Form 990-EZ

Short Form

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)

➤ For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.
 ➤ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150

2002

Open to Public Inspection

		of the Treasury true Service	than \$250,000 at the end of the year. The organization may have to use a copy of this return to satisfy state reporting requ	inements	Inspection
_	-	ALEXANDERS OF THE PARTY OF THE	dar year, or tax year beginning , 2002, and ending	oraniostas.	. 20
		applicable:		D. Employe	r identification number
\Box	Address		use IRS Afghan Panascant Vouth Association		7609.5
ō	Name ch	hange	label or print or Number and street (or P.O. box, if mail is not delivered to street address) Room/suite		
P	Initial retu		See P. O. Box 880456		890-7018
Ħ	Amende		Specific City or town, state or country, and ZIP + 4		
₫		ion pending	tions. Lincoln, NE 68516-0456	F Enter 4-	digit (GEN) >
	• Sect	tion 501(c)(3)	이 사람들이 되어 있다면 하는 그들이 그리고 있다면 하는데	nting metho (specify) >	od: 🗹 Cash 🗌 Accrual
			v.aryaneips.org is not	required to	
1	Organi	ization type (c	check only one)— 2 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527 Sched	ule B (Form	1 990, 990-EZ, or 990-PF).
ĸ	Check I organiz	►☑ if the or sation received	ganization's gross receipts are normally not more than \$25,000. The organization need n I a Form 990 Package in the mail, it should file a return without financial data. Some stat	not file a ret	turn with the IRS; but if the a complete return.
L	Add line	es 5b, 6b, and	7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 99	0-EZ)	s 12549.77
P	art I	Revenue	, Expenses, and Changes in Net Assets or Fund Balances (See page	36 of th	e instructions.)
	1	Contributio	ns, gifts, grants, and similar amounts received		1 9259.07
	2		ervice revenue including government fees and contracts		2 0
	3		rip dues and assessments		3 0
	4		t income		4 0
	5a		ount from sale of assets other than inventory 5a	0	
	ь		or other basis and sales expenses	0	
377	c		ss) from sale of assets other than inventory (line 5a less line 5b) (attach schedu		ic 0
3	6		ents and activities (attach schedule):	101	
Revenue	_	Gross reve	enue (not including \$ o of contributions n line 1) 6a	0	
_	b	Less: direc	0	6c 0	
	7a		e or (loss) from special events and activities (line 6a less line 6b)	290.70	~
	1000		of inventory, less recards and anomalices	000.00	
	ь		of goods sold	-	c 2290.70
	8		nue (describe >		8 0
	9	Total reve	nue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)		9 11549.77
_	10				0 7800.00
	11		1 similar amounts paid (attach schedule)	1	100
90	12				2 0
xpenses	13		ther compensation, and employee benefits	1	
ě	14	Occupance	arrees and other payments to independent contractors		
ă	15	Occupancy Orienting or	y, rent, utilities, and maintenance		5 0
	16	Other expe	ublications, postage, and shipping enses (describe > UNL student organization disbursement fees	; 1	
	17		nses (add lines 10 through 16)		
	18				
Net Assets	100000		(deficit) for the year (line 9 less line 17)		
155	19	net assets	or fund balances at beginning of year (from line 27, column (A)) (must agree		
#	20	Other chan	r figure reported on prior year's return)	2	
ž	21	Net assets	or fund balances at end of year (combine lines 18 through 20)	. 2	The state of the s
P.	rt II	Balance S	Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form	990 insta	od of Form 000.E7
		Januario C		ming of year	
22	C	h andres			22 3749.27
22			and investments		
23			ngs		23 0
24			escribe >)		24 0
25					25 3749.27
26 27			describe und balances (line 27 of column (B) must agree with line 21)		26 0
	Het	masers of II	and belances time 27 or column (b) must agree with line 21)	0	27 3749.27

