

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

2002

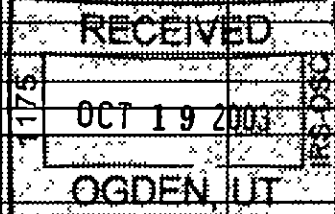
Department of the Treasury
Internal Revenue Service

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

For calendar year 2002, or tax year beginning _____, 2002, 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 98635-9300				A Employer identification number 91-1876151
					B Telephone number (see instructions) 509-493-2300
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation					C If exemption application is pending, check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, column c, line 16) \$ 201,205.					D 1 Foreign organizations, check here <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I column d must be on cash basis)					E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
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)				
REVENUE				
1 Contributions, gifts, grants, etc., received (att sch) Ck <input checked="" type="checkbox"/> if the found is not req to att Sch B				
2 Distributions from split interest trusts				
3 Interest on savings and temporary cash investments	1,242.	1,242.	1,242.	
4 Dividends and interest from securities				
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	1,242.	1,242.	1,242.	
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	325.	3.		322.
c Other prof fees (attach sch) See St 2	5,743.	57.		5,686.
17 Interest				
18 Taxes (attach schedule)				
19 Depreciation (attach schedule) and depletion	18,291.	18,291.		
20 Occupancy	577.	6.		571.
21 Travel, conferences, and meetings	19,182.	192.		18,990.
22 Printing and publications	970.	10.		960.
23 Other expenses (attach schedule) See Statement 3	43,759.	438.		43,321.
24 Total operating and administrative expenses. Add lines 13 through 23	88,847.	18,997.		69,850.
25 Contributions, gifts, grants paid Part XV	33,213.			33,213.
26 Total expenses and disbursements. Add lines 24 and 25	122,060.	18,997.	0.	103,063.
27 Subtract line 26 from line 12:				
a Excess of revenue over expenses and disbursements	-120,818.			
b Net investment income (if negative, enter -0)		0.		
c Adjusted net income (if negative, enter -0)			1,242.	



SCANNED OCT 27 2003
 ADMINISTRATIVE EXPENSES

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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 (a) Book Value	End of year (b) Book Value (c) Fair Market Value	
ASSETS	1 Cash – non interest bearing			
	2 Savings and temporary cash investments	165,372.	59,254.	59,254.
	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			
	10a Investments – US 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	141,951.			
Less accumulated depreciation (attach schedule) See Stmt 4	53,266.	103,385.	88,685.	
15 Other assets (describe)				
16 Total assets (to be completed by all filers – see instructions Also, see page 1, item I)		268,757.	147,939.	
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	268,757.	147,939.	
	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)	268,757.	147,939.		
31 Total liabilities and net assets/fund balances (see instructions)	268,757.	147,939.		

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	268,757.
2 Enter amount from Part I, line 27a	2	-120,818.
3 Other increases not included in line 2 (itemize)	3	
4 Add lines 1, 2, and 3	4	147,939.
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	147,939.

Part IV Capital Gains and Losses for Tax on Investment Income

1a N/A	(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	(c) Date acquired	(d) Date sold
		P - Purchase D - Donor	(month, day, year)	(month, day, year)

(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			(l) Gains (Column (h) gain minus column (k), but not less than -0-) or Losses (from column (h))
(j) Fair Market Value as of 12/31/69	(i) Adjusted basis as of 12/31/69	(k) Excess of column (i) over column (j), if any	
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]	2
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)		3

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

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))
2001			
2000			
1999			
1998			
1997			

2 Total of line 1, column (d)	2
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	3
4 Enter the net value of noncharitable use assets for 2002 from Part X, line 5	4
5 Multiply line 4 by line 3	5
6 Enter 1% of net investment income (1% of Part I, line 27b)	6
7 Add lines 5 and 6	7
8 Enter qualifying distributions from Part XII, line 4	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)	1	0.
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		
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	2002 estimated tax pmts and 2001 overpayment credited to 2002	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	
11	Enter the amount on line 10 to be Credited to 2003 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11	

Part VII-A Statements Regarding Activities

	Yes	No
1 a		X
b		X
c		X
d		X
e		X
2		X
3		X
4 a		X
b		N/A
5		X
6		X
7	X	
8 a		
b	X	
9	X	
10		X
11	X	

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?

b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?
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

c Did the organization file Form 1120-POL for this year?

d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year
(1) On the organization \$ 0. (2) On organization managers \$ 0.

e Enter the reimbursement (if any) paid by the organization during the year for political expenditure tax imposed on organization managers \$ 0.

