

**Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation**

2001

Department of the Treasury
Internal Revenue Service

Note. The organization may be able to use a copy of this return to satisfy state reporting requirements

For calendar year 2001, or tax year beginning , 2001, and ending

G Check all that apply Initial return Final return Amended return Address Change Name change

Use the IRS label. Otherwise, print or type See Specific Instructions

STINGL FAMILY FOUNDATION
7171 HWY 14
LYLE, WA 98635

A Employer identification number
91-1876151

B Telephone number (see instructions)
509-493-2300

C If exemption application is pending, check here

D 1 Foreign organizations, check here
2 Foreign organizations meeting the 85% test, check here and attach computation

E If private foundation status was terminated under section 507(b)(1)(A), check here

F If the foundation is in a 60 month termination under section 507(b)(1)(B), check here

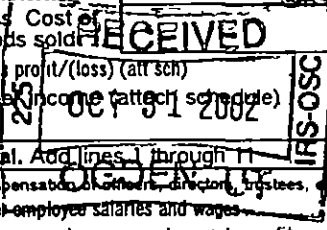
H Check type of organization Section 501(c)(3) exempt private foundation
 Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation

I Fair market value of all assets at end of year (from Part II, column c, line 16) **\$ 303,732.**

J Accounting method Cash Accrual
 Other (specify)

(Part I, column d must be on cash basis)

Part I Analysis of Revenue and Expenses (The total of amounts in columns b, c, and d may not necessarily equal the amounts in column a) (see instructions)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
REVENUE	1 Contributions, gifts, grants etc. received (att sch) Ch <input checked="" type="checkbox"/> if the foundn is not req to att Sch B				
	2 Distributions from split-interest trusts				
	3 Interest on savings and temporary cash investments	663	663	663	
	4 Dividends and interest from securities	6,616	6,616	6,616	
	5a Gross rents				
	b (Net rental income or loss)				
	6a Net gain/(loss) from sale of assets not on line 10				
	b Gross sales prices for all assets on line 6a				
	7 Capital gain net income (from Part IV, line 2)				
	8 Net short term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less Cost of goods sold					
c Gross profit/(loss) (att sch)					
11 Other income (attach schedule)					
12 Total. Add lines 1 through 11	7,279	7,279	7,279		
ADMINISTRATIVE EXPENSES	13 Compensation of officers, directors, trustees, etc.				
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach sch) See St 1	870	9		861
	c Other prof fees (attach sch) See St 2	505	5		500
	17 Interest				
	18 Taxes (attach schedule) See Stmt 3	44			44
	19 Depreciation (attach schedule) and depletion	17,813	17,813		
	20 Occupancy	8,638	86		8,552
	21 Travel, conferences, and meetings	16,885	169		16,716
	22 Printing and publications	638	6		632
	23 Other expenses (attach schedule) See Statement 4	33,542	334		33,208
	24 Total operating and administrative expenses. Add lines 13 through 23	78,935	18,422		60,513
	25 Contributions, gifts, grants paid Part XV	33,816			33,816
26 Total expenses and disbursements. Add lines 24 and 25	112,751	18,422	0	94,329	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	-105,472				
b Net investment income (if negative, enter -0-)		0			
c Adjusted net income (if negative, enter -0-)			7,279		



