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190

## **Return of Organization Exempt From Income Tax**

200

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

Open to Public

	irimeni ( Naj Reve	ine Treature   The organization may have to use a copy of this return to satisfy	state reporting	requirements.	Inspection
		ne 2003 calendar year, or tax year beginning January . 2003, and	anding De		20 02/3
~~		C Name of American		D Employer Ident	
- B		I we ins Matherst Knysor Hipp Youse (Mr.	COUNT	48-1140	1568
- 4		print or Number and street (or P.O. box if mail is not delivered to street address	is) Room/suite	E Telephone num	ber
	Vame C	1 12 PO BAY 1010	1. 1	( 785 62	5.2018
~	nitial re	Specific City or town state or country, and ZIP + 4		F Accounting method:	Cash Accrual
	enalre	110ma. HALS KS 67601-1016165		Other (spec	
$\equiv$		od return  • Section 501(b)(1) organizations and 4947(a)(1) nonexempt charitable			on 527 organizations.
<i>،</i>	-thbiice:	trusts must ettech a completed Schedule A (Form 990 or 990-EZ).	H(a) is this a gr	roup return for affili	ates? Lives Kine
G.	Websit		H(b) If "Yes," or	nter number of affil	hates >
_			, , ,	flates included?	U Yee KINA
J	Organi	zation type (check only one) ▶ ☐ 501(c) ( ) ◄ (insert no) ☐ 4947(a)(1) or ☐ 527	•	ttach a list. See ins	•
K	Check	nere > 1 the organization's gross receipts are normally not more than \$25,000. The	M(0) is this a set	parate return filed by	rufing? Type KOKNo
	artostro 2	ation need not file a return with the IRS, but if the organization received a Form 990 Package had, it should file a return without financial data. Some states require a complete return.		emption Number >	10mg/
	n the n	124, II SNOUID THE E FEILTH WITHOUT IMANCIAL CALL, COUNTY STATES TOUGHT & COMPLETE TELLINE			nuzation is not required
	Gross	receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶			, 990-EZ, or 990-PF)
	orous ort	Revenue, Expenses, and Changes in Net Assets or Fund Balan			
	1	Contributions, gifts, grants, and similar amounts received:			
		Direct public support			
	ı	morect public support	<del></del>		
	C	devenment contributions (grains)	)	10 2	63.904
	d	Total (add lines 1a through 1c) (cash \$		2	150
	2	Program service revenue including government best and converts from Part	1 VII, III 19 90)	3	
	3	Membership dues and assessments	4		
	4	Interest on savings and temporary cash investments.  Dividends and interest from securities	5		
	5	Ru		11111	
	6a	GIOSS TETRIS ,			
	Ь	Net rental income or (loss) (subtract line 6b from line 6a).		6c	
	7	Other investment leading (describe		7	<del></del>
ş	! '	(A) Securding	B) Other		######################################
Revenue	89	Gross amount from sales of assets other	<del></del>		
æ	] _	The morning	<del></del>		
	1	LOSS COST OF OTHER CASIS GITO SAFET GAS.	<del></del>		
	•	Call of (1033) (attach schedule)		8d	
		Net gain or (loss) (combine line 8c, columns (A) and (B))			
	9	Special events and activities (attach schedule). If any amount is from gaming, ched	A HEIG P L		
	а	Gross revenue (not including \$ of contributions reported on line 1a)			
		Contributions reported on line ray	<del></del>		
980		Less direct expenses other than fundraising expenses . Less direct expenses of loss) from special events (subtract line 9b from line 9a)		90	
N				7777	
	1	404	<del></del>		
$\bowtie$	b	Gross profit or (loss) from sales of inventory (attach schedule) (\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	(S-67) 10-3	10c	
_		Other revenue (from Part VII, line 103)		11	
=	11 12	Total ravenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	SC		4,054
_			010   9		4,488
	13	(12)	N. O.	14	-, -00
2	14	Management and general (from line 44, column (C)) .	SS.	15	
3	15	Fundraising (from line 44, column (D)) OGDEN.			
	16	rayments to aimiates (attach schedule)		16	
SCANNED JUL	17	Total expenses (add lines 16 and 44, column (A))	<del></del>	1	4.488
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)		18	(434)
Z S	19	Net assets or fund balances at beginning of year (from line 73, column (A	4))	19	1,433
et ,	20	Other changes in net assets or fund balances (attach explanation)		20	999
Z	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)		21	JJJ