2 Has the organization engaged in any activities that have not previously been reported to the IRS?
If 'Yes,' attach a detailed description of the activities

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? If 'Yes,' attach a conformed copy of the changes

4 a Did the organization have unrelated business gross income of \$1,000 or more during the year?
b If 'Yes,' has it filed a tax return on Form 990-T for this year?

5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?
If 'Yes,' attach the statement required by General Instruction T

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?

7 Did the organization have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV

8 a Enter the states to which the foundation reports or with which it is registered (see instructions) Washington
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? If 'No,' attach explanation

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 2002 or the taxable year beginning in 2002 (see instructions for Part XIV)? If 'Yes,' complete Part XIV

10 Did any persons become substantial contributors during the tax year?
If 'Yes,' attach a schedule listing their names and addresses

11 Did the organization comply with the public inspection requirements for its annual returns and exemption application?
Web site address N/A

12 The books are in care of DANIEL STINGL Telephone no (509) 493-2300
Located at 7171 HWY 14, LYLE, WA ZIP + 4 98635-9300

13 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year 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

		Yes	No
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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(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)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(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)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If any answer is 'Yes' to 1a(1) (5), 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)?	<input type="checkbox"/>	1b	N/A
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 2002?		1c	X
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 2002, did the organization have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2002?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If 'Yes,' list the years ▶ 20__ , 20__ , 19__ , 19__			
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)		2b	N/A
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ 20__ , 20__ , 19__ , 19__			
3a Did the organization hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If 'Yes,' did it have excess business holdings in 2002 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 2002)		3b	N/A
4a Did the organization invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a	X
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 2002?		4b	X
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))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(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)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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)?		5b	N/A
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?	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No		
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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		6b	X
If you answered 'Yes' to 6b, also file 8870			

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 5		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 Foundation's resources are utilized in the set-up and operations of an Ophthalmic Medical Clinic for the indigent.	88,847.
2 Direct cash donations to IRC section 501(c)(3) exempt organizations. (See part XV)	33,213.
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	Amount
1 <u>Foundation purchased and installed a Processor for AVF, and purchased Macro Lens</u>	3,591.
2 _____	
3 All other program-related investments See instructions	
Total. Add lines 1 through 3	3,591.

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 2002 from Part VI, line 5	2a	
2b Income tax for 2002 (This does not include the tax from Part VI)	2b	
2c 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	
4b Income distributions from section 4947(a)(2) trusts	4b	
4c 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 103,063.
b Program related investments - Total from Part IX B	1b 3,591.
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	4 106,654.
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	6 106,654.

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 2001	(c) 2001	(d) 2002
1 Distributable amount for 2002 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2001				
a Enter amount for 2001 only				
b Total for prior years 20____, 19____, 19____				
3 Excess distributions carryover, if any, to 2002				
a From 1997				
b From 1998				
c From 1999				
d From 2000				
e From 2001				
f Total of lines 3a through e				
4 Qualifying distributions for 2002 from Part XII, line 4 ▶ \$ _____				
a Applied to 2001, 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 2002 distributable amount				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2002 (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 2001 Subtract line 4a from line 2a Taxable amount – see instructions				
f Undistributed income for 2002 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2003				
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 1997 not applied on line 5 or line 7 (see instructions)				
9 Excess distributions carryover to 2003. Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9				
a Excess from 1998				
b Excess from 1999				
c Excess from 2000				
d Excess from 2001				
e Excess from 2002				

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

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2002, 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 <input checked="" type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)					
2 a 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	Prior 3 years			(e) Total
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed	106,654.	96,324.	116,340.	25,416.	344,734.
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	106,654.	96,324.	116,340.	25,416.	344,734.
3 Complete 3a, b, or c for the alternative test relied upon					
a 'Assets' alternative test - enter					
(1) Value of all assets	201,205.	303,732.	391,391.	397,205.	1,293,533.
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)	201,205.	303,732.	391,391.	397,205.	1,293,533.
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

