1)		1	Add amounts on lines (1) through (4)
C	Line a minus line b	С	c	Line a minus line b
đ	Amounts included on line 12, Form 990 but not on line a:		d	Amounts included on line 17, Form 990 but not on line a:
(1)	Investment expenses		(1)	Investment expenses
	not included on line 6b, Form 990 \$		s	not included on line 6b, Form 990 \$
(2)	Other (specify):		(2)	Other (specify):
	••••••••••••••••••••••••••••••••••••••			la
	Add amounts on lines (1) and (2)	d		Add amounts on lines (1) and (2)
е	Total revenue per line 12, Form 990		e	Total expenses per line 17, Form 990
	(line c plus line d) ▶	е	<u> </u>	(line c plus line d) ▶ e
Par	List of Officers, Directors, Ti the instructions.)	rustees, and Key	Emplo	pyees (List each one even if not compensated; see page 27
	(A) Name and address	(B) Title a	and avera	rage hours per to position (C) Compensation (If not paid, enter oposition (If not paid, enter of the paid, enter of the position of the paid, enter of the position of the paid, enter of the paid, enter of the paid the paid to the pa
4	se attached to	stol R) se	rd Members
••••				
	Did any officer, director, trustee, or key en organization and all related organizations, of the "Yes," attach schedule—see page 2	of which more than \$1	0,000 w	ompensation of more than \$100,000 from your vas provided by the related organizations? ▶ ☐ Yes ☐ No

Pa	t 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
7	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		X
	If "Yes," attach a conformed copy of the changes.			
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	78b		
9	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		<u>x</u>
0a	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 organization2	80a	×	
þ	If "Yes," enter the name of the organization Child Evangelisian Fellows hip, de		,	á §
	and check whether it is exempt or ponexempt.		. : *	
	Enter direct and indirect political expenditures. See line 81 instructions			
b	Did the organization file Form 1120-POL for this year?	81b		_Z
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?	82a		
b	If "Yes," you may indicate the value of these items here. Do not include this amount			1)
	as revenue in Part I or as an expense in Part II. (See instructions in Part III.)			
а	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	X	
a	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	<u> </u>		
	or gifts were not tax deductible?	84b		1
	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		11
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
	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.		- [
	Dues, assessments, and similar amounts from members		' !	, ;
	Section 162(e) lobbying and political expenditures	1 1	1	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e	1 1	` 	1
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	- ~	1
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its	1 1		14
	reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax		17	1
	year?	85h		· ·
	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12.	1 1	1	,
b	Gross receipts, included on line 12, for public use of club facilities			
	501(c)(12) orgs. Enter: a Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other	l	″	7
	sources against amounts due or received from them.)		ŀ	\$
	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or	1 1	ł	ŧ
	partnership, or an entity disregarded as separate from the organization under Regulations sections			V
	301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		
а	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:	1		
_	section 4911 ►; section 4912 ►; section 4955 ►			
Ø	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction		- 1	(
	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		7
_		เดอก		
C	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under			
4	sections 4912, 4955, and 4958		-	
_	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ _ List the states with which a copy of this return is filed ▶			
	Number of employees employee in the pay panod that includes March 12, 2004 (See instructions.)	7-		•
•	The books are in care of \(\)	ilC.	_ / /	40
	Located at D. C.	77	J.4	r.7
	Located at ► ZIP + 4 ► Z9.3.1.2 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here.	11 4		· · · · ·
	and enter the amount of tax-exempt interest received or accrued during the tax year > 92	//A		

