

Return of Organization Exempt from Income Tax

2003

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 Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2003 calendar year, or tax year beginning, 2003, and ending

- B Check if applicable. Address change, Name change, Initial return, Final return, Amended return, Application pending

KINDHEARTS FOR CHARITABLE HUMANITARIAN DEVELOPMENT, INC. 3450 W CENTRAL AVE #366 TOLEDO, OH 43606

D Employer Identification Number 02-0534702 E Telephone number 419-329-2929 F Accounting method: Cash, Accrual

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

G Web site: WWW.KIND-HEARTS.ORG

J Organization type (check only one) 501(c) 3 (insert no.) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

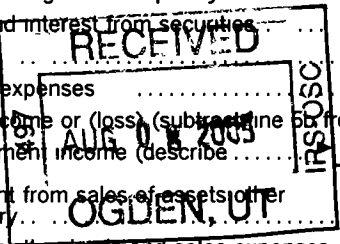
- H and I are not applicable to section 527 organizations H (a) Is this a group return for affiliates? H (b) If 'Yes,' enter number of affiliates H (c) Are all affiliates included? H (d) Is this a separate return filed by an organization covered by a group ruling?

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 4,582,431

I Group Exemption Number M Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

Table with columns for line number, description, and amount. Includes rows for Contributions (1), Program service revenue (2), Membership dues (3), Interest on savings (4), Dividends (5), Gross rents (6a-6c), Other investment income (7), Gross amount from sales of assets (8a-8d), Special events (9), Gross sales of inventory (10a-10c), Other revenue (11), Total revenue (12), Program services (13), Management and general (14), Fundraising (15), Payments to affiliates (16), Total expenses (17), Excess or deficit (18), Net assets at beginning (19), Other changes (20), Net assets at end (21).



SCANNED SEP 06 2005

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**Part I 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.

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 (att sch) SEE STM 4 (cash \$ 384,916. non-cash \$ 437,200.)	822,116.	822,116.		
23	Specific assistance to individuals (att sch) ST 5	1,953,722.	1,953,722.		
24	Benefits paid to or for members (att sch)				
25	Compensation of officers, directors, etc.	73,223.	51,257.	10,983.	10,983.
26	Other salaries and wages.	360,719.	218,372.	95,552.	46,795.
27	Pension plan contributions				
28	Other employee benefits.	50,384.	32,436.	10,997.	6,951.
29	Payroll taxes	32,953.	23,067.	4,943.	4,943.
30	Professional fundraising fees	230,052.			230,052.
31	Accounting fees.	29,932.	18,390.	7,600.	3,942.
32	Legal fees.	30,550.	18,770.	7,757.	4,023.
33	Supplies	40,041.	6,525.	25,538.	7,978.
34	Telephone.	29,574.	15,223.	11,089.	3,262.
35	Postage and shipping.	90,643.	63,450.	2,815.	24,378.
36	Occupancy.	53,924.	29,098.	13,235.	11,591.
37	Equipment rental and maintenance	2,368.	1,050.	1,093.	225.
38	Printing and publications.	101,703.	71,192.	5,164.	25,347.
39	Travel	51,632.	20,089.	4,305.	27,238.
40	Conferences, conventions, and meetings	9,290.	3,458.	741.	5,091.
41	Interest				
42	Depreciation, depletion, etc (attach schedule)	33,970.	13,338.	17,774.	2,858.
43	Other expenses not covered above (itemize):				
a	SEE STATEMENT 6	836,677.	448,176.	34,196.	354,305.
b					
c					
d					
e					
44	Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15.	4,833,473.	3,809,729.	253,782.	769,962.

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

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ 850,753.; (ii) the amount allocated to Program services \$ 479,631.; (iii) the amount allocated to Management and general \$ ; and (iv) the amount allocated to Fundraising \$ 371,122..