Farida Ebrahim Farida Ebrahim Farida Ebrahim General Instruction O O O O O O O O O O O O O	501(c)(3) nizations	Expense uired for 5 (4) organ	and		nistan	ans in Afghani	To help widows and orph	Program Service Accommodary exempt purpose?	e organization's prir	Part III What is the
project. Supplies were bought from local Afghan merchants. 120 Afghan wildows were paid to make 200 blankets that were denated to orphans in Kapisa, Parwan & Kabul. Grants \$ 300.00] 28a 2003 clothing project. Money granted to our partner group Youth and Childrens Dev. Project. They bought supplies from local Afghan merchants then paid 120 wildows to make 276 sets of boysights clothes which were distributed to the orphans in Kapisa and Parwan (Grants \$ 1800.00) 29a 3. Literacy Project. & Bakery: Money granted to partner group Youth & Children Dev. Project. \$700 was used to built bakery requested by widows of Parwan & 2300.00 was used to pay stalaries & supplies to create free literacy classes for widows & orphans of Kapisa &Parwan(Grants \$ 300.00) 30a 3. Literacy program service expenses ladd lines 28a through 31a) . (Grants 5 3 300.) 30a 3. Total program service expenses ladd lines 28a through 31a) . (Grants 5 3 300.) 30a 3. Total program service expenses ladd lines 28a through 31a) . (Grants 5 3 300.) 30a 3. Total program service expenses ladd lines 28a through 31a) . (Grants 5 3 300.) 30a 3. Total program service expenses ladd lines 28a through 31a) . (Grants 5 3 300.00) 30a 3. Total program service expenses ladd lines 28a through 31a) . (Grants 5 3 300.00) 30a 3. Total program service expenses ladd lines 28a through 31a) . (Grants 5 3 300.00) 30a 3. Total program service expenses ladd lines 28a through 31a 3. (Grants 5 3 300.00) 30a 3. (Grants 5 300.00) 30a 3. (Grants 5 3 300.00) 30a 3. (Grants 5 3 300.00) 30a 3. (Grants 5 3 300.00) 30a				am title.	ach prog	ormation for eac	enefited, or other relevant int	d, the number of persons be	ne services provided,	describe th
bought supplies from local Afghan merchants then paid 120 widows to make 276 sets of boys[girls old thes which were distributed to the orphans in Kapisa and Parwam (Grants \$ 1800.00) 29a 30 Literacy Project & Bakery: Money granted to partner group Youth & Children Dev. Project. \$700 was used to build bakery requested by widows of Parwam & 2300.00 was used to pay salaries & supplies to create free literacy classes for widows & orphans of Kapisa & Parwam(Crants \$ 300.0) 30a 10 Other program services (attach schedule) (Crants \$ 300.0) 31a 10 Other program services (attach schedule) (Crants \$ 300.0) 31a 11 Other program services (attach schedule) (Crants \$ 300.0) 31a 12 Total program services (attach schedule) (Crants \$ 300.0) 31a 13 Other program services (attach schedule) (Crants \$ 300.0) 31a 14 Data (A) Name and address (B) Tab and awarege (C) Congersation (C) Congersatio	3000.00		28a	make	e paid to	widows were p	n merchants. 120 Afghan	bought from local Afghai	ct. Supplies were b	projec
supplies to create free literacy classes for widows & orphans of Kapisa &Parwan(Crants \$ 300.) 30 Other program services clatach schedule)	1800.00		29a	/girls	s of boy	nake 276 sets o	then paid 120 widows to r	local Afghan merchants t	ht supplies from lo	bough
Total program service expenses (add lines 28a through 31a)	3000.00	234	30a	upplies	********	d to pay salari	arwan & 2300.00 was use	requested by widows of P	to build bakery re	used
Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 40 of the instruc- (A) Name and address Gift fair and seeinge Gift fair and			-)		Grants \$				
(A) Name and address (B) Title and average hours per week devided to position for not pask, enter -01 (C) Companish effect -01 (E) Companish effect -01 (E) Companish effect -01 (E) Companish effect -01 (E) Com	7800.00			>						
6313 Tanglewood Lane, Lincoln, NE 68516 Christopher Bohl 205 South 27th, Lincoln, NE 68510 Vice President, 2hr 0 0 0 1 205 South 27th, Lincoln, NE 68510 Vice President, 2hr 0 0 0 1 2215 Sherman, Lincoln, NE 68506 Treasurer, 1hr 0 0 0 1 2215 Sherman, Lincoln, NE 68506 Treasurer, 1hr 0 0 0 1 233 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity 334 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes. 34 Were any changes made to the organizing or governing documents but not reported on innex 2, 6, and 7 (among others), but not reported on Form 990-7, attach a statement explaining your reason for not reporting of innex 2, 6, and 7 (among others), but not reported on Form 990-7, attach a statement explaining your reason for not reporting the income on Form 990-7. 35 If "Yes," has it filed a tax return on Form 990-T for this year? 36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (if "Yes," attach a statement.) 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a Enter amount of political expenditures, direct or indirect, as described in the instruction. 37a In If "Yes," has a filed a tax return on Form 990-T for this year? 38a Did the organization berrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? 38b In If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved. 38b In In It Is If Yes, attach the schedule specified in the line 38 instructions and enter the amount involved. 38b In In It Is I	spense int and	(E) Exp	ns to plans &	Contribution	ation ((C) Compensation (if not paid,	(B) Title and average hours per week	VIV3000	(A) Name an	
205 South 27th, Lincoln, NE 68510 Vice President, 2hr 0 0	0		0		0		President, 10hr	incoln, NE 68516	glewood Lane, Lin	6313 Tan
Treasurer, 1hr 0 0 Part V Other Information (Note the attachment requirement in General Instruction V, page 14.) 33	0		0		0		Vice President, 2hr	VE 68510	h 27th, Lincoln, NE	205 South
Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity. Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes. If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T, at a statement explaining your reason for not reporting and proxy tax requirements? b If "Yes," has it filed a tax return on Form 990-T for this year? 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a ■ 0 □ 0 □ 0 □ 0 □ 0 □ 0 □ 0 □ 0 □ 0 □ 0	0		0		0		Treasurer, 1hr	E 68506	*******************	
Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity. Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes. If the organization had income from business activities, such as those reported on interest, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T, at a bid the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements? If "Yes," has it, filed at tax return on Form 990-T for this year? Was there a liquidation, dissolution, termination, or substantial contraction during the year? (if "Yes," attach a statement.) Did the organization file Form 1120-POL for this year? Bid the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? Bif "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved. By 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 Gross receipts, included on line 9, for public use of club facilities Bid organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ≥ 0; section 4912 ≥ 0; section 4955 ≥ 0 Bid 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ≥ 0; section 4912 ≥ 0; section 4955, and 4958 ≥ 0 Bid Fide organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ≥ 0; section 4912 ≥ 0; section 4955, and 4958 ≥ 0 Bid Fide organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ≥ 0; section 4912 ≥ 0; section 4912 ≥ 0; section 4912 ≥ 0; section 4913 ≥	es No	Y		ge 14.)	on V. pa	ral Instruction	ent requirement in Gene		Promotion of the American Control of the American	
become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation. c Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 d Enter: Amount of tax on line 40c, above, reimbursed by the organization List the states with which a copy of this return is filled. Nebraska 1 Telephone no. (402) 890-79 Located at 6313 Tanglewood Ln, Lincoln, NE Located at 6313 Tanglewood Ln, Lincoln, NE Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year . Index penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my kand belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any known of the penalties of officer. Farida Ebrahim, President	7 7 7	nt.) 0 any n/a n/a n/a	atemer	nky tax req tach a st	"Yes," & 37a key emg return? 38b 39a 39b	notice, reporting. g the year? (if "\") instructions. x, trustee, or knowered by this report involved. ided on line 9 year under:	ne of \$1,000 or more or 6033(e) for this year? substantial contraction durin direct, as described in the year? coans to, any officer, direct at the start of the period of instructions and enter the ar d capital contributions incle of club facilities on the organization during the	unrelated business gross incomes return on Form 990-T for dissolution, termination, or self expenditures, direct or insert form 1120-POL for this corrow from, or make any logorior year and still unpaid adule specified in the line 38 if Enter: a Initiation fees and ad on line 9, for public usenter: Amount of tax imposed of	e organization have un s," has it filed a tau there a liquidation, d amount of political he organization file he organization bor loans made in a pr s," attach the sched b)(7) organizations. Els s receipts, included (3) organizations. Enter	a Did the b If "Yes 36 Was t 37a Enter b Did th 38a Did th such b If "Yes 39 501(c) b Gross 40a 501(c)
c Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 ▶ d Enter: Amount of tax on line 40c, above, reimbursed by the organization	~	ld it			action du	ss benefit transac	page in any section 4958 exce	tions. Did the organization eng	l(3) and (4) organizatio	b 507(c)
d Enter: Amount of tax on line 40c, above, reimbursed by the organization List the states with which a copy of this return is filed. ▶ Nebraska 1 The books are in care of ▶ Farida Ebrahlm Located at ▶ 6313 Tanglewood Ln, Lincoln, NE Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year . ▶ 43 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my kand belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any known and belief it is true. Correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any known belief. It is true. Correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any known belief. It is true. Correct. Please Sign Farida Ebrahlm, President	0		1000				[18] - TOTAL TIPLE OF THE STATE OF THE STAT			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my kand belief, it is true, correct, and complete. Declaration of preparer (other than officer) as based on all information of which preparer has any known belief. It is true, correct, and complete. Declaration of preparer (other than officer) as based on all information of which preparer has any known belief. It is true, correct, and complete. Declaration of preparer (other than officer) as based on all information of which preparer has any known belief. It is true, correct, and complete. Declaration of preparer (other than officer) as based on all information of which preparer has any known belief. It is true, correct, and complete. Declaration of preparer (other than officer) as based on all information of which preparer has any known belief. It is true, correct, and complete. Declaration of preparer (other than officer) as based on all information of which preparer has any known belief. It is true, correct, and complete. Declaration of preparer (other than officer) as based on all information of which preparer has any known belief.	18 0	*********	68516	► e no. ► (- 4 ►)	elephon	Tel	sed by the organization . Nebraska E Ing Form 990-EZ in lieu of	n line 40c, above, reimburs th a copy of this return is file of ► Farida Ebrahim anglewood Ln, Lincoln, Ni exempt charitable trusts file	: Amount of tax on ne states with which looks are in care of ted at > 6313 Tan on 4947(a)(1) nonex	d Enter: 41 List th 42 The b Locat 43 Section
F. Type so busy times may not	xowledge fedge	it of my kno any knowle	the bet arer has		and statem emission of			erjury, I declare that I have examin correct, and complete. Declaration or ar nim, President	Under penalties of per and belief: it is true, of Signature of officer Farida Ebrahir	Please Sign
Paid Preparer's SSN or PTIN (See signature	Gen, Inst. W)	PTIN (See G	's SSN o	-	31 P.	self-	Date	ne send triby.	Preparer's	
Preparer's Use Only Signature Firm's name (or yours) First employed, Phone no. Phone no. Phone no. I set employed.	_		1	•	EIN	employ		<u> </u>	Firm's name (or yours if self-employed).	