SCANNED BY 02 2002

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value		
ASSETS	1	Cash – non interest-bearing				
	2	Savings and temporary cash investments		255,026	165,372	165,372.
	3	Accounts receivable				
		Less allowance for doubtful accounts				
	4	Pledges receivable				
		Less allowance for doubtful accounts				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)				
	7	Other notes and loans receivable (attach sch)				
		Less allowance for doubtful accounts				
	8	Inventories for sale or use				
	9	Prepaid expenses and deferred charges				
	10 a	Investments – U S and state government obligations (attach schedule)				
	b	Investments – corporate stock (attach schedule)				
	c	Investments – corporate bonds (attach schedule)				
	11	Investments – land, buildings, and equipment basis				
	Less accumulated depreciation (attach schedule)					
12	Investments – mortgage loans					
13	Investments – other (attach schedule)					
14	Land, buildings, and equipment basis	138,360	Statement 5			
	Less accumulated depreciation (attach schedule)	34,975		119,203	103,385	138,360.
15	Other assets (describe)					
16	Total assets (to be completed by all filers – see instructions Also, see page 1, item 1)			374,229	268,757	303,732.
LIABILITIES	17	Accounts payable and accrued expenses				
	18	Grants payable				
	19	Deferred revenue				
	20	Loans from officers, directors, trustees, & other disqualified persons				
	21	Mortgages and other notes payable (attach schedule)				
	22	Other liabilities (describe)				
	23	Total liabilities (add lines 17 through 22)			0.	0
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. <input checked="" type="checkbox"/>					
	24	Unrestricted				
	25	Temporarily restricted		374,229	268,757	
	26	Permanently restricted				
	Organizations that do not follow SFAS 117, check here and complete lines 27 through 31. <input type="checkbox"/>					
	27	Capital stock, trust principal, or current funds				
	28	Paid-in or capital surplus, or land, building, and equipment fund				
	29	Retained earnings, accumulated income, endowment, or other funds				
30	Total net assets or fund balances (see instructions)			374,229	268,757.	
31	Total liabilities and net assets/fund balances (see instructions)			374,229	268,757	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year – Part II, column (a), line 30 (must agree with end of year figure reported on prior year's return)	1	374,229
2	Enter amount from Part I, line 27a	2	-105,472
3	Other increases not included in line 2 (itemize)	3	
4	Add lines 1, 2, and 3	4	268,757
5	Decreases not included in line 2 (itemize)	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 30	6	268,757

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shares MLC Company)

(b) How acquired
P - Purchase
D - Donation

(c) Date acquired
(month, day, year)

(d) Date sold
(month, day, year)

1a N/A			
b			
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (i) over column (j), if any	(l) Gains (column (h) gain minus column (k), but not less than -0-) or Losses (from column (h))
a			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss) If gain, also enter in Part I, line 7
If (loss), enter -0 in Part I, line 7

3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)

If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter 0- in Part I, line 8

2

3

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

N/A

If section 4940(d)(2) applies, leave this part blank

Was the organization liable for the section 4942 tax on the distributable amount of any year in the base period?

Yes No

If 'Yes,' the organization does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (column (b) divided by column (c))
2000			
1999			
1998			
1997			
1996			

2 Total of line 1, column (d)

3 Average distribution ratio for the 5 year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years.

4 Enter the net value of noncharitable-use assets for 2001 from Part X, line 5

5 Multiply line 4 by line 3

6 Enter 1% of net investment income (1% of Part I, line 27b)

7 Add lines 5 and 6.

8 Enter qualifying distributions from Part XII, line 4

2

3

4

5

6

7

8

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)

1 a Exempt operating foundations described in Section 4940(d)(2), check here <input type="checkbox"/> and enter 'N/A' on line 1 Date of ruling letter _____ (attach copy of ruling letter if necessary - see instructions)			
b Domestic organizations that meet the Section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b		1	0
c All other domestic organizations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b)			
2 Tax under Section 511 (domestic Section 4947(a)(1) trusts and taxable foundations only Others enter 0-)		2	0
3 Add lines 1 and 2		3	0
4 Subtitle A (income) tax (domestic Section 4947(a)(1) trusts and taxable foundations only Others enter 0)		4	0
5 Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		5	0
6 Credits/Payments			
a 2001 estimated tax pmts and 2000 overpayment credited to 2001	6a		
b Exempt foreign organizations - tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c		
d Backup withholding erroneously withheld	6d		
7 Total credits and payments Add lines 6a through 6d	7		0
8 Enter any penalty for underpayment of estimated tax Check here <input type="checkbox"/> if Form 2220 is attached	8		
9 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	9		
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		1
11 Enter the amount on line 10 to be Credited to 2002 estimated tax	11	Refunded	1