	VII Analysis of Income-Producing A		age oo or trie i	1130 000010:13.)	,				
Note	: Enter gross amounts unless otherwise	Unrelated by	usiness income	Excluded by sect	on 512, 513, or 514	(E)			
indic	ated.	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function income			
93	Program service revenue:			 		moonio .			
a		_ 		<u> </u>					
b		_		<u> </u>					
C			11 ^	, 					
đ		_ 	11 A	1					
е	A de alia anno (A de alia alia anno anno anno anno anno anno anno an	- 	1///	 		<u> </u>			
f	Medicare/Medicaid payments	<u> </u>	101	 					
9	Fees and contracts from government agencie	s	· · · · · · · · · · · · · · · · · · ·	 		 			
94	Membership dues and assessments			 					
95	Interest on savings and temporary cash investmen	is		 					
96	Dividends and interest from securities	0.2865(8)77(8)5(0)		12 8 0	¥ 77 ° °				
97	Net rental income or (loss) from real estate:	<u> </u>		 					
a	debt-financed property			 					
	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 invento	у							
101	Net income or (loss) from special events .			 					
102	Gross profit or (loss) from sales of inventory			 					
103	Other revenue: a	_		 					
b			 	 					
C		_	·	 	·	ļ 			
d		_		 		ļ			
е									
104	Subtotal (add columns (B), (D), and (E))			1 m		<u> </u>			
105	Total (add line 104, columns (B), (D), and (E)				-				
	Line 105 plus line 1d, Part I, should equal the			(Coo	va OA of the inc				
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 incom	e is reported in colu	mn (E) of Part VII	contributed im					
		e is reported in colu	mn (E) of Part VII	contributed im					
	No. Explain how each activity for which incom	e is reported in colu	mn (E) of Part VII	contributed im					
	No. Explain how each activity for which incom	e is reported in colu	mn (E) of Part VII	contributed im					
	No. Explain how each activity for which incom	e is reported in colu	mn (E) of Part VII	contributed im					
Line	No. Explain how each activity for which incom of the organization's exempt purposes (other than the control of the organization) and the control of the organization o	e is reported in colu ier than by providig	mn (E) of Part VII g funds for such p	contributed impourposes).	portantly to the a	ccomplishment			
	No. Explain how each activity for which incom of the organization's exempt purposes (otherwise section of the organization of	e is reported in columer than by providige	mn (E) of Part VII g funds for such p	contributed impourposes).	portantly to the a	ctions.)			
Line	No. Explain how each activity for which income of the organization's exempt purposes (otherwise the organization is exempt purposes (otherwise the organization) is exempt purpose (otherwise the organization).	e is reported in columer than by providing than by providing sidiaries and Dising (B) Percentage of	mn (E) of Part VII g funds for such p	contributed impurposes).	portantly to the a	ctions.) (E) End-of-year			
Line	No. Explain how each activity for which income of the organization's exempt purposes (otherwise the organization's exempt purposes).	e is reported in columer than by providigual in the second	mn (E) of Part VII g funds for such p	contributed impurposes).	portantly to the a	ctions.)			
Line	No. Explain how each activity for which income of the organization's exempt purposes (otherwise the organization is exempt purposes (otherwise the organization) is exempt purpose (otherwise the organization).	e is reported in columer than by providing than by providing sidiaries and Dising (B) Percentage of	mn (E) of Part VII g funds for such p	contributed impurposes).	portantly to the a	ctions.) (E) End-of-year			
Line	No. Explain how each activity for which income of the organization's exempt purposes (otherwise the organization is exempt purposes (otherwise the organization) is exempt purpose (otherwise the organization).	e is reported in columer than by providing than by providing sidiaries and Dising (B) Percentage of	mn (E) of Part VII g funds for such p	contributed impurposes).	portantly to the a	ctions.) (E) End-of-year			
Line	No. Explain how each activity for which income of the organization's exempt purposes (otherwise the organization is exempt purposes (otherwise the organization) is exempt purpose (otherwise the organization).	sidiaries and Disperentage of ownership interest	mn (E) of Part VII g funds for such p	contributed impurposes).	portantly to the a	ctions.) (E) End-of-year			
Part	No. Explain how each activity for which incomo of the organization's exempt purposes (otherwise the organization's exempt purposes) (otherwise the orga	sidiaries and Disperentage of ownership interest	regarded Entition Nature of a	contributed impurposes). es (See page ctivities	34 of the instru (D) Total income	ctions.) End-of-year assets			
Line	No. Explain how each activity for which incomo of the organization's exempt purposes (otherwise the organization's exempt purposes) (otherwise the orga	sidiaries and Disperentage of ownership interest	regarded Entition Nature of a	contributed impurposes). es (See page ctivities	34 of the instru (D) Total income	ctions.) End-of-year assets			
Part	No. Explain how each activity for which incomo fine organization's exempt purposes (otherwise the organization) exempt purposes (otherwise the organization) exempt purposes (otherwise the organization exempt purposes (otherwise the organization) exempt purposes (ot	sidiaries and Disi (B) Percentage of ownership interest % Ociated with Person	regarded Entition Nature of a	contributed impurposes). es (See page ctivities	34 of the instru (D) Total income	ctions.) End-of-year assets			
Part (a) (b)	IX Information Regarding Taxable Sub- (A) Name, address, and EIN of corporation, partnership, or disregarded entity X Information Regarding Transfers Assorbid the organization, during the year, receive any funds, Did the organization, during the year, pay present the organization of	sidiaries and Disi (B) Percentage of whereship interest (A) Cociated with Person directly or indirectly or indirec	regarded Entitie Nature of a Para Benefit Con pay premiums on a r indirectly, on a	contributed impurposes). es (See page ctivities tracts (See pa	34 of the instru (D) Total income ge 34 of the inscontract?	ctions.) (E) End-of-year assets			