Form 990EZ

Question #33: Did the organization engage in an activity not previously reported to the IRS?

ARYA has been able to establish a connection with an Afghan merchant who pays widows and orphans to make jewelry. We obtain the jewelry from the merchant, pay him for the items which he in turn uses to pay the widows and orphans, thus giving them a means of employment and support. ARYA then sells the jewelry here in the US and sends 100% of the profits back to Afghanistan to help fund our various projects.

Farida Ebrahim 11/4/03

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Tressury stampal Revenue Senice

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.) ► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ OMB No. 1545-0047

Name of the organization			Employer identifica	tion number
Afghan Renascent Youth Association (ARYA)			01 07609.5	
Part 1 Compensation of the Five High (See page 1 of the instructions. I	est Paid Employees Of	ther Than Office e none, enter "f	ers, Directors, a	nd Trustees
(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				

Fotal number of other employees paid over \$50,000	est Paid Independent O	Contractors for iduals or firms).	Professional Se	ervices enter "None.")
(a) Name and address of each independent contractor	V2.315 3.215 3.227 (1.12.1)	1982	of service	(c) Compensation
none				
		ja		
Total number of others receiving over \$50,000 for professional services				

Par	t III	Statements About Activities (See page 2 of the instructions.)	Yes	No
1	attern or inc	the year, has the organization attempted to influence national, state, or local legislation, including any pt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid urred in connection with the lobbying activities S (Must equal amounts on line 38, 1-A, or line 1 of Part VI-B.)	1	V
	organ	izations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other izations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of bbying activities.		
2	with a	the year, has the organization, either directly or indirectly, engaged in any of the following acts with any antial contributors, trustees, directors, officers, creators, key employees, or members of their families, or any taxable organization with which any such person is affiliated as an officer, director, trustee, majority, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the actions.)		
a	Sale,	exchange, or leasing of property?	2a	1
b	Lendi	ng of money or other extension of credit?	2b	2
c	Furnis	hing of goods, services, or facilities?	20	-
d	Paym	ent of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	-
	Trans	fer of any part of its income or assets?	2e	"
				-
3	Does	the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below.)	3	
4		u have a section 403(b) annuity plan for your employees?	4	2000
		h a statement to explain how the organization determines that individuals or organizations receiving grants m it in furtherance of its charitable programs "qualify" to receive payments.		
	t IV	Reason for Non-Private Foundation Status (See pages 3 through 5 of the instructions.)		
	_	ration is not a private foundation because it is: (Please check only ONE applicable box.)		
5	_	church, convention of churches, or association of churches. Section 170(b)(1)(A)(i). school. Section 170(b)(1)(A)(i). (Also complete Part V.)		
7	personal contract of	hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).		
8		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 hospit	al's name	, cit
10		organization operated for the benefit of a college or university owned or operated by a governmental unit. Section lso complete the Support Schedule in Part IV-A.)	170(b)(1)	(A)(iv
11a		n organization that normally receives a substantial part of its support from a governmental unit or from the action 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)	general p	oubli
11b 12	Ar re	community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) n organization that normally receives: (1) more than 33%% of its support from contributions, membership ceipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more support from gross investment income and unrelated business taxable income (less section 511 tax) from busing the organization after June 30, 1975. See section 509(a)(2), (Also complete the Support Schedule in Part IV-	than 33% esses ac	696 (
13	de	n organization that is not controlled by any disqualified persons (other than foundation managers) and support escribed in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section action 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 in from a		