**Part II Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? <input checked="" type="checkbox"/> SEE STATEMENT 7	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
a <u>SPONSORSHIP PROGRAM - ORPHAN SPONSORHIP PROGRAM THAT PROVIDES ORPHANS WITH THE ESSENTIALS OF LIFE, SUCH AS FOOD, CLOTHING, SCHOOL SUPPLIES, MEDICAL CARE, AND HOUSING.</u> (Grants and allocations \$ 2,558.)	456,787.
b <u>EMERGENCY &amp; HEALTH PROGRAMS - PROVIDES EMERGENCY AND HEALTH SERVICES TO THOSE IN NEED.</u> (Grants and allocations \$ 573,552.)	1,363,121.
c <u>EID &amp; SEASONAL PROGRAMS - PROVIDES FOOD BASKETS AND CLOTHES TO THOSE IN NEED</u> (Grants and allocations \$ 217,376.)	1,217,208.
d <u>EDUCATION &amp; DEVELOPMENT PROGRAMS - PROVIDES SCHOLARSHIPS, UNIFORMS, COMPUTERS, BOOKS, AND SUPPLIES TO ELIGIBLE STUDENTS AND FUNDRAISING SUPPORT FOR SCHOOLS.</u> (Grants and allocations \$ 28,630.)	620,224.
e Other program services SEE STATEMENT 8 (Grants and allocations \$ )	152,389.
f <b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)	3,809,729.

**Balance Sheets** (See 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	
<b>ASSETS</b>	45 Cash – non-interest-bearing	1,069,688.	45	395,169.	
	46 Savings and temporary cash investments		46		
	47 a Accounts receivable		47 a		
	b Less: allowance for doubtful accounts		47 b	47 c	
	48 a Pledges receivable	390,893.	48 a		
	b Less: allowance for doubtful accounts		48 b	48 c	
	49 Grants receivable		49	390,893.	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50		
	51 a Other notes & loans receivable (attach sch)		51 a		
	b Less: allowance for doubtful accounts		51 b	51 c	
	52 Inventories for sale or use		52	80,758.	
	53 Prepaid expenses and deferred charges	114.	53	114,294.	
	54 Investments – securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54		
	55 a Investments – land, buildings, & equipment: basis		55 a		
	b Less: accumulated depreciation (attach schedule)		55 b	55 c	
56 Investments – other (attach schedule)		56			
57 a Land, buildings, and equipment: basis	323,065.	57 a			
b Less: accumulated depreciation (attach schedule) STATEMENT 9	61,790.	57 b	57 c		
58 Other assets (describe SEE STATEMENT 10)	12,600.	58	261,275.		
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)	1,313,817.	59	1,245,656.		
<b>LIABILITIES</b>	60 Accounts payable and accrued expenses	118,867.	60	210,443.	
	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)		64 a		
	b Mortgages and other notes payable (attach schedule)		64 b		
	65 Other liabilities (describe)		65		
	66 <b>Total liabilities</b> (add lines 60 through 65)	118,867.	66	210,443.	
	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted	-78,171.	67	-394,476.	
68 Temporarily restricted	1,273,121.	68	1,429,689.		
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)	1,194,950.	73	1,035,213.		
74 <b>Total liabilities and net assets/fund balances</b> (add lines 66 and 73)	1,313,817.	74	1,245,656.		

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 IVA Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>a</b>	4,571,206.
<b>b</b>	Amounts included on line <b>a</b> but not on line 12, Form 990:		
(1)	Net unrealized gains on investments \$ . . . . .		
(2)	Donated services and use of facilities . . . . . \$ 9,000.		
(3)	Recoveries of prior year grants \$ . . . . .		
(4)	Other (specify):		
	----- \$ . . . . .		
	Add amounts on lines (1) through (4) . . . . .	<b>b</b>	9,000.
<b>c</b>	Line <b>a</b> minus line <b>b</b> . . . . .	<b>c</b>	4,562,206.
<b>d</b>	Amounts included on line 12, Form 990 but not on line <b>a</b> :		
(1)	Investment expenses not included on line 6b, Form 990 . . . . . \$ . . . . .		
(2)	Other (specify):		
	----- \$ . . . . .		
	SEE STMT 11 \$ -1,108.		
	Add amounts on lines (1) and (2) . . . . .	<b>d</b>	-1,108.
<b>e</b>	Total revenue per line 12, Form 990 (line <b>c</b> plus line <b>d</b> ) . . . . .	<b>e</b>	4,561,098.