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

b The form in which applications should be submitted and information and materials they should include
Informal letter of request stating amount desired and purpose for use of funds accompanied by proof of IRS 501(c)(3) exemption.

c Any submission deadlines

Calendar Year

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors
None

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
<i>a Paid during the year</i> First Baptist Seagate, FL	None		Donation	1,625
UCA Low Vision Program	None		Donation	11,600
Bank of America	None		Donation	830.
Community School	None		Donation	1,500
Rogers	None		Donation	7,200.
C.S.N.	None		Donation	8,210.
FBC	None		Donation	20
Pastoral Ministries	None		Donation	500.
Zion's Hope	none		Donation	93.
LWCC	none		Donation	200.
Barbara Cooper	none		Donation	100.
Frontline Ministries	None		Donation	800.
MCS	None		Donation	485
Maranatha Volunteers	none		Donation	50.
Total			▶ 3a	33,213.
<i>b Approved for future payment</i>				
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

Table with 3 columns: Question, Yes, No. Rows include 1a(1), 1a(2), 1b(1) through 1b(6), and 1c. 'X' marks are present in the 'No' column for all rows.

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.

Table with 4 columns: (a) Line no, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Row 1 contains '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 (X) No

b If 'Yes,' complete the following schedule

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Row 1 contains 'N/A'.

Under penalties of perjury, I declare that I have examined this return including all correct and complete Declaration of preparer (other than taxpayer or fiduciary) if

Signature of Daniel M. Stingl, Signature of officer or trustee

Sign Here

Preparer's signature: Jim A. Dickey, CPA. Firm's name: Jim A. Dickey, P.C. Address: 110 S.E. First St, Pendleton, OR 97801.

BAA

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions.
▶ Attach to your tax return

Name(s) shown on return
STINGL FAMILY FOUNDATION

Identifying number
91-1876151

Business or activity to which this form relates

Form **990/990-PF**

Part I Election To Expense Certain Tangible Property Under Section 179

Note If you have any listed property, complete Part V before you complete Part I

1	Maximum amount See instructions for a higher limit for certain businesses.	1	\$24,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	\$200,000.
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter 0	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter 0 If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2001 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2003 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election (see instructions)	15	
16	Other depreciation (including ACRS) (see instructions)	16	18,291.

Part III MACRS Depreciation (Do not include listed property) (See instructions)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2002	17	
18	If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here.		

Section B – Assets Placed in Service During 2002 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only – see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5 year property						
c 7 year property						
d 10 year property						
e 15-year property						
f 20 year property						
g 25 year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	

Section C – Assets Placed in Service During 2002 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (see instructions)

21	Listed property Enter amount from line 28	21	
22	Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations – see instructions	22	18,291.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Client 23165

STINGL FAMILY FOUNDATION

91-1876151

10/09/03

05 50PM

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	\$ 325.	\$ 3.		\$ 322.
Total	\$ 325.	\$ 3.	\$ 0.	\$ 322.

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
Consulting	\$ 5,743.	\$ 57.		\$ 5,686.
Total	\$ 5,743.	\$ 57.	\$ 0	\$ 5,686.

Statement 3
Form 990-PF, Part I, Line 23
Other Expenses

	(a) Expenses per Books	(b) Net Investment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Auto expenses	\$ 561.	\$ 6.		\$ 555.
Bank charges	373.	4.		369.
Clinical expenses	22,126.	221.		21,905.
Insurance	2,615.	26.		2,589.
Licenses	833.	8.		825.
Office expenses	1,209.	12.		1,197.
Pharmaceutical Supplies	1,030.	10.		1,020.
Postage	283.	3.		280.
Professional Education	4,757.	48.		4,709.
Repairs and Maintenance	4,316.	43.		4,273.
Telephone	5,656.	57.		5,599.
Total	\$ 43,759.	\$ 438.	\$ 0.	\$ 43,321.