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting. Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting Calendar year (or fiscal year beginning in) . > (a) 2001 **(b)** 2000 (c) 1999 (d) 1998 (e) Total Gifts, grants, and contributions received. (Do 9259.07(02-03) n/a n/a n/a 9259.07 not include unusual grants. See line 28.), Membership fees received 0 16 n/a n/a n/a 0 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 3290.70 n/a n/a n/a 0 Gross income from interest, dividends. amounts received from payments on securities toans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired 0 by the organization after June 30, 1975 n/a n/a n/a ٥ income from unrelated business Ô activities not included in line 18 n/a n/a n/a 0 Tax revenues levied for the organization's 20 benefit and either paid to it or expended on its behalf, 0 n/a n/a 0 n/a 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 0 n/a n/a n/a 0 public without charge, Other income. Attach a schedule. Do not 0 include gain or (loss) from sale of capital assets n/a n/a n/a 0 23 Total of lines 15 through 22. 12549.77 n/a n/a n/a 12549.77 Line 23 minus line 17. 24 9259.07 n/a 9259.07 n/a n/a 25 Enter 1% of line 23 125.50 n/a n/a Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24. 185.18 26 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 1998 through 2001 exceeded the 3750.00 amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts > 26b c Total support for section 509(a)(1) test: Enter line 24, column (e) 9259.07 25c d Add: Amounts from column (e) for lines: 18 ____ 0 19 _ 0 3750.00 3750.00 22 26b _ 26d Public support (line 26c minus line 26d total) 5509.07 26e Public support percentage (line 26e (numerator) divided by line 26c (denominator)) 59.5 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: 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: c Add: Amounts from column (e) for lines: 15 ______ 16 __ 20 _____ 21 ____ 27c d Add: Line 27a total . _____ and line 27b total , ._____ 27d 27e Total support for section 509(a)(2) test: Enter amount from line 23, column (e). . ▶ 271 Public support percentage (line 27e (numerator) divided by line 27f (denominator)). 27g h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)). > 27h