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Form 990 (2003)

Page 2

Form 990 (2003)

Par	t 11	Statement of Functional Expenses	All organizations mi and section 4947(a)	ust com (1) non-	iplete column (A). Colum exempt charitable trusts	ins (B) (C), and (D) are ro but optional for others	equired for section 501( (See page 22 of the insi	c)(3) and (4) organizations (ructions)
	Do I	not include amounts reporte 6b, 8b, 9b, 10b, or 16 of F			(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22		ts and allocations (attach s		22				
23	•	fic assistance to individuals (at		23				
24	•	its paid to or for members (att	•	24				
25		pensation of officers, direct	•	25				
26		r salaries and wages		26				
27	Pens	ion plan contributions .		27	<u></u> _			
28	Other	r employee benefits		28				
29		oli taxes		29				
30	Profe	ssional fundraising fees .		30				
31	Acco	unting fees		31				
32	Legal	l lees .		32			<u></u>	
33	Supp	lies .		33				
34	Telep	hone		34				
35	Posta	age and shipping		35				
36	Occu	pancy ,		36				
37	Equip	ment rental and maintenan	cė, , , ,	37	<b></b>			
38	Printi	ng and publications .		38			<del></del>	
39	Trave			39				
40	Confe	erences, conventions, and r	meetings	40				
41		est . , , . , . , .		41				
42	•	eclation, depletion, etc. (atta		42	<u> </u>			
43		expenses not covered above (frem)		43a	267 790	264,488		
Þ		nsportation to the		43b	264,488	204,400		
C		eral Public in 18		43c			<del></del>	
đ	.Nox	thwest Kansas Coun	ties	43d	<del></del>			
e 14		nctional expenses (add lines 22 through		430		264 400		
	comple	ting columns (6)-(D), carry these totals	to lines 13—15 .	44	264,488	264,488		
		s. Check 🕨 🔲 If you are						
are an	וחוסן עו	costs from a combined educa	ational campaign	and t	indraising solicitation	reported in (B) Pro	gram services? . •	Yes UNo
		er (i) the aggregate amount of						; 5;
in tu	e amo	unt allocated to Management	Soning Acon		, and (IV) the	amount allocated	to Fundraising \$	
		Statement of Program						D
All org	geniza ents se	e organization's primary exe tions must describe their exe erved, publications issued, e	empt purpose acti	hievei everne	ments in a clear an	d concise manner leasurable. (Section	State the number 501(c)(3) and (4)	(4) pros. and 4947(a)(1)
rgan	ization	is and 4947(a)(1) nonexempt of	chadtable trusts	must e	ilso enter the amou	nt of grants and allo	cations to others.)	trusts but optional for others)
ß	Tran	sportation Provide	for Indiv	/idu	als Residing	in 18 Count	ies of	
	Nort	hvest Kansas Month	ıly Ridersl	nip .	Reports on F	ile with Kan	sas Dept.	
		ransportation				,		
_			(G	rants	and allocations	5	)	264,488
Ь.		.,						
			*********					
_		<u></u>	(G	rants	and allocations	\$	)	
C			••••••		······			
• •	• • • • • •		····· · · · · · · · · · · · · · · · ·					
•	· ···		(Ġ	rants	and allocations	s		
<u>, –</u>		·					<del></del>	
d	•••••	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		• • • • • •			······	
	•••••	,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		• • • • • • •	• • • • • • • • • • • • • • • • • • • •			
	• • • • • •		lG.	ants	and allocations	\$		
~ ~	her a	rogram services (attach sch				<u> </u>		
ĭ 🖺	1 101 P	A. A. I. C.	/ 17	. 3 15 .	did allocations	<del>-</del>	<del>!</del>	7127 1.00-