Part VII-A Statements Regarding Activities

	Yes	No
1 a During the tax year, did the organization attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? <i>If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the organization in connection with the activities</i>		X
c Did the organization file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (Section 4955) imposed during the year (1) On the organization <input type="checkbox"/> \$ 0 (2) On organization managers <input type="checkbox"/> \$ 0		
e Enter the reimbursement (if any) paid by the organization during the year for political expenditure tax imposed on organization managers <input type="checkbox"/> \$ 0.		
2 Has the organization engaged in any activities that have not previously been reported to the IRS? <i>If 'Yes,' attach a detailed description of the activities</i>	X	
	See Statement 6	
3 Has the organization made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If 'Yes,' attach a conformed copy of the changes</i>		X
4 a Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		N/A
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If 'Yes,' attach the statement required by General Instruction T</i>		X
6 Are the requirements of Section 508(e) (relating to Sections 4941 through 4945) satisfied either • By language in the governing instrument or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?		X
7 Did the organization have at least \$5,000 in assets at any time during the year? <i>If 'Yes,' complete Part II, column (c), and Part XV</i>	X	
8 a Enter the states to which the foundation reports or with which it is registered (see instructions) <u>Washington</u>		
b If the answer is 'Yes' to line 7, has the organization furnished a copy of Form 990 PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If 'No,' attach explanation</i>	X	
9 Is the organization claiming status as a private operating foundation within the meaning of Section 4942(j)(3) or 4942(j)(5) for calendar year 2001 or the taxable year beginning in 2001 (see instructions for Part XIV)? <i>If 'Yes,' complete Part XIV</i>	X	
10 Did any persons become substantial contributors during the tax year? <i>If 'Yes,' attach a schedule listing their names and addresses</i>		X
11 Did the organization comply with the public inspection requirements for its annual returns and exemption application? Web site address <input type="checkbox"/> N/A	X	
12 The books are in care of <input type="checkbox"/> DANIEL STINGL Telephone no <input type="checkbox"/> (509) 493-2300 Located at <input type="checkbox"/> 7171 HWY 14, LYLE, WA ZIP + 4 <input type="checkbox"/> 98635-9300		
13 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here <input type="checkbox"/> N/A and enter the amount of tax-exempt interest received or accrued during the year <input type="checkbox"/> 13 <input type="checkbox"/> N/A		

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.

- 1a During the year did the organization (either directly or indirectly)
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?
(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the organization agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)

b If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations Section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here

c Did the organization engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2001?

2 Taxes on failure to distribute income (Section 4942) (does not apply for years the organization was a private operating foundation defined in Section 4942(j)(3) or 4942(j)(5))

a At the end of tax year 2001, did the organization have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2001? If 'Yes,' list the years

b Are there any years listed in 2a for which the organization is not applying the provisions of Section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying Section 4942(a)(2) to all years listed, answer 'No' and attach statement - see instructions)

c If the provisions of Section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here

3a Did the organization hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?

b If 'Yes,' did it have excess business holdings in 2001 as a result of (1) any purchase by the organization or disqualified persons after May 26, 1969, (2) the lapse of the 5 year period (or longer period approved by the Commissioner under Section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20 year first phase holding period? (Use Schedule C, Form 4720, to determine if the organization had excess business holdings in 2001)

4a Did the organization invest during the year any amount in a manner that would jeopardize its charitable purposes?

b Did the organization make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2001?

5a During the year did the organization pay or incur any amount to

- (1) Carry on propaganda, or otherwise attempt to influence legislation (Section 4945(e))?
(2) Influence the outcome of any specific public election (see Section 4955), or to carry on, directly or indirectly, any voter registration drive?
(3) Provide a grant to an individual for travel, study, or other similar purposes?
(4) Provide a grant to an organization other than a charitable, etc, organization described in Section 509(a)(1), (2), or (3), or Section 4940(d)(2)?
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

b If any answer is 'Yes' to 5a(1) (5), did any of the transactions fail to qualify under the exceptions described in Regulations Section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

Organizations relying on a current notice regarding disaster assistance check here

c If the answer is 'Yes' to question 5a(4), does the organization claim exemption from the tax because it maintained expenditure responsibility for the grant? If 'Yes,' attach the statement required by Regulations Section 53.4945-5(d)

6a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

If you answered 'Yes' to 6b, also file 8870

Table with columns for 'Yes' and 'No' and rows for questions 1a through 6b. Includes 'N/A' and 'X' marks in the 'Yes' column for various items.

