

## Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2004

Department of the Treasury  
Internal Revenue ServiceOpen to Public  
Inspection

④ The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2004 calendar year, or tax year beginning

, 2004, and ending

, 20

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.

23666 \*\*AUTO\*\*SCH 5-DIGIT 72714  
BELLA VISTA ANIMAL SHELTER INC  
PO BOX 5248  
BELLA VISTA AR 72714-0248I  
P237 R  
B 37 S

Employer identification number

71-0782035

Telephone number

(479) 855-6020

Accounting method:

☒ Cash ☐ Accrual

Other (specify) ④

Section 501(c)(3) organizations and 527(a)(1) noncharitable organizations must attach a completed Schedule A (Form 990 or 990-EZ).

Part I and Part II 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 ④

H(c) Are all affiliates included? ☐ Yes ☐ No

(If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number ④

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

G Website: ④

J Organization type (check only) ④ ☒ 501(c) (3) ☐ (insert no) 4947(a)(1) or 527

K Check here ④ 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 ④ 148,341

## 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

1a 82,162

b Indirect public support

1b

c Government contributions (grants)

1c

d Total (add lines 1a through 1c) (cash \$ 82,162 noncash \$ )

1d 82,162

2 Program service revenue including government fees and contracts (from Part VII, line 93)

2 37,816

3 Membership dues and assessments

3 10,345

4 Interest on savings and temporary cash investments

4 581

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 ④ )

7

8a Gross amount from sales of assets other

(A) Securities

(B) Other

than inventory

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, columns (A) and (B))

8d

9 Special events and activities (attach schedule). If any amount is from gaming, check here ④

a Gross revenue (not including \$ of contributions reported on line 1a)

9a 17,437

b Less direct expenses other than fundraising expenses

9b 6,448

c Net income or (loss) from special events (subtract line 9b from line 9a)

9c 10,989

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

12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)

12 141,893

13 Program services (from line 24, column (B))

13 127,758

14 Management and general (from line 44, column (C))

14

15 Fundraising (from line 44, column (D))

15

16 Payments to affiliates (attach schedule)

16

17 Total expenses (add lines 16 and 44, column (A))

17 127,758

18 Excess or (deficit) for the year (subtract line 17 from line 12)

18 14,135

19 Net assets or fund balances at beginning of year (from line 73, column (A))

19 166,865

20 Other changes in net assets or fund balances (attach explanation)

20

21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)

21 181,000

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MAY 20 2005

OGDEN, UT

**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. (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 \$ _____ noncash \$ _____)	22			
23	Specific assistance to individuals (attach schedule) . . . . .	23			
24	Benefits paid to or for members (attach schedule) . . . . .	24			
25	Compensation of officers, directors, etc . . . . .	25	25,274	25,274	
26	Other salaries and wages . . . . .	26	42,132	42,132	
27	Pension plan contributions . . . . .	27			
28	Other employee benefits . . . . .	28			
29	Payroll taxes . . . . .	29	5,579	5,579	
30	Professional fundraising fees . . . . .	30			
31	Accounting fees . . . . .	31	2,200	2,200	
32	Legal fees . . . . .	32	500	500	
33	Supplies . . . . .	33	5,706	5,706	
34	Telephone . . . . .	34	2,078	2,078	
35	Postage and shipping . . . . .	35	965	965	
36	Occupancy . . . . .	36	10,128	10,128	
37	Equipment rental and maintenance . . . . .	37	572	572	
38	Printing and publications . . . . .	38	1,548	1,548	
39	Travel . . . . .	39	911	911	
40	Conferences, conventions, and meetings . . . . .	40			
41	Interest . . . . .	41	3	3	
42	Depreciation, depletion, etc (attach schedule) . . . . .	42			
43	Other expenses not covered above (itemize) a ADV	43a	182	182	
b	INSURANCE	43b	5,172	5,172	
c		43c			
d	VET & MEDICAL SUPPLIES	43d	19,663	19,663	
e	OTHER EPENSES	43e	5,145	5,145	
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15 . . . . .	44	127,758	127,758	

Joint Costs. Check ☐ if you are following SOP 98-2Are 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? **ANIMAL SHELTER**

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

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

a	PROVIDE TEMPORARY SHELTER AND CARE FOR ANIMALS - FIND GOOD/LOVING PERMANENT HOME	
	(Grants and allocations \$ _____)	127,758
b		
	(Grants and allocations \$ _____)	
c		
	(Grants and allocations \$ _____)	
d		
	(Grants and allocations \$ _____)	
e	Other program services (attach schedule) (Grants and allocations \$ _____)	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services) . . . . .	127,758

