

# 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)

Department of the Treasury  
Internal Revenue Service

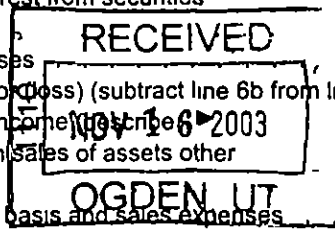


▶ The organization may have to use a copy of this return to satisfy state reporting requirements

<b>A For the 2002 calendar year, or tax year beginning and ending</b>		<b>C Name of organization</b> GREEN VIEW, INC		<b>D Employer identification number</b> 41-0952629	
<b>B Check if applicable</b> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	Number and street (or P O box if mail is not delivered to street address) Room/suite		<b>E Telephone number</b> 651 639-1913	
		550 W COUNTY ROAD D		651 639-1913	
		City or town State or country ZIP + 4		<b>F Accounting method</b> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶	
<b>G Web site</b> ▶		ST PAUL MN 55112-3517		<b>H and I are not applicable to section 527 organizations</b> <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> If "Yes" enter number of affiliates ▶ <b>H(c)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No" attach a list. See instructions.) <b>H(d)</b> Is this a separate return filed by an organization covered by a group ruling? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>I</b> Enter 4-digit GEN ▶	
<b>J ORGANIZATION TYPE</b> (check only one) <input checked="" type="checkbox"/> 501(c)(3) (insert no) <input type="checkbox"/> 4947(a)(1) OR <input type="checkbox"/> 527		• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)		<b>M</b> Check <input checked="" type="checkbox"/> if the organization is NOT required to attach Sch B (Form 990 990-EZ or 990-PF)	
<b>K</b> Check here <input type="checkbox"/> 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		<b>L</b> Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 4,516,951			

**Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 17 of the instructions)

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received				
	<b>a</b> Direct public support	<b>1a</b>			
	<b>b</b> Indirect public support	<b>1b</b>			
	<b>c</b> Government contributions (grants)	<b>1c</b>			
	<b>d</b> TOTAL (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)	<b>1d</b>			0
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>			4,516,951
	<b>3</b> Membership dues and assessments	<b>3</b>			
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>			
	<b>5</b> Dividends and interest from securities	<b>5</b>			
	<b>6 a</b> Gross rents	<b>6a</b>			
	<b>b</b> Less rental expenses	<b>6b</b>			
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>			0
<b>7</b> Other investment income (attach schedule)	<b>7</b>				
<b>8 a</b> Gross amount from sales of assets other than inventory	(A) Securities	<b>8a</b>	(B) Other		
		<b>8b</b>			
		<b>8c</b>			
	<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8d</b>			0
<b>9</b> Special events and activities (attach schedule)	<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1a)	<b>9a</b>			
	<b>b</b> Less direct expenses other than fundraising expenses	<b>9b</b>			
	<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>			0
<b>10 a</b> Gross sales of inventory, less returns and allowances		<b>10a</b>			
	<b>b</b> Less cost of goods sold	<b>10b</b>			
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>			0
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>				
<b>12</b> TOTAL REVENUE (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>			4,516,951	
Expenses	<b>13</b> Program services (from line 44, column (B))	<b>13</b>			4,299,693
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>			213,905
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>			0
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>			
	<b>17</b> TOTAL EXPENSES (add lines 16 and 44, column (A))	<b>17</b>			4,513,598
Net Assets	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>			3,353
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>			354,558
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>			
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>			357,911



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 Revenue

**Part III**

**Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 21 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	0			
23	Specific assistance to individuals (attach schedule)	0			
24	Benefits paid to or for members (attach schedule)	0			
25	Compensation of officers, directors, etc	0		80,805	
26	Other salaries and wages	3,632,793	3,551,988		
27	Pension plan contributions	0			
28	Other employee benefits	20,337	20,337		
29	Payroll taxes	278,984	272,778	6,206	
30	Professional fundraising fees	0			
31	Accounting fees	3,081		3,081	
32	Legal fees	7,465		7,465	
33	Supplies	13,138	13,138		
34	Telephone	4,974	4,974		
35	Postage and shipping	9,654	9,654		
36	Occupancy	23,114	23,114		
37	Equipment rental and maintenance	0			
38	Printing and publications	0			
39	Travel	124,158	121,470	2,688	
40	Conferences, conventions, and meetings	0			
41	Interest	863	863		
42	Depreciation, depletion, etc (attach schedule)	4,041	4,041		
43	Other expenses not covered above (itemize) a <u>advertising</u>	2,528	2,528		
	b <u>Management Services</u>	45,900		45,900	
	c <u>Other Miscellaneous</u>	5,368	5,368		
	d <u>Custodial Projects</u>	10,283	10,283		
	e <u>Uniform</u>	10,223	10,223		
	f <u>Insurance</u>	316,694	248,934	67,760	
44	<b>TOTAL FUNCTIONAL EXPENSES</b> (add lines 22 through 43) <b>ORGANIZATIONS COMPLETING COLUMNS (B)-(D) CARRY THESE TOTALS TO LINES 13-15</b>	4,513,598	4,299,693	213,905	0