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (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, other allowances
See Statement 7		0	0	0

2 Compensation of five highest-paid employees (other than those included on line 1— see instructions) If 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, other allowances
None				

Total number of other employees paid over \$50,000 ▶

3 Five highest-paid independent contractors for professional services — (see instructions). If none, enter 'None.'

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
None		

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

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1 <u>Foundation's resources are utilized in the set-up and operations of an Ophthalmic Medical Clinic for the indigent</u>	78,935
2 <u>Direct cash donations to IRC section 501(c)(3) exempt organizations. (See part XV)</u>	33,816
3 _____	
4 _____	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program related investments made by the foundation during the tax year on lines 1 and 2	Am.
1 <u>Foundation purchased and installed a Phasetron on 5/02/01</u>	
	1,99.
2	
All other program-related investments See instructions	
3	
Total Add lines 1 through 3	1,995

Part X Minimum Investment Return (All domestic foundations must complete this part Foreign foundations, see instructions)

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes		
a Average monthly fair market value of securities	1a	
b Average of monthly cash balances	1b	
c Fair market value of all other assets (see instructions)	1c	
d Total (add lines 1a, b and c)	1d	0.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	
2 Acquisition indebtedness applicable to line 1 assets	2	
3 Subtract line 2 from line 1d	3	
4 Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5 Net value of noncharitable-use assets Subtract line 4 from line 3 Enter here and on Part V, line 4	5	0
6 Minimum investment return. Enter 5% of line 5	6	0.

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part)

1 Minimum investment return from Part X, line 6	N/A	1	
2a Tax on investment income for 2001 from Part VI, line 5	2a		
b Income tax for 2001 (This does not include the tax from Part VI)	2b		
c Add lines 2a and 2b		2c	
3 Distributable amount before adjustments Subtract line 2c from line 1		3	
4a Recoveries of amounts treated as qualifying distributions	4a		
b Income distributions from section 4947(a)(2) trusts	4b		
c Add lines 4a and 4b		4c	
5 Add lines 3 and 4c		5	
6 Deduction from distributable amount (see instructions)		6	
7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1		7	

Part XII Qualifying Distributions (see instructions)

1 Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes		
a Expenses, contributions, gifts, etc – total from Part I, column (d), line 26	1a	94,329
b Program related investments – Total from Part IX-B	1b	1,995
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes	2	
3 Amounts set aside for specific charitable projects that satisfy the		
a Suitability test (prior IRS approval required)	3a	
b Cash distribution test (attach the required schedule)	3b	
4 Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	96,324
5 Organizations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)	5	
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	96,324

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Part XIII Undistributed Income (see instructions)

N/A

	(a) Corpus	(b) Years prior to 2000	(c) 2000	(d) 2001
1 Distributable amount for 2001 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2000				
a Enter amount for 2000 only				
b Total for prior years 20 __, 19 __, 19 __				
3 Excess distributions carryover, if any, to 2001				
a From 1996				
b From 1997				
c From 1998				
d From 1999				
e From 2000				
f Total of lines 3a through e				
4 Qualifying distributions for 2001 from Part XII, line 4 ▶ \$ _____				
a Applied to 2000, but not more than line 2a				
b Applied to undistributed income of prior years (Election required – see instructions)				
c Treated as distributions out of corpus (Election required – see instructions)				
d Applied to 2001 distributable amount				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2001 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b Prior years' undistributed income Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b Taxable amount – see instructions				
e Undistributed income for 2000 Subtract line 4a from line 2a Taxable amount – see instructions				
f Undistributed income for 2001 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2002				
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(E) or 4942(g)(3) (see instructions)				
8 Excess distributions carryover from 1996 not applied on line 5 or line 7 (see instructions)				
9 Excess distributions carryover to 2002. Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9				
a Excess from 1997				
b Excess from 1998				
c Excess from 1999				
d Excess from 2000				
e Excess from 2001				

Part XIV Private Operating Foundations (see instructions and Part VII A, question 9)

1 If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2001, enter the date of the ruling ▶ 1/13/99

b Check box to indicate whether the organization is a private operating foundation described in Section 4942(j)(3) or 4942(j)(5)

2 Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

	Tax year				(e) Total
	(a) 2001	(b) 2000	Prior 3 years		
			(c) 1999	(d) 1998	
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed	96,324	116,340	25,416	7,037	245,117
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c	96,324	116,340	25,416	7,037	245,117
3 Complete 3a, b, or c for the alternative test relied upon					
a 'Assets' alternative test - enter					
(1) Value of all assets	303,732	391,391	397,205	409,781	1,502,109
(2) Value of assets qualifying under Section 4942(j)(3)(B)(i)	303,732	391,391	397,205	409,781	1,502,109
b 'Endowment' alternative test - Enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test - enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (Section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in Section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year)

1 Information Regarding Foundation Managers.

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See Section 507(d)(2))

None

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

None

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc, Programs

Check here if the organization only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the organization makes gifts, grants, etc, (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number of the person to whom applications should be addressed