Form 990 (2003) Page 3 Balance Sheets (See page 25 of the instructions.) Part IV (A) Beginning of year Where required, attached schedules and amounts within the description Note: (B) End of year column should be for end-of-year amounts only 1,433 45 999 Cash-non-interest-bearing . . . . . 45 Savings and temporary cash investments, . . . . 46 478 47a Accounts receivable . . . . . . . . . 47h 47\_ Less: allowance for doubtful accounts . . . 48a 48b 4Rr b Less: allowance for doubtful accounts . . . 49 Grants receivable . . . . . . . . . . 49 Receivables from officers, directors, trustees, and key employees 51a Other notes and loans receivable (attach 51a schedule), , , , , . . . . . . 51c Less, allowance for doubtful accounts. 52 Inventories for sale or use . . . . 52 53 53 Prepaid expenses and deferred charges Cost FMV 54 investments—securities (attach schedule). 55a Investments-land. buildings. 55= equipment: basis . . , . . . . . . b Less: accumulated depreciation (attach 55b 55c Investments—other (attach schedule) . . 57a 57a Land, buildings, and equipment: basis . . . b Less: accumulated depreciation (attach 57c 57b schedule), , , , , , , . . . . . 58 58 Other assets (describe > \_ 1,433 59 Total assets (add lines 45 through 58) (must equal line 74) . 999 59 60 60 Accounts payable and accrued expenses . . . 61 61 Grants payable 62 Loans from officers, directors, trustees, and key employees (attach 63 64. 64a Tax-exempt bond liabilities (attach schedule) **84**b Mortgages and other notes payable (attach schedule) 85 Other liabilities (describe ▶\_ Total liabilities (add lines 60 through 65) . . 66 Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 67 through 69 and lines 73 and 74. or Fund Balances 67 67 Unrestricted 68 Temporarily restricted 69 Permanently restricted . Organizations that do not follow SFAS 117, check here > and complete lines 70 through 74. 70 70 71 Paid-in or capital surplus, or land, building, and equipment fund . . . Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances (add lines 67 through 69 or lines Zez 70 through 72, 1,433 999 column (A) must equal line 19; column (B) must equal line 21), . . . 999

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.

Total liabilities and net assets / fund balances (add lines 66 and 73)

74

Form	990 (2003)							Page 4
Pai	Reconciliation of Refinancial Statements Return (See page 27	with Revenue	per	Part	F	Reconciliation of Financial States Return		
а	Total revenue, gains, and other sup per audited linancial statements.	pon a		8		penses and lo	, ,	
b	Amounts included on line a but no line 12, Form 990	יווווווווווווווווווווווווווווווווווווו		ь	Amounts	included on line , Form 990.		
(1)	Nat unrealized gains on investments .			(1)	Donated and use of			
(2)	Donated services and use of facilities			(2)	Pnor year acreported or	n line 20.		
	Recoveries of prior year grants , , . \$			(3)	Form 990 , Losses rep			
(4)	Other (specify):			(4)	Other (spe	ecify)		
	Add amounts on lines (1) through (4)	i) ► b				_	rough (4)► b	<del></del>
C	Line a minus line b	. De la		C		nus line b , .	` 7777	
d	Amounts included on line 12, Form 990 but not on line a:			đ	Form 990	ncluded on line but not on line a	· · · · · · · · · · · · · · · · · · ·	
(1)	not included on line  6b, Form 990			(1)	not include	•		
(2)	Other (specify):			(2)	Other (spe	ecity).		
	<u>\$</u>					<u>\$</u>		XIIIIIIIIIIIII.
	Add amounts on lines (1) and (2)			ł		ints on lines (1)		<del> </del>
0	Total revenue per line 12, Form (line c plus line d)			e	(line c plu:	nses per line 17, s line d)	Form 990	
Par	the instructions.)		nd Key E	mploy				d, see page 27 of
	(A) Name and address		(B) Titte a week d	nd avera levoted t	ge hours per o position	(C) Compensation (If not paid, enter -0)	(D) Contributions to employee benefit plans & defend compensation	(E) Expense account and other allowances
	on.Straight		Proc	ident		0	0	0
	iys KS 67601 icki, Halbleib		1162	AGEI	<u> </u>	- <del>-</del>		<del> </del>
	klev KS 67748		Secr	etary	<i>i</i>	0	_ o	0
	ren Gates							
Ru	ISSell KS 67665		Irea	sure	<u> </u>	0	0	0
·· ···								
	• •••••••••••	·····			<del></del>			
	·····							
			<u> </u>					
75	Did any officer, director, trustee, or ke organization and all related organization if "Yes," attach schedule—see page	ins, of which mar	e than \$10	,000 wa	pensation of provided l	of more than \$100 by the related orga	,000 from your anizations?	☐ Yes 怒 No