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 \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_,

(iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III**

**Statement of Program Service Accomplishments** (See page 24 of the instructions)

What is the organization's primary exempt purpose? <input type="checkbox"/> TO EMPLOY ELDERLY, LOW-INCOME ADULTS	Program Service Expenses Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others
a MN DEPARTMENT OF TRANSPORTATION CONTRACT ALLOWED FOR THE MAINTENANCE OF HIGHWAY REST AREAS  (Grants and allocations \$ _____)	3,641,471
b MN DEPARTMENT OF NATURAL RESOURCES CONTRACT ALLOWED FOR THE PROVISION OF MAINTAINING PARKS, CAMPGROUNDS, PUBLIC ACCESS AREAS AND OFFICE BUILDINGS  (Grants and allocations \$ _____)	467,707
c OTHER COUNTY AND CITY MAINTENANCE CONTRACTS ALLOWED FOR OTHER MAINTENANCE SERVICES  (Grants and allocations \$ _____)	190,515
d  (Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f TOTAL OF PROGRAM SERVICE EXPENSES (should equal line 44, column (B), Program services)	4,299,693

**Part IV** Balance Sheets (See page 24 of the instructions)

Note. Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A)		(B)
		Beginning of year		End of year
Assets	45 Cash - non-interest-bearing	407,402	45	184,849
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	47a 446,942		
	b Less allowance for doubtful accounts	47b 0	378,538	47c 446,942
	48 a Pledges receivable	48a 0		
	b Less allowance for doubtful accounts	48b 0	0	48c 0
	49 Grants receivable			49
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		0	50 0
	51 a Other notes and loans receivable (attach schedule)	51a 100,000		
	b Less allowance for doubtful accounts	51b 0	0	51c 100,000
	52 Inventories for sale or use			52
	53 Prepaid expenses and deferred charges		43,356	53 4,180
	54 Investments - securities (attach schedule) <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV		50	54 50
	55 a Investments - land, buildings, and equipment basis	55a 52,952		
	b Less accumulated depreciation (attach schedule)	55b 41,463	2,487	55c 11,489
56 Investments - other (attach schedule)		0	56 0	
57 a Land, buildings, and equipment basis	57a 0			
b Less accumulated depreciation (attach schedule)	57b 0	0	57c 0	
58 Other assets (describe )		0	58 0	
<b>59 TOTAL ASSETS (add lines 45 through 58) (must equal line 74)</b>		<b>831,833</b>	<b>59</b>	<b>747,510</b>
Liabilities	60 Accounts payable and accrued expenses	477,275	60	389,599
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)			
	64 a Tax-exempt bond liabilities (attach schedule)		0	63 0
	b Mortgages and other notes payable (attach schedule)		0	64a 0
	65 Other liabilities (describe )		0	64b 0
<b>66 TOTAL LIABILITIES (add lines 60 through 65)</b>		<b>477,275</b>	<b>66</b>	<b>389,599</b>
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	354,558	67	357,911
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <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	
<b>73 TOTAL NET ASSETS OR FUND BALANCES (add lines 67 through 69 OR lines 70 through 72, column (A) MUST equal line 19, column (B) MUST equal line 21)</b>		<b>354,558</b>	<b>73</b>	<b>357,911</b>
<b>74 TOTAL LIABILITIES AND NET ASSETS / FUND BALANCES (add lines 66 and 73)</b>		<b>831,833</b>	<b>74</b>	<b>747,510</b>

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

**Part IV-A** Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 26 of the instructions)

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

<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>	4,516,951
<b>b</b>	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify)		
	Add amounts on lines (1) through (4)	<b>b</b>	0
<b>c</b>	Line a minus line b	<b>c</b>	4,516,951
<b>d</b>	Amounts included on line 12, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)		
	Add amounts on lines (1) and (2)	<b>d</b>	0
<b>e</b>	Total revenue per line 12, Form 990 (line c plus line d)	<b>e</b>	4,516,951