**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	40,552	45	47,317
46	Savings and temporary cash investments	92,798	46	96,141
47 a	Accounts receivable			
b	Less allowance for doubtful accounts		47c	
48 a	Pledges receivable			
b	Less allowance for doubtful accounts		48c	
49	Grants receivable		49	
50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
51 a	Other notes and loans receivable (attach schedule)			
b	Less allowance for doubtful accounts		51c	
52	Inventories for sale or use		52	
53	Prepaid expenses and deferred charges		53	
54	Investments - securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
55 a	Investments - land, buildings, and equipment basis	39,008		
b	Less accumulated depreciation (attach schedule)		55c	39,008
56	Investments - other (attach schedule)	34,934	56	
57 a	Land, buildings, and equipment basis			
b	Less accumulated depreciation (attach schedule)		57c	
58	Other assets (describe )		58	
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)	168,284	59	182,466
60	Accounts payable and accrued expenses	1,419	60	1,466
61	Grants payable		61	
62	Deferred revenue		62	
63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
64 a	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)	1,419	66	1,466
<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>X</b> and complete lines 67 through 69 and lines 73 and 74				
67	Unrestricted	166,865	67	181,000
68	Temporarily restricted		68	
69	Permanently restricted		69	
<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74				
70	Capital stock, trust principal, or current funds		70	
71	Paid-in or capital surplus, or land, building, and equipment fund		71	
72	Retained earnings, endowment, accumulated income, or other funds		72	
73	<b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	166,865	73	181,000
74	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	168,284	74	182,466

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

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

<b>a</b>	Total revenue, gains, and other support per audited financial statements . . . ④	<b>a</b>	N/A
<b>b</b>	Amounts included on line a but not on line 12, Form 990	<b>b</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) . ④	<b>b</b>	
<b>c</b>	Line a minus line b . . . . . ④	<b>c</b>	
<b>d</b>	Amounts included on line 12, Form 990 but not on line a:	<b>d</b>	
	(1) Investment expenses not included on line 6b, Form 990 . . . \$		
	(2) Other (specify)		
	\$		
	Add amounts on lines (1) and (2) . . . ④	<b>d</b>	
<b>e</b>	Total revenue per line 12, Form 990 (line c plus line d) . . . . . ④	<b>e</b>	

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

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

**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) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
RON KROLIKOWSKI	PRESIDENT			
BELLA VISTA, AR	4	0	0	0
MICHAEL MCCLAIN	VICE PRES			
BENTONVILLE, AR	4	0	0	0
MONICA MULLINS	SECRETARY			
BENTONVILLE, AR	6	0	0	0
DEIDRE KNIGHT	TREASURER			
BELLA VISTA, AR	8	0	0	0
JONNA CEARLEY	DIRECTOR			
BELLA VISTA, AR	2	0	0	0
DIANNE ALLEN	DIRECTOR			
BELLA VISTA, AR	2	0	0	0
LINDA LAVIS	DIRECTOR			
BELLA VISTA, AR	2	0	0	0
SHARON TUCKER	DIRECTOR			
BELLA VISTA, AR	2	0	0	0
DONNA MILES	MANAGER			
GENTRY, AR	40	25,274	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? ④ ☐ Yes ☒ No

If "Yes," attach schedule - see page 28 of the instructions

**Part VI Other Information** (See page 28 of the 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 <input type="checkbox"/> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
<b>81a</b> Enter direct and indirect political expenditures. See line 81 instructions . . . . . <b>81a</b>		
<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>		
<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</b> 501(c)(4), (5), or (6) organizations <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? . . . . .	<b>85b</b>	
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		
<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</b> 501(c)(7) orgs 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</b> 501(c)(12) orgs 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>	
<b>89a</b> 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> , section 4912 <input type="checkbox"/> , section 4955 <input type="checkbox"/> . . . . .		
<b>b</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 . . . . .	<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 . . . . . <input type="checkbox"/>		
<b>d</b> Enter Amount of tax on line 89c, above, reimbursed by the organization . . . . . <input type="checkbox"/>		
<b>90a</b> List the states with which a copy of this return is filed <input type="checkbox"/> <b>ARKANSAS ATTORNEY GENERAL</b>		
<b>b</b> Number of employees employed in the pay period that includes March 12, 2004 (See instructions) . . . . . <b>90b</b>		
<b>91</b> The books are in care of <input type="checkbox"/> <b>ORGANIZATON</b> Telephone no <input type="checkbox"/> <b>479-855-6020</b> Located at <input type="checkbox"/> <b>BELLA VISTA, ARKANSAS</b> ZIP + 4 <input type="checkbox"/> <b>72714</b>		
<b>92</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>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 page 33 of the 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 ADOPTION FEES					37,816
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		581
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					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))					38,397
105 Total (add line 104, columns (B), (D), and (E))					38,397