Form	990 (2003)		F	egs <sup>c</sup>				
Pa	rt 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?	77		X				
	If "Yes," attach a conformed copy of the changes							
78a	a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?							
	b If "Yes," has it filed a tax return on Form 990-T for this year?							
79	Was there a figuidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	*******	X				
80s	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	annan					
þ	If "Yes," enter the name of the organization ▶							
	and check whether it is exempt or nonexempt.							
	Enter direct and indirect political expenditures. See line 81 instructions , ,	_//////						
	Did the organization file Form 1120-POL for this year?	816		├—				
82a	Oid the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	822		x				
	If "Yes," you may indicate the value of these items here. Do not include this amount							
D	as revenue in Part I or as an expense in Part II. (See instructions in Part III.)							
83n	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X					
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X					
84a	many and the control of the control	844		X				
_	If "Yes," did the organization include with every solicitation an express statement that such contributions							
	or gifts were not tax deductible?	84b						
85		854						
Ь	Ord 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.							
c	Dues, assessments, and similar amounts from members	_////						
đ		-////						
0	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e							
1	Taxable amount of lobbying and political expenditures (line 85d less 85e)							
9	Does the organization elect to pay the section 6033(e) tax on the amount on line 8517 ,	859		-				
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	1	l					
	year?	85h	J					
88	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12 . 88a		mis.					
	Gross receipts, included on line 12, for public use of club facilities							
87	501(c)(12) orgs. Enter a Gross income from members or shareholders							
	TO TOM TO STATE THE TOTAL							
В	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them)							
				,,,,,,,				
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	1 1	- 1					
	301.7701-2 and 301.7701-37 if "Yes," complete Part IX , . ,	88						
20-	501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under:	Will to						
000	section 4911 >; section 4912 >; section 4955 >							
ь	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	1 1	- {					
	a statement explaining each transaction	895	_ L	X				
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under							
	Enter: Amount of tax on line 89c, above, reimbursed by the organization.							
	List the states with which a copy of this return is filed >	· • ·						
þ	Number of employees employed in the pay period that includes March 12, 2003 (See instructions.)			-				
91	The books are in care of ► Karen Gates Telephone no. ► (785.14	43.63	1.1					
	Located at ► 133 W. 8th Russell KS ZIP + 4 ► 67665,011 Section 4947(a)(1) nonexempt charitable trusts filling Form 990 in lieu of Form 1041—Check here	Z		جنے				
92								
	and enter the amount of tax-exempt Interest received or accrued during the tax year •   92							