Part (a) (b)	IX Information Regarding Taxable Sub- (A) Name, address, and EIN of corporation, partnership, or disregarded entity X Information Regarding Transfers Assorbid the organization, during the year, receive any funds, Did the organization, during the year, pay pree: If "Yes" to (b), file Form 8870 and Form 4	sidiaries and Disi (B) Percentage of whereship interest (A) Cociated with Person directly or indirectly or indirec	regarded Entitie Nature of a Page premiums on a rindirectly, on a page.	contributed impurposes). es (See page ctivities tracts (See pa personal benefit personal benefit	34 of the instru (D) Total income ge 34 of the inscontract?	ctions.) (E) End-of-year assets tructions.) Yes No			
Part (a) (b)	Information Regarding Taxable Sub (A) Name, address, and EIN of corporation, partnership, or disregarded entity X Information Regarding Transfers Assorbid the organization, during the year, receive any funds, Did the organization, during the year, pay pree: If "Yes" to (b), file Form 8870 and Form 4 Under penalties of periury, I declare that I have example of the organization of the penalties of periury, I declare that I have example of the organization of t	sidiaries and Dist (B) Percentage of ownership interest viciated with Person directly or indirectly or indirectly on the property of the pr	regarded Entition Nature of an ar indirectly, on a cons).	contributed impurposes). es (See page ctivities tracts (See pa personal benefit personal	34 of the instru (D) Total income ge 34 of the inscontract?	ctions.) End-of-year assets tructions.) Yes No Yes No			
Part (a) (b) Not	No. Explain how each activity for which incomo of the organization's exempt purposes (otherwise in the organization's exempt purposes (otherwise in the organization is exempt purposes (otherwise in the organization in the orga	sidiaries and Dist (B) Percentage of ownership interest viciated with Person directly or indirectly or indirectly on the property of the pr	regarded Entition Nature of an ar indirectly, on a cons).	contributed impurposes). es (See page ctivities tracts (See pa personal benefit personal	34 of the instru (D) Total income ge 34 of the inscontract?	ctions.) End-of-year assets tructions.) Yes No Yes No			
Part (a) (b) Not	Information Regarding Taxable Substances (A) Name, address, and EIN of corporation, partnership, or disregarded entity X Information Regarding Transfers Associated the organization, during the year, receive any funds, Did the organization, during the year, pay preceif "Yes" to (b), file Form 8870 and Form 4 Under penalties of perjury, I declare that I have examined belief it is true, porfect, and complete Declaration.	sidiaries and Distriction in the column of t	regarded Entition Nature of an ar indirectly, on a cons).	contributed impurposes). es (See page ctivities tracts (See pa personal benefit personal benefit don all information	ge 34 of the instruction of which preparer	ctions.) End-of-year assets tructions.) Yes No Yes No			
Part (a) (b) Not	No. Explain how each activity for which incomo of the organization's exempt purposes (otherwise in the organization's exempt purposes (otherwise in the organization is exempt purposes (otherwise in the organization in the orga	sidiaries and Dispersation of the provided of	regarded Entitie Nature of an pay premiums on a r indirectly, on a ons). Ing accompanying so than officer) is based.	contributed impurposes). es (See page ctivities tracts (See page personal benefit personal benefit on all information and states on all information and st	34 of the instru (D) Total income ge 34 of the inscontract?	ctions.) End-of-year assets tructions.) Yes No Yes No			
Part (a) (b) Not	Information Regarding Taxable Substances (A) Name, address, and EIN of corporation, partnership, or disregarded entity X Information Regarding Transfers Associated the organization, during the year, receive any funds, Did the organization, during the year, pay preceif "Yes" to (b), file Form 8870 and Form 4 Under penalties of perjury, I declare that I have examined belief it is true, porfect, and complete Declaration.	sidiaries and Dispersation of the provided of	regarded Entition Nature of an ar indirectly, on a cons).	contributed impurposes). es (See page ctivities tracts (See page personal benefit personal benefit on all information and states on all information and st	ge 34 of the instruction of which preparer	ctions.) End-of-year assets tructions.) Yes No Yes No			
Part (a) (b) Not	Information Regarding Taxable Substances (A) Name, address, and EIN of corporation, partnership, or disregarded entity X Information Regarding Transfers Associated the organization, during the year, receive any funds, Did the organization, during the year, pay preceif "Yes" to (b), file Form 8870 and Form 4 Under penalties of perjury, I declare that I have examined belief it is true, porfect, and complete Declaration.	sidiaries and Dispersation of the provided of	regarded Entitie Nature of an pay premiums on a r indirectly, on a ons). Ing accompanying so than officer) is based.	contributed impurposes). es (See page ctivities tracts (See page personal benefit personal benefit on all information and states on all information and st	ge 34 of the instruction of which preparer	ctions.) End-of-year assets tructions.) Yes No Yes No			
Part (a) (b) Not	Information Regarding Taxable Substances (A) Name, address, and EIN of corporation, partnership, or disregarded entity X Information Regarding Transfers Associated the organization, during the year, receive any funds, Did the organization, during the year, pay preceif "Yes" to (b), file Form 8870 and Form 4 Under penalties of perjury, I declare that I have examined belief it is true, porfect, and complete Declaration.	sidiaries and Dispersation of the provided of	regarded Entitie Nature of an pay premiums on a r indirectly, on a ons). Ing accompanying so than officer) is based.	contributed impurposes). es (See page ctivities tracts (See page personal benefit personal benefit on all information and states on all information and st	ge 34 of the instru (D) Total income ge 34 of the instruct? efit contract? ements, and to the both of which preparer 5 - / 4 - ate	ctions.) End-of-year assets tructions.) Yes No Yes No			