<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	4,513,598
<b>b</b>	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify)		
	Add amounts on lines (1) through (4)	<b>b</b>	0
<b>c</b>	Line a minus line b	<b>c</b>	4,513,598
<b>d</b>	Amounts included on line 17, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)		
	Add amounts on lines (1) and (2)	<b>d</b>	0
<b>e</b>	Total expenses per line 17, Form 990 (line c plus line d)	<b>e</b>	4,513,598

**Part V** List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see page 26 of the instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (IF NOT PAID, ENTER -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
DOUG PETERSON ST PAUL MN	PRESIDENT	0		
DAVE JOHNSON FERGUS FALLS MN	VICE-PRESIDENT	0		
BESSIE KLOSE ATWATER MN	SECRETARY	0		
EUNICE BIEL HARMONY MN	DIRECTOR	0		
MERLYN HUBIN WESTBROOK MN	DIRECTOR	0		
MARK SEEGER MAHNOMEN MN	DIRECTOR	0		
DENNIS SJODIN CAMBRIDGE MN	DIRECTOR	0		
MARKELL VOGT PALISADE MN	DIRECTOR	0		

**75** Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?  Yes  No  
If "Yes," attach schedule-see page 26 of the instructions

Part VI Other Information (See page 27 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	NO
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	77	NO
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	NO
b	If "Yes," has it filed a tax return on FORM 990-T for this year?	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	NO
80 a	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	YES
b	If "Yes," enter the name of the organization <b>MINNESOTA FARMERS UNION</b> and check whether it is <input checked="" type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt		
81 a	Enter direct or indirect political expenditures See line 81 instructions	81a	
b	Did the organization file FORM 1120-POL for this year?	81b	NO
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	NO
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82b	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	YES
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	YES
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	NO
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	
85	501(c)(4), (5), or (6) organizations	85a	
a	Were substantially all dues nondeductible by members?	85b	
b	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	85c	
c	Dues, assessments, and similar amounts from members	85d	
d	Section 162(e) lobbying and political expenditures	85e	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85f	0
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85g	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85h	
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 year?		
86	501(c)(7) orgs Enter	86a	
a	Initiation fees and capital contributions included on line 12	86b	
b	Gross receipts, included on line 12, for public use of club facilities	87a	
87	501(c)(12) orgs Enter	87b	
a	Gross income from members or shareholders		
b	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 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	NO
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	NO
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization		
90 a	List the states with which a copy of this return is filed		
b	Number of employees employed in the pay period that includes March 12, 2002 (See instructions)	90b	
91	The books are in care of <b>GREEN VIEW, INC</b> Telephone no <b>651 639-1913</b> Located at <b>550 W COUNTY ROAD D, STE 2, ST PAUL MN</b> ZIP + 4 <b>55112-3517</b>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of FORM 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year	92	

**Part VII Analysis of Income-Producing Activities** (See page 31 of the instructions)

**Note** Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					4,516,951
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))			0		0
105 TOTAL (add line 104, columns (B), (D), and (E))					4,516,951

**Note** Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 32 of the instructions)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93g	Revenue from contracts with Government Agencies to maintain various Rest Areas and Other Sites allows us, in honoring these contracts, to maintain and fulfill our exempt status and function by employing elderly, low-income individuals who may, otherwise, encounter difficulty in obtaining employment elsewhere

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 32 of the instructions)

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

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 33 of the instructions)

(a) Did the organization during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

**Note** If "Yes" to (b), file Form 8870 AND Form 4720 (see instructions)

**Please Sign Here**

Under penalties of perjury, I declare that I have examined this return and believe it is true, correct, and complete. Declaration of preparer (other than officer) if self-employed, address and ZIP + 4

Signature of officer: *Donald D. Knutson*  
Type or print name and title: DONALD D. KNUTSON

**Paid Preparer's Use Only**

Preparer's signature: *Donald W. Barnhart*  
Firm's name (or yours if self-employed) address and ZIP + 4: Hennen & Associates, PLC  
230 Hardman Ave S, So St Paul

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

Department of the Treasury  
Internal Revenue Service

**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

**2002**

Name of the organization <b>GREEN VIEW, INC</b>	Employer identification number <b>41-0952629</b>
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**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions List each one If there are none, enter "None ")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Don Knutson St Paul, MN	Executive Director 40 Hrs /Week	80,805	843	
Total number of other employees paid over \$50,000				