Form 990 (	2003)					Page 6
Part V	Analysis of Income-Producing Ac	tivities (See pag	e 33 of the	instructions.)		
Note: E	inter gross amounts unless otherwise	Unrelated busi	ness income	Excluded by sect	ion 512, 513, or 514	(E)
indicate	_	(A)	( <del>B</del> )	(C)	(D)	Related or exempt function
	ogram service revenue	Pusiness code	Amount	אנ אוביטוי הכתם	Amount	income
	Sr of Kansas					263,904
_						
		1 1.		1		
		<del>-</del>	<del></del>	<del> </del>		<del> </del>
		·		1		<del> </del>
	_ <del></del>	·	<del></del>	-{		<del> </del>
	edicare/Medicaid payments .	<del> </del>		<del>-1</del>		<del> </del>
g FE	es and contracts from government agencies	<del> </del>		+	<del></del>	<del> </del>
94 M	embership dues and assessments			<del>-}</del>	<del>-</del>	150
95 Int	lerest on savings and temporary cash investments		<del></del>	<del> </del>		<del> </del>
96 Di	vidends and interest from securities					
97 Ne	et rental income or (loss) from real estate					
a de	bt-financed property			<del> i</del>		L
	ot debt-financed property			<u> </u>		<u> </u>
	rental income or (loss) from personal property					
	ther investment income					L
	on or (loss) from sales of assets other than inventory					1
	et Income or (loss) from special events					
	ross profit or (loss) from sales of inventory					
_	•			1		
	ther revenue 3	·	<del></del>	<del> </del>		
b				<del>†  </del>	· · · · · · · · · · · · · · · · · · ·	
c		<del> </del>		<del>                                     </del>	<del></del>	<del></del>
d		<del> </del>	<del></del>	<del>-{}</del>	<del></del>	<del></del>
e					<del></del>	
	ibtotal (add columns (B), (D), and (E))			XIIIIIIIIIIIX		264,054
105 To	stal (add line 104, columns (B), (D), and (E)).		<b>6</b>		, -	<del></del>
	ne 105 plus line 1d, Part I, should equal the			- 10		<del></del>
Part VI						
Line No	Explain how each activity for which income i	s reported in column	(E) of Part VII	contributed imp	portantly to the e	ccomplishment
	of the organization's exempt purposes (other					
93A	The Northwest Ks. Area Trai	nsit Coordina	ating Cou	ncil was	set up by	the
	Kansas Department of Trans	portation to	distribu	ite State	and Federa	l funds
	to individual counties in	our service	area. Ea	ch county	must belo	ng to our
	council in order to be paid	for the se	rvices of	fered.		
Part IX		liaries and Disreg	arded Entiti	es (See page 3	34 of the instru	ctions.)
	(A)	(B)	(C)		(D)	(E) End-of-year
N.	ame, address, and EIN of corporation.  partnership, or disregarded entity ow	Percentage of I	Nature of a	Ctivities	Total income	End-of-year assets
	partition, or disregal ded entity	%				000012
		%	<del></del>	~ ~	<del></del>	
			<del></del>			
		%	<del></del>		<del></del>	
		<u>% </u>	10	1 C-2	- 34 -445- !	
Part X	Information Regarding Transfers Associ	ated with Persona	i Benefit Con	tracts (See par	ge 34 of the ins	ructions.)
(a) Do	I the organization, during the year, receive any funds, dire	actly or indirectly, to pay	y premiums on a	personal benefit of	contract? , .	Yes 🔲 No
(b) Di	d the organization, during the year, pay prem	iums, directly or in	directly, on a			Yes No
Note:	If "Yes" to (b), file Form 8870 and Form 472	0 (see instructions	s)			
	Under penalties of perjury, I declare that I have examine	id this return, including	accompanying so	hedules and states	ments, and to the b	st of my knowledge
	and belief, it is true, correct and complete Declaration	of preparer (other than	officer) is based	d on all information	of which preparer	has any knowledge
Please	1 de il la pl			{	4.10.2004	
Sign	Signature of officer			Da		
-lere	ł' -	~		20	· <del>-</del>	
	Karen D. Gates, Treasure	<u> </u>				<del></del>
	Type or print name and little		15.	I Charles		
aid	Preparer's		Date	Check if	Preparer a SSN or	PTIN (See Gen Inst W)
reparer's	signature	~ <del></del>	<u> </u>	employed ▶ ☐	<u> </u>	
Jse Only	Firm's name (or yours			EIN	<b>.</b>	
, 30 Olly	If aeth-employed), address and ZIP + 4			Phone r	10 1 1	