Statement 4
Form 990-PF, Part II, Line 14
Land, Buildings, and Equipment

Category	Basis	Accum. Deprec.	Book Value	Fair Market Value
Miscellaneous	\$ 141,951.	\$ 53,266.	\$ 88,685.	\$ 141,951.
Total	\$ 141,951.	\$ 53,266.	\$ 88,685.	\$ 141,951.

Client 23165

STINGL FAMILY FOUNDATION

91-1876151

10/09/03

05 50PM

Statement 5
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>
DANIEL M STINGL 7171 HWY 14 LYLE, WA 98635-9300	PRESIDENT None	\$ 0.	\$ 0.	\$ 0.
JONICA L. STINGL C/O 7171 HWY 14 LYLE, WA 98635-9300	VICE PRESIDENT None	0.	0.	0.
LAUREN C. STINGL C/O 7171 HWY 14 LYLE, WA 98635-9300	TREASURER None	0.	0.	0.
KATHERINE C. STINGL C/O 7171 HWY 14 LYLE, WA 98635-9300	SECRETARY None	0.	0.	0.
CYBIL (SIERRA) A. STINGL C/O 7171 HWY 14 LYLE, WA 98635-9300	Director None	0.	0.	0.
Total		<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

12/31/02

2002 Federal Book Depreciation Schedule

Page 1

Client 23165

STINGL FAMILY FOUNDATION

91-1876151

10/09/03

05 50PM

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	3,033	S/L	7		1,011
3	VISUAL FIELD	11/12/98		4,080							4,080	1,749	S/L	7		583
4	CHAIR AND STAND	12/03/98		2,987							2,987	1,281	S/L	7		427
5	LENSOMETER AND ACCESSRYS	2/01/99		2,238							2,238	933	S/L	7		320
6	RF CAUTERY	1/26/99		2,856							2,856	1,190	S/L	7		408
7	AMER OPTIC PHACO	3/03/99		4,000							4,000	1,618	S/L	7		571
8	X-Y CONTROLLER W/FOOTPEDL	3/03/99		4,500							4,500	1,822	S/L	7		643
9	MICROSCOPE HEAD & ACCESRY	3/08/99		4,289							4,289	1,737	S/L	7		613
10	PATH MICRO AND ACCESSRYS	5/06/99		3,404							3,404	1,296	S/L	7		486
11	FURNITURE	5/09/99		1,705							1,705	650	S/L	7		244
12	HP ULTRASOUND PROBE	5/14/99		363							363	139	S/L	7		52
13	PHACO HANDPIECE	7/29/99		1,538							1,538	532	S/L	7		220
14	FIXATION RING	11/22/99		365							365	108	S/L	7		52
15	A-SCAN	11/26/99		1,200							1,200	356	S/L	7		171
16	STEAM STERILIZER	10/26/99		1,200							1,200	371	S/L	7		171
17	PRINTER	9/09/99		338							338	112	S/L	7		48
18	WALL MOUNT	11/21/99		609							609	181	S/L	7		87
19	HAND INSTRUMENTS	11/29/99		3,025							3,025	900	S/L	7		432
20	A-SCAN	11/10/99		1,100							1,100	340	S/L	7		157
21	PHOTOCOPIER	1/07/00		769							769	220	S/L	7		110
22	NEEDLE HOLDER	1/07/00		148							148	42	S/L	7		21
23	LENS FOLDER & FORCEPS	1/13/00		815							815	232	S/L	7		116
24	CABINET	2/15/00		400							400	109	S/L	7		57
25	OXYGEN REGULATOR	2/17/00		1,764							1,764	462	S/L	7		252