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)
<input type="checkbox"/>	

**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
	%			
	%			
	%			
	%			

**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)

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.

Treasurer

105-13-05  
Date

T, TREASURER

Name of the organization

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

OMB No 1545-0047

## 2004

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

**④ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

Employer identification number

71-0782035

BELLA VISTA ANIMAL SHELTER, INC.

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

(See page 1 of the instructions List each one If there are none, enter "None ")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000 . . . . .				

<b>Part II</b>	<b>Compensation of the Five Highest Paid Independent Contractors for Professional Services</b>
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(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services . . . . . ④		

**Part III** Statements About Activities (See page 2 of the instructions)

Yes No

1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities <u>45</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)	1		X
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				
2	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)			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		X
e	Transfer of any part of its income or assets?	2e		X
3a	Do you make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)	3a		X
b	Do you have a section 403(b) annuity plan for your employees?	3b		X
4a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a		X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		X

**Part IV** Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)The organization is not a private foundation because it is (Please check only **ONE** applicable box)

- 5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 ☐ A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state: 408
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A)
- 11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A)
- 11b ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)
- 12 ☒ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the Support Schedule in Part IV-A)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the 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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28 ) . . . .	97,513	54,150			151,663
16 Membership fees received . . . . .	14,260	27,650			41,910
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 . . . .	44,449	54,088			98,537
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 . . . .	1,051	738			1,789
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					
23 Total of lines 15 through 22 . . . . .	157,273	136,626			293,899
24 Line 23 minus line 17 . . . . .	112,824	82,538			195,362
25 Enter 1% of line 23 . . . . .	1,573	1,366			
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 . . . . . ④					26a
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 2000 through 2003 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts . . . . . ④					26b
c Total support for section 509(a)(1) test Enter line 24, column (e) . . . . . ④					26c
d Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____ . . . . . ④					26d
e Public support (line 26c minus line 26d total) . . . . . ④					26e
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) . . . . . ④					26f %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person " Do not file this list with your return. Enter the sum of such amounts for each year  (2003) _____ (2002) _____ (2001) _____ (2000) _____ 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  (2003) _____ (2002) _____ (2001) _____ (2000) _____ c Add Amounts from column (e) for lines 15 <u>151,663</u> 16 <u>41,910</u> 17 <u>98,537</u> 20 _____ 21 _____ . . . . . ④					27c 292,110
d Add Line 27a total . . . . . and line 27b total . . . . . ④					27d
e Public support (line 27c total minus line 27d total) . . . . . ④					27e 292,110
f Total support for section 509(a)(2) test Enter amount from line 23, column (e) . . . . . ④					27f 293,899
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) . . . . . ④					27g 99.39%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) . . . . . ④					27h 0.61%
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, 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					

**51** Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

- |                   |       |
|-------------------|-------|
| (i) Cash          | ..... |
| (ii) Other assets | ..... |

- |       |   |       |
|-------|---|-------|
| (i)   | Sales or exchanges of assets with a noncharitable exempt organization | ..... |
| (ii)  | Purchases of assets from a noncharitable exempt organization          | ..... |
| (iii) | Rental of facilities, equipment, or other assets                      | ..... |
| (iv)  | Reimbursement arrangements  | ..... |
| (v)   | Loans or loan guarantees  | ..... |
| (vi)  | Performance of services or membership or fundraising solicitations    | ..... |

- d** If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

	Yes	No
<b>51a(i)</b>		X
<b>a(ii)</b>		X
<b>b(i)</b>		X
<b>b(ii)</b>		X
<b>b(iii)</b>		X
<b>b(iv)</b>		X
<b>b(v)</b>		X
<b>b(vi)</b>		X
<b>c</b>		X

[illegible]

- b** If "Yes," complete the following schedule

[illegible]