SCHEDULE A (Form 990 or 990-EZ)

## 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

OM8 No 1545-0047

Supplementary Information—(See separate instructions.) Department of the Treasury Internal Revenue Service ▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ Employer identification number Name of the organization 48 1140568 Northwest Kansas Area Transit Coor 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") (#) Contributions to employee benefit plans & (e) Expense account and other (a) Name and address of each employee paid more than \$50,000 (b) Title and average hours (c) Compensation per week directed to position deterred compensation allowances None ..... ....... Total number of other employees paid over \$50,000 . Compensation of the Five Highest Paid Independent Contractors for Professional Services Part II (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

Total number of others receiving over \$50,000 for

professional services.

Sche	edule A (Farm 990 or 990-EZ) 2003		7	age :
Pa	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 attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expension incurred in connection with the lobbying activities   \$ 300 (Must equal amounts on Part VI-A, or line if of Part VI-B)	es paid line 38,	х	
	Organizations that made an election under section 501(h) by filling Form 5768 must complete Part VI-A organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed descript the lobbying activities	Other ition of		
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts w substantial contributors, trustees, directors, officers, creators, key employees, or members of their family with any taxable organization with which any such person is affiliated as an officer, director, trustee, mowner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining transactions.)	lies, or najority ng the		. ,
a	Sale, exchange, or leasing of property?	<u>2a</u>	<del> </del>	X
b		1 2 -	<del> </del>	X
C d	Fumishing of goods, services, or facilities?  Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	20		X
e	W	Ze		X
32				x
b	Do you have a section 403(b) annuity plan for your employees?			X
4	Did you maintain any separate account for participating donors where donors have the right to provide on the use or distribution of funds?			x
pa	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instruc	ctions )		
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 7	A school Section 170(b)(1)(A)(ii) (Also complete Part V.)  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).			
8	A hisspital of a cooperative hisspital salvice organization. Section 170(b)(1)(A)(v)  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 to and state ▶	he hospital's	пате,	cíty,
10	An organization operated for the benefit of a college or university owned or operated by a governmental u (Also complete the Support Schedula in Part IV-A.)	nit Section 170	D(b)(1)(	A)(iv).
11a	An organization that normally receives a substantial part of its support from a governmental unit or Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)	from the ger	eral p	ublic
11b 12	A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part (V-A.)  An organization that normally receives: (1) more than 33%% of its support from contributions, mei receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) its support from gross investment income and unrelated business taxable income (less section 511 tax) by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule	no more that	n 33%	, % of
13	An organization that is not controlled by any disqualified persons (other than foundation managers) ar described in. (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test section 509(a)(3))	ld supports or of section 509	ganiza (a)(2).	lions (See
	Provide the following information about the supported organizations. (See page 5 of the instr	uctions)	_	
	(a) Name(s) of supported organization(s)	(b) Line numb from above		
14	An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the	instructions.)		