**Part IVB Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements . . . . .	<b>a</b>	4,843,581.
<b>b</b>	Amounts included on line <b>a</b> but not on line 17, Form 990:		
(1)	Donated services and use of facilities . . . . . \$ 9,000.		
(2)	Prior year adjustments reported on line 20, Form 990 . . . . . \$ . . . . .		
(3)	Losses reported on line 20, Form 990 . . . . . \$ . . . . .		
(4)	Other (specify):		
	----- \$ . . . . .		
	SEE STMT 12 \$ 1,108.		
	Add amounts on lines (1) through (4) . . . . .	<b>b</b>	10,108.
<b>c</b>	Line <b>a</b> minus line <b>b</b> . . . . .	<b>c</b>	4,833,473.
<b>d</b>	Amounts included on line 17, Form 990 but not on line <b>a</b> :		
(1)	Investment expenses not included on line 6b, Form 990 . . . . . \$ . . . . .		
(2)	Other (specify):		
	----- \$ . . . . .		
	Add amounts on lines (1) and (2) . . . . .	<b>d</b>	
<b>e</b>	Total expenses per line 17, Form 990 (line <b>c</b> plus line <b>d</b> ) . . . . .	<b>e</b>	4,833,473.

**List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated; see 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 and deferred compensation	(E) Expense account and other allowances
KHALED SMAILI 3450 W CENTRAL AVE, STE. 366 TOLEDO, OH 43606	PRESIDENT & CEO 40+	73,223.	8,233.	0.
HATEM ELHADY 3450 W CENTRAL AVE, STE. 366 TOLEDO, OH 43606	CHAIRMAN .5	0.	0.	0.
JIHAD SMAILI 3450 W CENTRAL AVE, STE. 366 TOLEDO, OH 43606	TRUSTEE .5	0.	0.	0.
ABDELRAHMAN QATISHAT 3450 W CENTRAL AVE, STE. 366 TOLEDO, OH 43606	TRUSTEE .5	0.	0.	0.
DAVID BARTOS 3450 W. CENTRAL AVE. STE. 36 TOLEDO, OH 43606	TRUSTEE .5	0.	0.	0.
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**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? . . . . .  Yes  No

If 'Yes,' attach schedule - see instructions.

Part VII Other Information (See 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		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
78b	If 'Yes,' has it filed a tax return on Form 990-T for this year?		N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement.		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		X
80b	If 'Yes,' enter the name of the organization <u>N/A</u> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81a	Enter direct and indirect political expenditures. See line 81 instructions	81a	0.
81b	Did the organization file Form 1120-POL for this year?		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
82b	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.)	82b	N/A
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
85a	501(c)(4), (5), or (6) organizations. Were substantially all dues nondeductible by members?		N/A
85b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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.		N/A
85c	Dues, assessments, and similar amounts from members	85c	N/A
85d	Section 162(e) lobbying and political expenditures	85d	N/A
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A
85h	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?		N/A
86a	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
86b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87a	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
87b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
89b	501(c)(3) and 501(c)(4) organizations. 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		X
	c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
	d Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
90a	List the states with which a copy of this return is filed <u>SEE STATEMENT 13</u>		
90b	Number of employees employed in the pay period that includes March 12, 2003 (See instructions.)	90b	10
91	The books are in care of <u>ANAS M ALMASRI</u> Telephone number <u>(419) 329-2929</u> Located at <u>3450 WEST CENTRAL AVE #366, TOLEDO, OH</u> ZIP + 4 <u>43606</u>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <u>92</u>		N/A

**Part VII Analysis of Income-Producing Activities** (See 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	
<b>93</b> Program service revenue:					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> Medicare/Medicaid payments . . . . .					
<b>g</b> Fees & contracts from government agencies . . . . .					
<b>94</b> Membership dues and assessments . . . . .					
<b>95</b> Interest on savings & temporary cash invmnts . . . . .					
<b>96</b> Dividends & interest from securities . . . . .					
<b>97</b> Net rental income or (loss) from real estate:					
<b>a</b> debt-financed property . . . . .					
<b>b</b> not debt-financed property . . . . .					
<b>98</b> Net rental income or (loss) from pers prop. . . . .					
<b>99</b> Other investment income . . . . .					
<b>100</b> Gain or (loss) from sales of assets other than inventory . . . . .			18	-1,108.	
<b>101</b> Net income or (loss) from special events . . . . .					117,733.
<b>102</b> Gross profit or (loss) from sales of inventory . . . . .					
<b>103</b> Other revenue: <b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>104</b> Subtotal (add columns (B), (D), and (E)) . . . . .				-1,108.	117,733.
<b>105</b> Total (add line 104, columns (B), (D), and (E)) . . . . .					116,625.