SCHEDULE À

(Form 990 or 990-EZ)

Department of the Treasury

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.)

OMB No 1545-0047

2004

Internal Revenue	e Service ► MUST be completed by the	ne above organizations and a	attached to their Fo	orm 990 or 990-EZ	
Name of the	organization & Vangelisin	n of Cc	-	Employer identification	tion number
Part I	Compensation of the Five High	iest Pafd Employees O			nd Trustees
	(See page 1 of the instructions. I	list each one. If there ar	e none, enter "I		
(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
		,			
		NA			
		/ / /			
				-	
•••••					
•	••••••				
Total numb \$50,000 .	per of other employees paid over				
Part II	Compensation of the Five High (See page 2 of the instructions. Lis				
(a) N	lame and address of each independent contractor	r paid more than \$50,000	(b) Type	of service	(c) Compensation
		N/A			
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
				· 	
		·			
Total number	er of others receiving over \$50,000 for		2.00	er til e	

Pa	rt I	Statements About Activities (See page 2 of the instructions.)		Yes	No
1	att or	tring the year, has the organization attempted to influence national, state, or local legislation, including any tempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid incurred in connection with the lobbying activities \$	1		X
	Or or	ganizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other ganizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of elobbying activities			
2	sui wit	uring the year, has the organization, either directly or indirectly, engaged in any of the following acts with any bestantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or the any taxable organization with which any such person is affiliated as an officer, director, trustee, majority uner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the insactions.)			
а	Sa	lle, exchange, or leasing of property?	2a		X
b		nding of money or other extension of credit?	2b		V
c		rnishing of goods, services, or facilities?	2c		7
d		lyment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		X.
e		ansfer of any part of its income or assets?	2e		X
		you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how			
-		u determine that recipients qualify to receive payments)	3a		LX
b		you have a section 403(b) annuity plan for your employees?	3b		X
4a		d you maintain any separate account for participating donors where donors have the right to provide advice			Ý
		the use or distribution of funds?	4a		
b	Do	you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		X
Pa	rt I\	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)			•
The	orga	anization 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	닏	A school. Section 170(b)(1)(A)(ii). (Also complete Part V)			
7	님	A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(III).			
8	片	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 hosp and state ▶			
10		An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section (Also complete the Support Schedule in Part IV-A.)			
11a	<u> </u>	170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)	al pub	lic. Se	ection
	닏	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 331/2% of its support from contributions, membership receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more its support from gross investment income and unrelated business taxable income (less section 511 tax) from bus by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV	e thai	1 33 %	% of
13		An organization that is not controlled by any disqualified persons (other than foundation managers) and support 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)(3).)		_	
		Provide the following information about the supported organizations. (See page 5 of the instructions.)			
		(a) Name(s) of supported organization(s) (b) Line from	numb		
4.4	_				
<u>14</u>	Ш	An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instruction	ons.)		