-	ck ▶ a 🔲 if the organization belongs to an affilia	ted group. Che	eck ► b 🗆 if	you checked "a"	and "limited control"	provisions apply.
	Limits on Lobbyin (The term "expenditures" mean				(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36	Total lobbying expenditures to influence public	opinion (grassro	ots lobbying) .	36		
37	Total lobbying expenditures to influence a legis	Control of the contro	Control of the contro	37		1
38	Total lobbying expenditures (add lines 36 and 3					
39	Other exempt purpose expenditures , , .					
40	Total exempt purpose expenditures (add lines 3			40		
41	Lobbying nontaxable amount. Enter the amount					
	If the amount on line 40 is—			,		
	Over \$500,000 but not over \$1,000,000 \$100,00			900000		
	Over \$1,000,000 but not over \$1,500,000 , \$175,00			The second secon	1	
	Over \$1,500,000 but not over \$17,000,000 , \$225,00			1 500000		
	Over \$17,000,000 \$1,000,0			5000000		
42	Grassroots nontaxable amount (enter 25% of lin					
43	Subtract line 42 from line 36. Enter -0- if line 42					
44	Subtract line 41 from line 38. Enter -0- if line 41	is more than lir	ne 38	44		
	Caution: If there is an amount on either line 43	or line 44, you r	nust file Form 47	20		
	(Some organizations that made a section See the instructions for	501(h) election	d Under Section do not have to on the page 11	omplete all of the	ne five columns be ons.)	elow.
		Lob	bying Expenditu	res During 4-Y	ear Averaging Pe	riod
		2230				3055
_	Calendar year (or	(a)	(b)	(c)	(d)	(e)
	Calendar year (or fiscal year beginning in) ▶					
15		(a)	(b)	(c)	(d)	(e)
	fiscal year beginning in) ▶	(a) 2002	(b)	(c)	(d)	(e)
45 46	fiscal year beginning in) > Lobbying nontaxable amount	(a) 2002	(b)	(c)	(d)	(e)
16	Lobbying nontaxable amount (150% of line 45(e)).	(a) 2002	(b)	(c)	(d)	(e)
46	Lobbying nontaxable amount	(a) 2002	(b)	(c)	(d)	(e)
16 17 18 19	Lobbying nontaxable amount	(a) 2002	(b)	(c)	(d)	(e)
16 17 18 19	Lobbying nontaxable amount	(a) 2002	(b) 2001	(c)	(d)	(e)
46 47 48 49	Lobbying nontaxable amount	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Yotal
16 17 18 19	Lobbying nontaxable amount Lobbying celling amount (150% of line 45(e)). Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures	(a) 2002 ting Public Cl	(b) 2001 narities not complete F	(c) 2000 Part VI-A) (See	(d) 1999 page 11 of the	(e) Yotal
16 17 18 19 De	Lobbying nontaxable amount Lobbying celling amount (150% of line 45(e)). Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures	(a) 2002 ting Public Clions that did rence national, st	narities not complete F	(c) 2000 Part VI-A) (See	(d) 1999 page 11 of the	(e) Yotal
16 17 18 19 Ouriente	Lobbying nontaxable amount	(a) 2002 ting Public Clions that did rence national, st	narities not complete F	(c) 2000 Part VI-A) (See	(d) 1999 page 11 of the	(e) Yotal
16 17 18 19 Ouri	Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)). Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures IT VI-B Lobbying Activity by Nonelect (For reporting only by organizating the year, did the organization attempt to influence public opinion on a legislative my Volunteers.	(a) 2002 Ling Public Clions that did rance national, statter or referend	narities not complete F ate or local legisl um, through the	art VI-A) (See ation, including use of:	(d) 1999 e page 11 of the any Yes No	(e) Yotal
16 17 18 19 Ouriente	Lobbying nontaxable amount	(a) 2002 Ling Public Clions that did rance national, statter or referend	narities not complete F ate or local legisl um, through the	art VI-A) (See ation, including use of:	page 11 of the	(e) Yotal
16 17 18 19 Ouriente	Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)). Total lobbying expenditures Grassroots nontaxable amount (150% of line 48(e)) Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures TVI-B Lobbying Activity by Nonelect (For reporting only by organizating the year, did the organization attempt to influence public opinion on a legislative multiple volunteers Paid staff or management (Include compensation	(a) 2002 Ling Public Clions that did rance national, statter or referend	narities not complete F ate or local legisl um, through the	art VI-A) (See ation, including use of:	e page 11 of the	(e) Yotal
16 17 18 19 50 Duri	Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)). Total lobbying expenditures Grassroots nontaxable amount (150% of line 48(e)) Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures TVI-B Lobbying Activity by Nonelect (For reporting only by organizating the year, did the organization attempt to influence public opinion on a legislative multiple of the total staff or management (Include compensation Media advertisements	(a) 2002 Ling Public Clions that did rence national, statter or referend	narities not complete F ate or local legisl um, through the	art VI-A) (See ation, including use of:	page 11 of the	(e) Yotal
46 47 48 49 50 Duringtte a b c d	Lobbying nontaxable amount	ting Public Clions that did rance national, statter or referend	narities not complete F ate or local legisl um, through the in	art VI-A) (See ation, including use of:	page 11 of the	(e) Yotal
148 148 149 150 150 150 150 150 150 150 150 150 150	Lobbying nontaxable amount	ting Public Clions that did rance national, stater or referend	narities not complete F ate or local legisl um, through the in-	art VI-A) (See ation, including use of:	page 11 of the	(e) Yotal
46 47 48 49 Duni Batte a b c d e	Lobbying nontaxable amount	(a) 2002 Ling Public Cl ions that did r ance national, st atter or referend in in expenses re ints isses imment officials, speeches, lecture	narities not complete F ate or local legisl um, through the in-	art VI-A) (See ation, including use of:	page 11 of the	(e) Yotal