Schedule A (Form 990 or 690-EZ) 2003

	QUIS Y (LOW) 280 OL 880-FT) 5002					raye
Рa	rt IV-A Support Schedule (Complete only	y if you checked	a box on line 10	), 11, or 12) Use	cash metho	d of accounting.
_	e: You may use the worksheet in the instructions					
Cale	endar year (or fiscal year beginning in) .	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15	Gifts, grants, and contributions received (Do not include unusual grants. See line 28).					-00
16	Membership fees received					.00
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					.00
18	Gross income from Interest, dividends,			1		
	amounts received from payments on securities		1	Ì	İ	
	loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less		ĺ	1	1	1
	section 511 taxes) from businesses acquired					
	by the organization after June 30, 1975			<u> </u>		,00
19	Net income from unrelated business activities not included in line 18					.00
20	Tax revenues levied for the organization's					
- •	benefit and either paid to it or expended on		ļ			
	rts behalf				-	.00
21	The value of services or facilities furnished to the organization by a governmental unit					
	without charge. Do not include the value of			1		
	services or facilities generally furnished to the					-
	public without charge			ļ	<del></del>	.00
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23	Total of lines 15 through 22					00
24	Line 23 minus line 17.					
25	Enter 1% of line 23					
26	Organizations described on lines 10 or 11:	a Enter 2% of	amount in colum	nn (e), line 24	. • 2	64 00
b	Prepare a list for your records to show the name	nuome bne to er	t contributed by	each person (other	er than a	
	governmental unit or publicly supported organiz					
	amount shown in line 26a. Do not file this list wi				· • · · · ·	66 6c
C	Total support for section 509(a)(1) test. Enter in					
d	Add: Amounts from column (e) for lines. 18					6d
e	Public support (line 26c minus line 26d total)		200		–	5e
f		ton divided by I	ine 26c (denomi	inator)) , , ,		261 %
27	Organizations described on line 12: a Fo person, prepare a list for your records to show to not file this list with your return. Enter the	r amounts includ	led in lines 15, 1 total amounts rec	16, and 17 that w	ere received	from a "disqualified
	(2002) (2001)		(2000)	************	(1999)	
b	For any amount included in line 17 that was received	ed from each pen	son (other than "d	fisqualified persons	'), prepare a li	ist for your records to
	show the name of, and amount received for each	ear, that was mor	e than the larger	of (1) the amount of	on line 25 for U	he year or (2) \$5.000
	(include in the list organizations described in lines the difference between the amount received and	birough 11, as withe larger amount	described in (1)	or (2), enter the su	m of these di	tum. After compound flerences (the excess
	amounts) for each year:	•				
	(2002) (2001)		, (2000)		(1999)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
6	Add: Amounts from column (e) for lines: 15		16	<del></del>		
	17 20 _		21	<del></del>	▶ 27	7c
đ					. > 27	70
0	Public support (line 27c total minus line 27d tot	ai)			יינינל '	le l
9	Total support for section 509(a)(2) test. Enter an	nount from line 2	3, column (e).	. ► [278]		
9	Public support percentage (line 27e (numeral	or) divided by li	ne 271 (denomin	nator))	. ▶ 27	
h	Investment income percentage (line 18, colum					
20	Unusual Grants: For an organization described prepara a list for your records to show, for each description of the nature of the grant. Do not fi	h year, the name	e of the contribut	tor, the date and	amount of the	e grant, and a brief

	Private School Questionnaire (See page 7 of the instructions )  (To be completed ONLY by schools that checked the box on line 6 in Part IV)			<u> </u>
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 radially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program in a way that makes the policy known to all parts of the general community it serves?	31		
32	Does the organization maintain the following:			
8	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
Þ	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	326	ı	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
đ	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:			
a	Students' rights or privileges?	33a	-	
ь	Admissions policies?	33b	-	
c	Employment of faculty or administrative staff?	33c	-	
đ	Scholarships or other financial assistance?	330	$\dashv$	
е	Educational policies?	33e	$\dashv$	
1	Use of facilities?	331	$\dashv$	
9	Athletic programs?	33g	$\dashv$	
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
340	Does the organization receive any financial aid or assistance from a governmental agency?	348	+	
Þ	If you answered "Yes" to either 348 or b, please explain using an attached statement.	34b		
35	Does the organization centry 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		