**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 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).
N/A	

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See instructions.)

- a** Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
  - b** Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No
- Note:** If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).

**Please Sign Here**

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 information furnished by taxpayer.

Signature of officer: *[Signature]*

Type or print name and title: **KHALED SMAILI**

**Paid Preparer's Use Only**

Preparer's signature: *[Signature]*

Firm's name (or yours if self-employed) address, and ZIP + 4: **GILMORE, JASION & MAHLER, LTI  
1715 INDIAN WOOD CIRCLE, SUITE  
MAUMEE, OH 43537**

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Organization Exempt Under**  
**Section 501(c)(3)**

OMB No 1545-0047

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

**2003**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization **KINDHEARTS FOR CHARITABLE HUMANITARIAN DEVELOPMENT, INC.** Employer identification number **02-0534702**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See 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 and deferred compensation	(e) Expense account and other allowances
NONE				
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-----				
-----				
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Total number of other employees paid over \$50,000 ..... 0				

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See 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
NORTH AMERICAN PROFESSIONAL SERVICES, INC.		
10755-F SCRIPPS POWAY PARKWAY, SAN DIEGO, CA	PROF. FUNDRAISER	71,820.
AMS/IAP		
10661 S. ROBERTS RD., PALOS HILLS, IL 60465	FUNDRAISER ORGANIZER	77,571.
JISR		
5270 SCHAEFER RD., DEARBORN, MI 48126	PUBLIC RELATIONS	59,772.
-----		
-----		
-----		
-----		
Total number of others receiving over \$50,000 for professional services ..... 0		

**Part III** Statements About Activities (See instructions.)

	Yes	No
<b>1</b> 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>N/A</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)		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.		
<b>2</b> 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.)		
<b>SEE STATEMENT 14</b>		
<b>a</b> Sale, exchange, or leasing of property?		X
<b>b</b> Lending of money or other extension of credit?		X
<b>c</b> Furnishing of goods, services, or facilities?	X	
<b>SEE FORM 990, PART V</b>		
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
<b>e</b> Transfer of any part of its income or assets?		X
<b>3a</b> 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.)		X
<b>3b</b> Do you have a section 403(b) annuity plan for your employees?		X
<b>4</b> Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X

**Part IV** Reason for Non-Private Foundation Status (See 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 ▶** \_\_\_\_\_
- 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.)
- 11 a  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.)
- 11 b  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 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 instructions.)



**Part III 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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) ..	3,017,398.				3,017,398.
<b>16</b> Membership fees received ..					
<b>17</b> 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 ..					
<b>18</b> 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. ....					
<b>19</b> Net income from unrelated business activities not included in line 18. ....					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf .....					
<b>21</b> 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. .					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets <b>SEE. STMT. 15</b>	8,109.				8,109.
<b>23</b> Total of lines 15 through 22 ....	3,025,507.				3,025,507.
<b>24</b> Line 23 minus line 17. ....	3,025,507.				3,025,507.
<b>25</b> Enter 1% of line 23. ....	30,255.				
<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24. ....					<b>26a</b> 60,510.
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 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts. ....					<b>26b</b>
c Total support for section 509(a)(1) test: Enter line 24, column (e). ....					<b>26c</b> 3,025,507.
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 <u>8,109.</u> 26b _____					<b>26d</b> 8,109.
e Public support (line 26c minus line 26d total). ....					<b>26e</b> 3,017,398.
f <b>Public support percentage (line 26e (numerator) divided by line 26c (denominator))</b> .....					<b>26f</b> 99.73 %
<b>27 Organizations described on line 12:</b> N/A					
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: (2002) _____ (2001) _____ (2000) _____ (1999) _____					
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: (2002) _____ (2001) _____ (2000) _____ (1999) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					<b>27c</b>
d Add: Line 27a total ..... and line 27b total .....					<b>27d</b>
e Public support (line 27c total minus line 27d total). ....					<b>27e</b>
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e). ...					<b>27f</b>
g <b>Public support percentage (line 27e (numerator) divided by line 27f (denominator))</b> ..					<b>27g</b> %
h <b>Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))</b> ..					<b>27h</b> %
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, 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.					