See Statement 8

b The form in which applications should be submitted and information and materials they should include

See Statement 9

c Any submission deadlines

NONE

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year See Statement 10				
Total				▶ 3a 33,816
b Approved for future payment				
Total				▶ 3b

Part XVII Information Regarding Transfers to and Transactions and Relationships with Noncharitable Exempt Organizations

1 Did the 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

(1) Cash

(2) Other assets

b Other transactions

(1) Sales of assets to a noncharitable exempt organization

(2) Purchases of assets from a noncharitable exempt organization

(3) Rental of facilities, equipment, or other assets

(4) Reimbursement arrangements

(5) Loans or loan guarantees

(6) Performance of services or membership or fundraising solicitations.

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

	Yes	No
1 a (1)		X
1 a (2)		X
1 b (1)		X
1 b (2)		X
1 b (3)		X
1 b (4)		X
1 b (5)		X
1 b (6)		X
1 c		X

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			

2a 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		

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, all information is true, correct, and complete. Declaration of preparer (other than taxpayer or fiduciary) is based on information furnished by taxpayer.

[Signature]
Signature of Officer or Trustee

Sign Here

Paid Preparer's Use Only

Preparer's Signature: *[Signature]*

Firm's Name (or yours if self-employed), address, and ZIP code: Jim A Dickey, P C
110 S E First St
Pendleton, OR 97801

Client 23165

STINGL FAMILY FOUNDATION

91-1876151

10/04/02

11 55AM

Statement 1
Form 990-PF, Part I, Line 16b
Accounting Fees

	(a) Expenses per Books	(b) Net Investment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Accounting Fees	\$ 870	\$ 9		\$ 861
Totals	<u>\$ 870</u>	<u>\$ 9</u>	<u>\$ 0</u>	<u>\$ 861</u>

Statement 2
Form 990-PF, Part I, Line 16c
Other Professional Fees

	(a) Expenses per Books	(b) Net Investment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Labs and X-Rays	\$ 505	\$ 5		\$ 500.
Totals	<u>\$ 505.</u>	<u>\$ 5</u>	<u>\$ 0.</u>	<u>\$ 500.</u>

Statement 3
Form 990-PF, Part I, Line 18
Taxes

	(a) Expenses per Books	(b) Net Investment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Federal Excise Tax	\$ 44.			\$ 44
Totals	<u>\$ 44</u>	<u>\$ 0</u>	<u>\$ 0.</u>	<u>\$ 44.</u>

Statement 4
Form 990-PF, Part I, Line 23
Other Expenses

	(a) Expenses per Books	(b) Net Investment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Advertising	\$ 735	\$ 7		\$ 728
Auto expenses	2,418	24		2,394
Bank charges	431	4		427
Clinic Signs	182	2		180.
Clinical expenses	9,287	93		9,194
CPE	2,245	22		2,223.
Intraocular Lenses	611	6		605.
Licenses	1,274	13		1,261
Office expenses	1,514	15		1,499
Operation Outreach	7,414	74		7,340
Pharmaceutical Supplies	746	7		739.
Postage	453	5		448.
Subscriptions	1,217.	12		1,205.
Telephone	4,819	48.		4,771.

Client 23165

STINGL FAMILY FOUNDATION

91-1876151

10/04/02

11 55AM

Statement 4 (continued)
Form 990-PF, Part I, Line 23
Other Expenses

	(a) Expenses per Books	(b) Net Investment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Volunteer Food	\$ 196	\$ 2		\$ 194
Totals	<u>\$ 33,542</u>	<u>\$ 334</u>	<u>\$ 0</u>	<u>\$ 33,208</u>

Statement 5
Form 990-PF, Part II, Line 14
Land, Buildings, and Equipment

Category	Basis	Accum Deprec.	Book Value	Fair Market Value
Miscellaneous	\$ 138,360	\$ 34,975	\$ 103,385	\$ 138,360.
Total	<u>\$ 138,360</u>	<u>\$ 34,975</u>	<u>\$ 103,385</u>	<u>\$ 138,360.</u>

Statement 6
Form 990-PF, Part VII-A, Line 2
Activities Not Previously Reported to the IRS

NONE

Statement 7
Form 990-PF, Part VIII, Line 1
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
DANIEL M STINGL 7171 HWY 14 LYLE, WA 98635-9300	PRESIDENT	\$ 0	\$ 0	\$ 0
JONICA L STINGL 7171 HWT 14 LYLE, WA 98635-9300	VICE PRESIDENT	0	0	0
LAUREN C. STINGL 7171 HWY 14 LYLE, WA 98635-9300	TREASURER	0	0	0.
KATHERINE C STINGL 7171 HWY 14 LYLE, WA 98635-9300	SECRETARY	0	0	0
CYBIL (SIERRA) A STINGL 7171 HWY 14 LYLE, WA 98635-9300	Director	0	0	0.