	t IV-A Support Schedule (Complete only : You may use the worksheet in the instructions					accounting.
	ndar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
	Gifts, grants, and contributions received (Do	(a) 2003	(0) 2002	(0) 2001	(4) 2000	(e) Total
15	not include unusual grants. See line 28.).	177845	12<86/	1-1162	120937	514805
16	Membership fees received	12 1079	13000	121	17/15/	07/023
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.			;		
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19	Net income from unrelated business activities not included in line 18					
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22	Other income. Attach a schedule. Do not					
	include gain or (loss) from sale of capital assets					11100
23	Total of lines 15 through 22	127845	135861	121162	129537	7/480
24	Line 23 minus line 17	127845	135861	12/162	129937	514805
25	Enter 1% of line 23	1278	1358	1211	1299	1000
26	Organizations described on lines 10 or 11:	a Enter 2% of	amount in colum	n (e), line 24	► <u>26a</u>	10016
b	Prepare a list for your records to show the name governmental unit or publicly supported organizamount shown in line 26a. Do not file this list wi Total support for section 509(a)(1) test: Enter line	ation) whose tota th your return. E	al gifts for 2000 th inter the total of all	rough 2003 exce these excess am	eded the	7/280
ن م						
u	Add: Amounts from column (e) for lines 22		26h 712/8	30	▶ 26d	71280
e f	Public support (line 26c minus line 26d total) Public support percentage (line 26e (numera				▶ 26e ▶ 26f	586085
27	Organizations described on line 12: a For person," prepare a list for your records to show Do not file this list with your return. Enter the	the name of, and e sum of such an	total amounts rec nounts for each	eived in each yea ear:	rere received from from, each "dis	om a "disqualified squalified person"
Ь	(2003)	year, that was mo 5 through 11, as w	re than the larger rell as individuals.)	of (1) the amount Do not file this list	s"), prepare a list on line 25 for the st with your retui	year or (2) \$5,000 m. After computing
	(2003) (2002)		. (2001)	•••••	_ (2000)	•••••
С	Add: Amounts from column (e) for lines: 15		16 21		▶ 27c	
d	Add: Line 27a total.	and line 27b tota	l		. ▶ 27d	
e	Public support (line 27c total minus line 27d to					
f	Total support for section 509(a)(2) test: Enter a	mount from line 2	23, column (e) .	. ▶ 27f		
g	Public support percentage (line 27e (numera	tor) divided by I	ine 27f (denomir	nator))	▶ 27g	+
h	Investment income percentage (line 18, colu	mn (e) (numerat	or) divided by li	ne 27f (denomina	ator)) . ▶ 27h	%
28	Unusual Grants: For an organization describe prepare a list for your records to show, for each description of the nature of the grant. Do not f	ch year, the name	e of the contribu	tor, the date and	amount of the	grant, and a brief

Part V	Private School Questionnaire (See page 7 o	f the instructions.)
	(To be completed ONLY by schools that ch	ecked the box on line 6 in Part IV)

			_	
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?	29	Yes	No
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its			
30	brochures, catalogues, and other written communications with the public dealing with student admissions,			
	programs, and scholarships?	30		ļ
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	04		ļ
	that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	*		!
	7/4	>~		
	\mathcal{N}	*		
32	Does the organization maintain the following:			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		<u> </u>
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	32c	ļ	.
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		-
	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:			
а	Students' rights or privileges?	33a		
-				
b	Admissions policies?	33b		
•	, ,	00		
С	Employment of faculty or administrative staff?	33c		
	Cabalanahina ay athan financial anciatanan	33d		
a	Scholarships or other financial assistance?	000		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
"	Other extracumicular activities:			
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	1		
		<i>~</i>		
		£'	,	
		*		ļ
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	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	35	i	ļ