Sche	dule A (Form 990 or 990-EZ) 2003						Page
Pa	t VI-A Lobbying Expenditures by E (To be completed ONLY by a					instructions)	
Che	k > a 🔯 if the organization belongs to an affi					nd "limited control	" provisions apply
	Limits on Lobby	ring Expenditu	res			(a) Affiliated group totals	(b) To be completed for ALL electing organizations
	Total lobbying expenditures to influence publi				38	300.	
36	Total lobbying expenditures to influence a leg	•			37	×-2.	
37 38	Total lobbying expenditures (add lines 36 and	• •			38	300.	
39	Other exempt purpose expenditures				39		
40	Total exempt purpose expenditures (add lines				40	300.	
41	Lobbying nontaxable amount. Enter the amount						
		lobbying nontax					
	Not over \$500,000 20%	of the amount of	n line 40	}			
	Over \$500,000 but not over \$1,000,000 , , \$100						
	Over \$1,000,000 but not over \$1,500,000 , \$175				41	60.	
	Over \$1,500,000 but not over \$17,000,000 , \$225	•					
43	Over \$17,000,000				42	15.	
42 43	Subtract line 42 from line 36 Enter -0- if line				43	285.	
44	Subtract line 41 from line 38. Enter -0- if line				44	240.	
• •							
	Caution: If there is an amount on either line 4						
	(Some organizations that made a secti	veraging Period on 501(h) election	do not have to	complete all	of the	five columns be	elow.
	See the instructions						<del></del>
		Lob	bying Expendit	·	4-Ye		<del>,</del>
<u>.</u>	Calendar year (or fiscal year beginning in) ▶	2003-	(b) 2002	(c) 2001		(d). 2000	(e) Total
45	Lobbying nontaxable amount						
46	Lopbying ceiling amount (150% of line 45(e)).						
47	Total lobbying expenditures			ļ			
48	Grassroots nontaxable amount						
49	Grassroots ceiling amount (150% of line 48(e))						
50	Grassroots lobbying expenditures	2.45-66		<u> </u>			
Pa	t VI-B Lobbying Activity by Nonele (For reporting only by organize	eting Public Ci ations that did r	narities not complete i	Part VI-A) (	See o	page 12 of the	instructions )
<u> </u>	ng the year did the organization attempt to infl						
	npt to influence public opinion on a legislative i				, iii y	Yes No	Amount
a	Voluntaers,						
b	Paid staff or management (Include compensati	tion in expenses re	eported on lines	c through h.	) .		
c	Media advertisements						
d	Mailings to members, legislators, or the public					.	
9	Publications, or published or broadcast statem	nents				.	
f	Grants to other organizations for lobbying pur					<b> </b>	
g	Direct contact with legislators, their staffs, government	vernment officials.	or a legislative t	oody , , ,		<del>   </del>	
h	Rallies, demonstrations, seminars, conventions					·	
i	Total lobbying expenditures (Add lines c through "Yes" to any of the above, also attach a sta	igh h.) tement giving a de	tailed descriptio	n of the lobb	ying a	ctivities.	

Sche	dule A	(Form 990 or 990-EZ)						Page 6
Pa	rt VII	Exempt Or	ganizations (Se	e page 12 of the instruction				
51	Did (	the reporting orga c) of the Code (ot	nization directly or her than section 50	indirectly engage in any of the D1(c)(3) organizations) or in sect	e following with any other organization in 527, relating to political organization.	n describe ions7	d in s	ection
a				to a noncharitable exempt org			Yes	No
_		Cash				51a()	L	X
		Other assets .				. (i)	_	X
b		r vansactions						J
_			es of assets with a	noncharitable exempt organiza	ation	. <u>_b</u> 0_	<u> </u>	X
		-		table exempt organization .		b(II)		
				her assets		p(ii)	<u>L</u>	L
	_ :	_	• •			b(iv)	<u> </u>	L
		_				000		
				ship or fundralsing solicitations		b(vi)		
c				sts, other assets, or paid emple		C		X
	If the	answer to any of	the above is "Yes,"	complete the following schedules the reporting organization, if	e. Column (b) should always show the the organization received less than fall ds, other assets, or services received:	lair market ir market v	value value i	of the
	a) no.	(b) Amount involved	Name of norw	(c) Charitable exempt organization	Description of transfers, transactions, and	d shanno am	angemé	ents
			<u></u>					
					<u> </u>			
					<u> </u>			
	[						_	
	desc	ribed in section 5 es." complete the		other than section 501(c)(3)) or	<del>,</del>		<b>Q</b>	No
		(a) Name of organiz	zation	(b) Type of organization	(c) Description of relations	ship		
_								
			<del></del>	· · · · · · · · · · · · · · · · · · ·				
_								
			<del></del>					
_								