Client 23165

STINGL FAMILY FOUNDATION

91-1876151

10/04/02

11 55AM

Statement 7 (continued)
Form 990-PF, Part VIII, Line 1
List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP & DC</u>	<u>Expense Account/ Other</u>
	Total	\$ 0	\$ 0	\$ 0

Statement 8
Form 990-PF, Part XV, Line 2a
Name and Address of Person to Whom Applicants should be Addressed

1 Daniel M Stingl
 7171 HWY 14
 Lyle, WA. 98635-9300

Statement 9
Form 990-PF, Part XV, Line 2b
The Form in Which Applications should be Submitted

Informal letter of request stating amount desired and purpose for use of funds accompanied by proof of IRS 501(c)(3) exemption.

Statement 10
Form 990-PF, Part XV, Line 3a
Recipient Paid During the Year

<u>Name and Address</u>	<u>Donee Relationship</u>	<u>Found- ation Status</u>	<u>Purpose of Grant</u>	<u>Amount</u>
First Baptist	None		Donation	\$ 2,550
Living Waters	None		Donation	800
Bank of America	None		Donation	630
Community School	None		Donation	24,500
B. NOONAN	None		Donation	600

Client 23165

STINGL FAMILY FOUNDATION

91-1876151

10/04/02

11 55AM

Statement 10 (continued)
Form 990-PF, Part XV, Line 3a
Recipient Paid During the Year

<u>Name and Address</u>	<u>Donee Relationship</u>	<u>Found- ation Status</u>	<u>Purpose of Grant</u>	<u>Amount</u>
C S N	None		Donation	\$ 1,426
Pastor Winn	None		Donation	100.
Friends of Barefoot Beach Pre	None		Donation	40.
The Kennedy Center	none		Donation	10
FBA	none		Donation	30.
LWCC	none		Donation	10
R Resendiz	None		Donation	2,000
Seagate Christian School	None		Donation	620.
Bank Of America-YMCA	none		Donation	500
Total				\$ <u>33,816</u>

Client 23165

STINGL FAMILY FOUNDATION

91-1876151

10/04/02

11 55AM

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus Pct.	Cur 179 Bonus	Special Depr Allow	Prior 179/ Bonus/ Sp. Depr.	Prior Dec Bal Depr.	Salvage /Basis Reductn	Depr Basis	Prior Depr.	Method	Life	Rate	Current Depr.
Form 990/990-PF																
1	LENSOMETER	4/08/98		215							215	1,436	S/L	7		0
2	SLIT LAMP	5/20/98		7,080							7,080	2,022	S/L	7		1,011
3	VISUAL FIELD	11/12/98		4,080							4,080	1,166	S/L	7		583
4	CHAIR AND STAND	12/03/98		2,987							2,987	854	S/L	7		427
5	LENSOMETER AND ACCESSRYS	2/01/99		2,238							2,238	613	S/L	7		320
6	RF CAUTERY	1/26/99		2,856							2,856	782	S/L	7		408
7	AMER OPTIC PHACO	3/03/99		4,000							4,000	1,047	S/L	7		571
8	X-Y CONTROLLER W/FOOTPEDL	3/03/99		4,500							4,500	1,179	S/L	7		643
9	MICROSCOPE HEAD & ACESRY	3/08/99		4,289							4,289	1,124	S/L	7		613
10	PATH MICRO AND ACCESSRYS	5/06/99		3,404							3,404	810	S/L	7		486
11	FURNITURE	5/09/99		1,705							1,705	406	S/L	7		244
12	HP ULTRASOUND PROBE	5/14/99		363							363	87	S/L	7		52
13	PHACO HANDPIECE	7/29/99		1,538							1,538	312	S/L	7		220
14	FIXATION RING	11/22/99		365							365	56	S/L	7		52
15	A SCAN	11/26/99		1,200							1,200	185	S/L	7		171
16	STEAM STERILIZER	10/26/99		1,200							1,200	200	S/L	7		171
17	PRINTER	9/09/99		338							338	64	S/L	7		48
18	WALL MOUNT	11/21/99		609							609	94	S/L	7		87
19	HAND INSTRUMENTS	11/29/99		3,025							3,025	468	S/L	7		432
20	A SCAN	11/10/99		1,100							1,100	183	S/L	7		157
21	PHOTOCOPIER	1/07/00		769							769	110	S/L	7		110
22	NEEDLE HOLDER	1/07/00		148							148	21	S/L	7		21
23	LENS FOLDER & FORCEPS	1/13/00		815							815	116	S/L	7		116
24	CABINET	2/15/00		400							400	52	S/L	7		57
25	OXYGEN REGULATOR	2/17/00		1,764							1,764	210	S/L	7		252
26	HUB	3/11/00		314							314	37	S/L	7		45