Paα	e	5

Pa	(To be completed ONLY by an					instructions.)			
Che	ck ▶ a ☐ if the organization belongs to an affili					nd "limited control"	provisions apply.		
	Limits on Lobbyi (The term "expenditures" mea	•	///	A		(a) Affiliated group totals	(b) To be completed for ALL electing organizations		
36	Total lobbying expenditures to influence public	·			36				
37	Total lobbying expenditures to influence a legi								
38	Total lobbying expenditures (add lines 36 and				38				
39	Other exempt purpose expenditures	-			39				
40	Total exempt purpose expenditures (add lines				40				
41	Lobbying nontaxable amount. Enter the amount								
	If the amount on line 40 is— The I	obbying nontax	able amount is-	_	1882	95			
	Not over \$500,000 20%					, , , , ,			
		-	the excess over \$				25 S 7 / 8 P 2 R		
			the excess over \$1		41	y?			
			he excess over \$1				- 44 P		
40					42				
42 43	Grassroots nontaxable amount (enter 25% of Subtract line 42 from line 36. Enter -0- if line 4	•			43				
44	Subtract line 42 from line 38. Enter -0- if line 4				44				
77	Cabract line 41 Horri line co. Error o il lino -	TI IO TITOTO CITATI			7				
	Caution: If there is an amount on either line 43	3 or line 44, you	must file Form 4	720.	<u> </u>	; *			
	4-Year Av	eraging Perio	od Under Sect	tion 501(h)					
	(Some organizations that made a section See the instructions of						elow.		
		Lobbying Expenditures During 4-Year Averaging Period							
	Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2003	(c) 2002		(d) 2001	(e) Total		
45	Lobbying nontaxable amount								
46	Lobbying ceiling amount (150% of line 45(e))	. <i>1</i> /2	Si sin	1997	<u></u>				
47	Total lobbying expenditures								
48	Grassroots nontaxable amount								
49	Grassroots ceiling amount (150% of line 48(e))	ž i	`	No.	~lin	*			
50	Grassroots lobbying expenditures								
Pa	rt VI-B Lobbying Activity by Nonelection (For reporting only by organization)			Part VI-A)	(See	page 11 of the	e instructions.)		
Dur	ng the year, did the organization attempt to infli	uence national,	state or local legi	slation, inclu	iding a	ny Yes No	Amount		
	mpt to influence public opinion on a legislative r						,		
а				114	/	.			
b	Paid staff or management (Include compensat			nc/through I	1.)	.	32		
C	Media advertisements			V. } `		·			
d	Mailings to members, legislators, or the public					· 			
e	Publications, or published or broadcast statem					·			
1	Grants to other organizations for lobbying purp Direct contact with legislators, their staffs, gov			body		•			
9 h	Rallies, demonstrations, seminars, conventions		-			.			
i	Total lobbying expenditures (Add lines c throu If "Yes" to any of the above, also attach a state	gh h.)			 bying	activities.			

Sche	dule A	(Form 990 or 990-EZ)	2004			•	P	age 6
Pa	rt VI			insfers To and Transaction 1 of the instructions.)	s and Relationships With Nonch	aritable		
51					following with any other organization on 527, relating to political organization		ın se	ection
а	Trai	nsfers from the rep	orting organization	to a noncharitable exempt orga	inization of:		Yes	No
		· ·		· · · · · · · · · · · · · · · · · · ·		51a(i)		XX
		Other assets .				a(ii)		X
b	Oth	er transactions.						~
	(i)	Sales or exchange	es of assets with a	noncharitable exempt organiza	tion	b(i)		X
	(ii)	Purchases of asse	ets from a nonchar	table exempt organization		b(ii)		X
	(iii)	Rental of facilities	s, equipment, or oth	ner assets		b(iii)		
	(iv)	Reimbursement a	rrangements .			b(iv)		X
								-}
				ship or fundraising solicitations		b(vi)		├ *
C		-		sts, other assets, or paid emplo	-	<u> </u>		L <u>Z</u>
d	goo	ds, other assets, o	r services given by	the reporting organization. If t	Column (b) should always show the fainthe organization received less than fairtles, other assets, or services received:			
	(a) (b) Line no. Amount involved Name of non-		Name of none	(c) charitable exempt organization	(d) Description of transfers, transactions, and	sharing arra	angeme	ents
				····				
				······································				
			· · · · · · · · · · · · · · · · · · ·					
	des	cribed in section 50 (es," complete the		other than section 501(c)(3)) or i	T	☐ Yes	×	No
	(a) Name of organization		(b) Type of organization	(c) Description of relationsh	iip			
			 					
_		ı						
				<u> </u>				
		·						

BOARD OF DIRECTORS 2004

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