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(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		

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

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ <u>0</u> (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B ) 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	1	X
2 During the year has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions )		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
3 Does the organization make grants for scholarships, fellowships, student loans, etc ? (See NOTE below )	3	X
4 Do you have a section 403(b) annuity plan for your employees?	4	X
<b>Note:</b> Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments		

**Part IV** Reason for Non-Private Foundation Status (See pages 3 through 5 of the instructions)

The organization is not a private foundation because it is (Please check only ONE applicable box )

5  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)

6  A school Section 170(b)(1)(A)(ii) (Also complete Part V )

7  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)

8  A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)

9  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) ENTER THE HOSPITAL'S NAME, CITY, AND STATE \_\_\_\_\_

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 page 5 of the instructions )

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

14  An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions )



**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12 ) **USE CASH METHOD OF ACCOUNTING**

**Note.** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	4,387,686	4,336,872	4,390,503	4,232,251	17,347,312
<b>16</b> Membership fees received					0
<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					0
<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					0
<b>19</b> Net income from unrelated business activities not included in line 18					0
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
<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.					0
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					0
<b>23</b> Total of lines 15 through 22	4,387,686	4,336,872	4,390,503	4,232,251	17,347,312
<b>24</b> Line 23 minus line 17	4,387,686	4,336,872	4,390,503	4,232,251	17,347,312
<b>25</b> Enter 1% of line 23	43,877	43,369	43,905	42,323	
<b>26</b> ORGANIZATIONS DESCRIBED ON LINES 10 OR 11 a Enter 2% of amount in column (e), line 24					<b>26a</b> 346,946
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 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> 17,347,312
d Add: Amounts from column (e) for lines 18 _____ 0 19 _____ 0 22 _____ 0 26b _____ 0					<b>26d</b> 0
e Public support (line 26c minus line 26d total)					<b>26e</b> 17,347,312
f PUBLIC SUPPORT PERCENTAGE (LINE 26E (NUMERATOR) DIVIDED BY LINE 26C (DENOMINATOR))					<b>26f</b> 100.00%
<b>27</b> 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:  (2001) _____ (2000) _____ (1999) _____ (1998) _____					
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:  (2001) _____ (2000) _____ (1999) _____ (1998) _____					
c Add: Amounts from column (e) for lines 15 _____ 0 16 _____ 0 17 _____ 0 20 _____ 0 21 _____ 0					<b>27c</b> 0
d Add: Line 27a total _____ 0 and line 27b total _____ 0					<b>27d</b> 0
e Public support (line 27c total minus line 27d total)					<b>27e</b> 0
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e).					<b>27f</b> 0
g PUBLIC SUPPORT PERCENTAGE (LINE 27E (NUMERATOR) DIVIDED BY LINE 27F (DENOMINATOR))					<b>27g</b> 0.00%
h INVESTMENT INCOME PERCENTAGE (LINE 18, COLUMN (E) (NUMERATOR) DIVIDED BY LINE 27F (DENOMINATOR))					<b>27h</b> 0.00%
<b>28</b> UNUSUAL GRANTS For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, 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 V**

**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)

	Yes	No
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?		
30 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?		
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? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement )		
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d 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 )		
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities?		
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )		
34 a Does the organization receive any financial aid or assistance from a governmental agency?		
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		
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation		

**Part VI-A**

**Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions )

(To be completed ONLY by an eligible organization that filed Form 5768)

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

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

**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 on page 11 of the instructions )

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
45	Lobbying nontaxable amount				0
46	Lobbying ceiling amount (150% of line 45(e))				0
47	Total lobbying expenditures				0
48	Grassroots nontaxable amount				0
49	Grassroots ceiling amount (150% of line 48(e))				0
50	Grassroots lobbying expenditures				0

**Part VI-B**

**Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions )

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

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h )
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h )

Yes	No	Amount
		0

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 page 12 of the 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

- (i) Cash
(ii) Other assets

b Other transactions

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

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

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.

Summary table with columns Yes and No, and rows 51a(i), a(ii), b(i), b(ii), b(iii), b(iv), b(v), b(vi), c.

Main table with columns (a) Line no, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements.

52 a 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 checkboxes

b If "Yes," complete the following schedule

Table with columns (a) Name of organization, (b) Type of organization, (c) Description of relationship.