Client 23165

STINGL FAMILY FOUNDATION

91-1876151

10/04/02

11 55AM

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus Pct	Cur 179 Bonus	Special Depr Allow	Prior 179/ Bonus/ Sp. Depr.	Prior Dec Bal Depr	Salvage /Basis Reductn	Depr Basis	Prior Depr	Method	Life	Rate	Current Depr
27	O2 TANK, REBREATHER	5/15/00		984							984	94	S/L	7		141
28	PATIENT EDUCATION DISPLAY	5/18/00		253							253	21	S/L	7		36
29	LID CLAMPS, PROBES	6/15/00		271							271	23	S/L	7		39
30	CAMERA	6/28/00		3,002							3,002	214	S/L	7		429
31	MACRO	6/28/00		325							325	23	S/L	7		46
32	STAND	6/28/00		275							275	20	S/L	7		39
33	LIGHT	6/28/00		240							240	17	S/L	7		34
34	SCREEN	6/28/00		50							50	4	S/L	7		7
35	NOTEBOOK COMPUTER	7/21/00		4,128							4,128	246	S/L	7		590
36	ASSISTANTS SCOPE	8/01/00		4,284							4,284	255	S/L	7		612
37	C-SLEEVE CAMERA ATTACHMT	8/17/00		2,000							2,000	95	S/L	7		286
38	ADAPTER	9/15/00		774							774	37	S/L	7		111
39	PATIENT EDUCATION AUDIO	9/29/00		334							334	12	S/L	7		48
40	REFRIGERATOR	9/29/00		673							673	24	S/L	7		96
41	CHAIR AND MAT	9/29/00		368							368	13	S/L	7		53
42	RECTIFIER, INVERTER	11/08/00		843							843	20	S/L	7		120
43	INDIRECT HEAD	11/13/00		150							150	4	S/L	7		21
44	PRINTER FOR VISUAL FIELD	12/15/00		271							271	3	S/L	7		39
45	MONITOR AND CAMERA	12/15/00		2,031							2,031	24	S/L	7		290
46	RADIO FREQUENCY ABLATION	12/15/00		752							752	9	S/L	7		107
47	PALM	12/15/00		254							254	3	S/L	7		36
48	STEAM STERILIZER	12/15/00		66							66	1	S/L	7		9
49	34 FT MOTORHOME	10/20/00		34,500							34,500	719	S/L	8		4,313
50	T K B PROJECT	Various		28,235							28,235	1,647	S/L	10		2,824
51	PHASETRON	5/02/01		1,995							1,995		S/L	7		190
Total				138,360		0	0	0	0	0	138,360	17,162				17,813

12/31/01

2001 Federal Book Depreciation Schedule

Page 3

Client 23165

STINGL FAMILY FOUNDATION

91-1876151

10/04/02

11 55AM

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus Pct	Cur 179 Bonus	Special Depr Allow	Prior 179/ Bonus/ Sp. Depr	Prior Dec Bal Depr	Salvage /Basis Reductn	Depr Basis	Prior Depr	Method	Life	Rate	Current Depr
	Total Depreciation			<u>138,360</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>138,360</u>	<u>17,162</u>				<u>17,813</u>
	Grand Total Depreciation			<u>138,360</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>138,360</u>	<u>17,162</u>				<u>17,813</u>