**Part IV Private School Questionnaire** (See instructions.)  
 (To be completed **ONLY** by schools that checked the box on line 6 in Part IV)

		N/A	
		Yes	No
<b>29</b>	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? .....		
<b>30</b>	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? .....		
<b>31</b>	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? .....		
If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)			
-----			
-----			
<b>32</b>	Does the organization maintain the following:		
<b>a</b>	Records indicating the racial composition of the student body, faculty, and administrative staff? .....		
<b>b</b>	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....		
<b>c</b>	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....		
<b>d</b>	Copies of all material used by the organization or on its behalf to solicit contributions? .....		
If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)			
-----			
-----			
<b>33</b>	Does the organization discriminate by race in any way with respect to:		
<b>a</b>	Students' rights or privileges? .....		
<b>b</b>	Admissions policies? .....		
<b>c</b>	Employment of faculty or administrative staff? .....		
<b>d</b>	Scholarships or other financial assistance? .....		
<b>e</b>	Educational policies? .....		
<b>f</b>	Use of facilities? .....		
<b>g</b>	Athletic programs? .....		
<b>h</b>	Other extracurricular activities? .....		
If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)			
-----			
-----			
<b>34a</b>	Does the organization receive any financial aid or assistance from a governmental agency? .....		
<b>b</b>	Has the organization's right to such aid ever been revoked or suspended? .....		
If you answered 'Yes' to either 34a or b, please explain using an attached statement.			
<b>35</b>	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation. ....		

**Part VII Lobbying Expenditures by Electing Public Charities** (See instructions.)  
 (To be completed **ONLY** by an eligible organization that filed Form 5768) N/A

Check  **a** if the organization belongs to an affiliated group. Check  **b** if you checked 'a' and 'limited control' provisions apply.

<b>Limits on Lobbying Expenditures</b>		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term 'expenditures' means amounts paid or incurred.)			
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	<b>36</b>	
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .	<b>37</b>	
<b>38</b>	Total lobbying expenditures (add lines 36 and 37) . . . . .	<b>38</b>	
<b>39</b>	Other exempt purpose expenditures .....	<b>39</b>	
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39) .....	<b>40</b>	
<b>41</b>	Lobbying nontaxable amount. Enter the amount from the following table –		
	<b>If the amount on line 40 is –</b>		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000 . . . . .		
	Over \$1,000,000 but not over \$1,500,000 . . . . .		
	Over \$1,500,000 but not over \$17,000,000 . . . . .		
	Over \$17,000,000 . . . . .		
	<b>The lobbying nontaxable amount is –</b>		
	20% of the amount on line 40		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000	<b>41</b>	
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$1,000,000		
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41) . . . . .	<b>42</b>	
<b>43</b>	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36. . . . .	<b>43</b>	
<b>44</b>	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38. . . . .	<b>44</b>	

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
 See the instructions for lines 45 through 50.)

	<b>Lobbying Expenditures During 4-Year Averaging Period</b>				
	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
<b>45</b> Lobbying nontaxable amount .....					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures .....					
<b>48</b> Grassroots non-taxable amount .....					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> Grassroots lobbying expenditures .....					

**Part VIII Lobbying Activity by Nonelecting Public Charities** (For reporting only by organizations that did not complete Part VI-A) (See instructions.) N/A

	Yes	No	Amount
During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers .....			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.) . . . . .			
<b>c</b> Media advertisements .....			
<b>d</b> Mailings to members, legislators, or the public .....			
<b>e</b> Publications, or published or broadcast statements .....			
<b>f</b> Grants to other organizations for lobbying purposes .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body . . . . .			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....			
<b>i</b> Total lobbying expenditures (add lines c through h) . . . . .			

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.

**Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See instructions)

**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?

**a** Transfers from the reporting organization to a noncharitable exempt organization of:

	Yes	No
(i) Cash	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
(ii) Other assets	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
<b>b</b> Other transactions:		
(i) Sales or exchanges of assets with a noncharitable exempt organization	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
(ii) Purchases of assets from a noncharitable exempt organization	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
(iii) Rental of facilities, equipment, or other assets	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
(iv) Reimbursement arrangements	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
(v) Loans or loan guarantees	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
(vi) Performance of services or membership or fundraising solicitations	<input type="checkbox"/>	<input checked="" type="checkbox"/> X

**c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees  Yes  No

**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:

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			

**52a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  Yes  No

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

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

**STATEMENT 1  
FORM 990, PART I, LINE 8  
NET GAIN (LOSS) FROM NONINVENTORY SALES**

OTHER ASSETS

DESCRIPTION:	TOYOTA CAMRY		
DATE ACQUIRED:	8/26/2002		
HOW ACQUIRED:	DONATED		
DATE SOLD:	6/30/2003		
TO WHOM SOLD:			
GROSS SALES PRICE:	5,500.		
COST OR OTHER BASIS:	7,930.		
DEPRECIATION:	1,322.		
		GAIN (LOSS)	-1,108.
TOTAL GAIN (LOSS) OTHER ASSETS			<u>\$ -1,108.</u>
TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES			<u>\$ -1,108.</u>

**STATEMENT 2  
FORM 990, PART I, LINE 9  
NET INCOME (LOSS) FROM SPECIAL EVENTS**

<u>SPECIAL EVENTS</u>	<u>GROSS RECEIPTS</u>	<u>LESS CONTRI- BUTIONS</u>	<u>GROSS REVENUE</u>	<u>LESS DIRECT EXPENSES</u>	<u>NET INCOME (LOSS)</u>
DETROIT DINNER EVENT	94,408.	0.	94,408.	8,075.	86,333.
TOLEDO DINNER EVENT	38,050.	0.	38,050.	6,650.	31,400.
TOTAL	<u>\$ 132,458.</u>	<u>\$ 0.</u>	<u>\$ 132,458.</u>	<u>\$ 14,725.</u>	<u>\$ 117,733.</u>

**STATEMENT 3  
FORM 990, PART I, LINE 20  
OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

RESTATED NET ASSET CHANGE.....		\$ 112,638.
	TOTAL	<u>\$ 112,638.</u>

**STATEMENT 4  
FORM 990, PART II, LINE 22  
GRANTS AND ALLOCATIONS**

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY:	EMERGENCY HEALTH, EDUC.	
DONEE'S NAME:	KINDHEARTS-LEBANON	
AMOUNT GIVEN:		\$ 334,916.
CLASS OF ACTIVITY:	EID AND SEASONAL	
DONEE'S NAME:	SANABIL ASSOCIATION FOR RELIEF	
DONEE'S ADDRESS:	BDAIR BLDG 3RD FLOOR	

**STATEMENT 4 (CONTINUED)  
FORM 990, PART II, LINE 22  
GRANTS AND ALLOCATIONS**

CASH GRANTS AND ALLOCATIONS

AMOUNT GIVEN:	SAIDA, LEBANON	\$ 50,000.
TOTAL CASH GRANTS AND ALLOCATIONS		\$ 384,916.

NONCASH GRANTS AND ALLOCATIONS

DONEE'S NAME:	KINDHEARTS-LEBANON	
DESCRIPTION OF PROPERTY:	MEDICAL EQUIP & SUPPLIES	
DATE OF GIFT:	3/31/2003	
BOOK VALUE:	437,200.	
FAIR MARKET VALUE:		437,200.
TOTAL NONCASH GRANTS AND ALLOCATIONS		\$ 437,200.
TOTAL GRANTS AND ALLOCATIONS		\$ 822,116.

**STATEMENT 5  
FORM 990, PART II, LINE 23  
SPECIFIC ASSISTANCE TO INDIVIDUALS**

MEDICAL, DENTAL AND HOSPITAL EXPENSES.....	\$	417,557.
EDUCATION AND DEVELOPMENT.....		422,402.
ORPHAN SPONSORSHIP.....		329,588.
SEASONAL PROGRAMS.....		667,489.
OTHER PROGRAMS.....		116,686.
TOTAL	\$	1,953,722.