Client 23165

STINGL FAMILY FOUNDATION

91-1876151

10/09/03

05 50PM

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
26	HUB	3/11/00		314							314	82	S/L	7		45
27	O2 TANK, REBREATHER	5/15/00		984							984	235	S/L	7		141
28	PATIENT EDUCATION DISPLAY	5/18/00		253							253	57	S/L	7		36
29	LID CLAMPS, PROBES	6/15/00		271							271	62	S/L	7		39
30	CAMERA	6/28/00		3,002							3,002	643	S/L	7		429
31	MACRO	6/28/00		325							325	69	S/L	7		46
32	STAND	6/28/00		275							275	59	S/L	7		39
33	LIGHT	6/28/00		240							240	51	S/L	7		34
34	SCREEN	6/28/00		50							50	11	S/L	7		7
35	NOTEBOOK COMPUTER	7/21/00		4,128							4,128	836	S/L	7		590
36	ASSISTANTS SCOPE	8/01/00		4,284							4,284	867	S/L	7		612
37	C-SLEEVE CAMERA ATTACHMT	8/17/00		2,000							2,000	381	S/L	7		286
38	ADAPTER	9/15/00		774							774	148	S/L	7		111
39	PATIENT EDUCATION AUDIO	9/29/00		334							334	60	S/L	7		48
40	REFRIGERATOR	9/29/00		673							673	120	S/L	7		96
41	CHAIR AND MAT	9/29/00		368							368	66	S/L	7		53
42	RECTIFIER, INVERTER	11/08/00		843							843	140	S/L	7		120
43	INDIRECT HEAD	11/13/00		150							150	25	S/L	7		21
44	PRINTER FOR VISUAL FIELD	12/15/00		271							271	42	S/L	7		39
45	MONITOR AND CAMERA	12/15/00		2,031							2,031	314	S/L	7		290
46	RADIO FREQUENCY ABLATION	12/15/00		752							752	116	S/L	7		107
47	PALM	12/15/00		254							254	39	S/L	7		36
48	STEAM STERILIZER	12/15/00		66							66	10	S/L	7		9
49	34 FT MOTORHOME	10/20/00		34,500							34,500	5,032	S/L	8		4,313
50	T.K.B. PROJECT	Various		28,235							28,235	4,471	S/L	10		2,824
51	PHASETRON	5/02/01		1,995							1,995	190	S/L	7		285
52	AVF PROCESSOR	3/15/02		2,340							2,340		S/L	7		279

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.
53	MACRO LENS	6/07/02		1,251							1,251		S/L	7		104
Total				141,951		0	0	0	0	0	141,951	34,975				18,291
Total Depreciation				141,951		0	0	0	0	0	141,951	34,975				18,291
Grand Total Depreciation				141,951		0	0	0	0	0	141,951	34,975				18,291

10 Notices

THE STINGL FAMILY FOUNDATION annual return is available for public inspection. Please contact Dan Stingi at 7171 Hwy 14, Lyle, Washington, 98835.

✓

SEP 16 2003

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
Number street, and room or suite number: C/O P.O. BOX 1533
City, town or post office, state, and ZIP code: PENDLETON, OR 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)
whole group, check this box
If it is part of the group, check this box and attach a list with the names and EINs of all members the extension is for

I request an additional 3-month extension of time until 11/15, 2003
For calendar year 2002, or other tax year beginning 20 and ending 20
If this tax year is for less than 12 months, check reason
State in detail why you need the extension: DIRECTORS LIVE OUT OF STATE AND ARE CURRENTLY COLLECTING ALL THE NECESSARY INFORMATION REQUIRED TO THE FILE A COMPLETE RETURN. THE DIRECTORS ARE REQUESTING ADDITIONAL TIME TO FILE THE RETURN.

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 Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ 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

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: [Signature] Title: CPA PRESIDENT Date: 8/12/03

Notice to Applicant - To be Completed by the IRS

We have approved this application Please attach this form to the organization's return
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
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
We cannot consider this application because it was filed after the due date of the return for which an extension was requested
Other

Director By [Signature] Date EXTENSION APPROVED

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

Name: JIM A DICKEY, P C
Number and street (include suite, room, or apartment number) or a P O box number: 110 S.E. FIRST ST
City or town, province or state, and country (including postal or ZIP code): PENDLETON, OR 97801

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 LYLE, WA 98635	state ZIP code

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 03, to file the exempt organization return for the organization named above. The extension is for the organization's return for

▶ calendar year 20 02 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 ▶ Mark D. Huber CPA Title ▶ CPA PRESIDENT Date ▶ 5/5/03

BAA For Paperwork Reduction Act Notice, see instructions.

Original filed/mailed to 125, Ogden, UT 84201-0012 mds