Copy of Notice to
be pasted here

Affidavit of Publication

STATE OF WASHINGTON }
COUNTY OF KLICKITAT } ==

Deborah Bessette Being duly sworn says that he is the

Office Manager of the White Salmon Enterprise
a weekly newspaper printed and published in White Salmon in Klickitat County State of
Washington and that said newspaper during all of the times herein mentioned and for more than
six months prior to such publication is and was a weekly newspaper established published and
circulated continuously in the town of White Salmon Klickitat County Washington once a week
as a weekly newspaper and of general circulation in said Klickitat county and approved as a legal
newspaper by order of the Superior Court of said county that the annexed is a true copy of

Stingl Family Foundation annual return

_____ as it was published

in the regular and entire issues of said paper for a period of 1 successive weeks

commencing on the 3 day of October 2002

and ending on the 3 day of October 2002

and that said newspaper was regularly distributed to its subscribers during all of said period and
that said notice was published in said newspaper and not in supplement form.

Deborah Bessette

Subscribed and sworn to before me this 3 day of October 2002

Elaine M. Burke
Notary Public for Washington residing at White Salmon

[Faint stamp or text, possibly a date stamp: "7171 May 14, 1988"]

If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

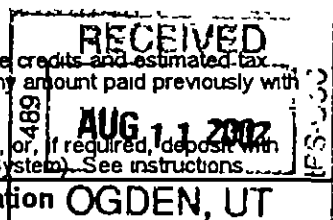
Part II Additional (not automatic) 3-Month Extension of Time - Must File Original and One Copy. Name of Exempt Organization: STINGL FAMILY FOUNDATION. Employer Identification Number: 91-1876151. Address: 7171 HWY 14, LYLE, WA 98635.

Check type of return to be filed (file a separate application for each return). Form 990, Form 990-EZ, Form 990-T (Section 401(a) or 408(a) trust), Form 1041 A, Form 5227, Form 8870, Form 990 BL, Form 990-PF, Form 990 T (trust other than above), Form 4720, Form 6069.

Stop: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. If the organization does not have an office or place of business in the United States, check this box. If this is for a group return, enter the organizations four digit Group Exemption Number (GEN).

4 I request an additional 3-month extension of time until 11/15, 2002. 5 For calendar year 2001, or other tax year beginning 20 and ending 20. 6 If this tax year is for less than 12 months, check reason: Initial return, Final return, Change in accounting period. 7 State in detail why you need the extension: Directors live out of state. Additional time to file is necessary in order for directors to provide information to CPA for filing.

8a If this application is for Form 990-BL, 990-PF, 990 T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions. \$ 0. b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. \$ 0. c Balance due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ 0.



Signature and Verification OGDEN, UT

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature: Jim A. Dickey, Title: CPA, Date: 8/7/02

Notice to Applicant - To be Completed by the IRS

- 1 We have approved this application. Please attach this form to the organization's return.
2 We have not approved this application. However, we have granted a 10 day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely filed return. Please attach this form to the organization's return.
3 We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10 day grace period.
4 We cannot consider this application because it was filed after the due date of the return for which an extension was requested.
5 Other

Director: _____ By: _____ Date: _____

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3 month extension returned to an address different than the one entered above

Name: Jim A. Dickey, P.C. Address: 110 S.E. First St PO Box 1533, Pendleton, OR 97801. EXTENSION APPROVED AUG 14 2002.

Application for Extension of Time to File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form)

Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time — Only submit original (no copies needed)

Note: Form 990-T corporations requesting an automatic 6-month extension — check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization STINGL FAMILY FOUNDATION	Employer Identification Number 91-1876151
	Number, Street, and Room or Suite Number. If a P.O. Box, see instructions. 7171 HWY 14	
	City, Town or Post Office. For a foreign address, see instructions. State ZIP Code LYLE, WA 98635	

Check type of return to be filed (file a separate application for each return)

- | | | |
|---|--|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990 T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990 T (Section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990 T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input checked="" type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a group return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3 month (6 month, for 990-T corporation) extension of time until 8/15, 20 02, to file the exempt organization return for the organization named above. The extension is for the organization's return for

▶ calendar year 20 01 or

▶ tax year beginning _____, 20 _____, and ending _____, 20 _____

2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ _____ 0

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ _____ 0

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ _____ 0

Signature and Verification

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, and that I am authorized to prepare this form.

Signature ▶ *John S. Ruckey CPA* Title ▶ CPA President Date ▶ 5/14/02

BAA For Paperwork Reduction Act Notice, see instructions.