**STATEMENT 6  
FORM 990, PART II, LINE 43  
OTHER EXPENSES**

	(A) <u>TOTAL</u>	(B) <u>PROGRAM SERVICES</u>	(C) <u>MANAGEMENT &amp; GENERAL</u>	(D) <u>FUNDRAISING</u>
ADVERTISING	619,626.	303,649.	12,329.	303,648.
SUB CONTRACTORS	10,602.	7,422.	1,590.	1,590.
BANK CHARGES	42,139.	29,497.	6,321.	6,321.
PERMITS AND LICENSES	2,428.	1,790.	384.	254.
GRANT COSTS	4,480.	3,136.	672.	672.
MISC.	25,282.	10,198.	12,900.	2,184.
MAIL CAMPAIGN	132,120.	92,484.		39,636.
TOTAL	\$ 836,677.	\$ 448,176.	\$ 34,196.	\$ 354,305.

**STATEMENT 7  
FORM 990, PART III  
ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

THE PURPOSE OF KINDHEARTS IS STRICTLY FOR CHARITABLE PROCUREMENT AND DISTRIBUTION OF FUNDS AND/OR DONATIONS, DEVELOPMENT, RELIEF, AND CREATING EMPLOYMENT OPPORTUNITIES AT HOME AND ABROAD. KINDHEARTS IS PRIMARILY INVOLVED IN PROVIDING EMERGENCY RELIEF TO DEVASTATED PALESTINIANS IN THE WEST BANK, GAZA STRIP, AND SURROUNDING AREAS.

**STATEMENT 8  
FORM 990, PART III, LINE E  
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
GENERAL SADAQAH PROGRAMS - PROVIDES FOR THOSE IN NEED THROUGH VARIOUS PROGRAMS WHERE MOST NEEDED.		152,389.
TOTAL	\$ 0.	\$ 152,389.

**STATEMENT 9  
FORM 990, PART IV, LINE 57  
LAND, BUILDINGS, AND EQUIPMENT**

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
AUTOMOBILES / TRANSPORTATION EQUIPMENT	\$ 14,235.	\$ 3,108.	\$ 11,127.
FURNITURE AND FIXTURES	273,936.	60,004.	213,932.
MISCELLANEOUS	34,894.	-1,322.	36,216.
TOTAL	\$ 323,065.	\$ 61,790.	\$ 261,275.

**STATEMENT 10  
FORM 990, PART IV, LINE 58  
OTHER ASSETS**

DEPOSITS AND OTHER	\$ 3,267.
TOTAL	\$ 3,267.

**STATEMENT 11  
FORM 990, PART IV-A, LINE D(2)  
OTHER AMOUNTS**

LOSS ON DISPOSAL OF ASSET	\$ -1,108.
TOTAL	\$ -1,108.

**STATEMENT 12  
FORM 990, PART IV-B, LINE B(4)  
OTHER AMOUNTS**

LOSS ON DISPOSAL OF ASSET ..... TOTAL \$ 1,108.  
\$ 1,108.

**STATEMENT 13  
FORM 990, PART VI, LINE 90A  
LIST OF STATES WHICH THIS RETURN IS FILED**

AL, AK, CT, FL, IL, KS, ME, MD, MA, MN, MS, MO, NJ, NM, NY, OH, OR, PA, SC, TN,  
UT, WA, WV

**STATEMENT 14  
SCHEDULE A, PART III, LINE 2  
TRANSACTIONS WITH TRUSTEES, DIRECTORS, ETC.**

KINDHEARTS LEGAL COUNSEL IS A MEMBER OF THE BOARD OF TRUSTEES, WHICH ARE BILLED AT  
NORMAL BILLING RATES. PROFESSIONAL FEES PAID FOR THESE SERVICES IN 2003 WERE  
\$27,691.

**STATEMENT 15  
SCHEDULE A, PART IV-A, LINE 22  
OTHER INCOME**

DESCRIPTION	(A) 2002	(B) 2001	(C) 2000	(D) 1999	(E) TOTAL
MISC. REVENUE	\$ 8,109.	\$ 0.	\$ 0.	\$ 0.	\$ 8,109.
TOTAL	<u>\$ 8,109.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 8,109.</u>