

Short Form

OMB No 1545-1150

Form 990-EZ

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2002

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2002 calendar year ending 2002 and ending 20
B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending
Employer identification number 22-3812588
Telephone number 916-395-0179

G Accounting method: Cash, Accrual
H Check if the organization is not required to attach Schedule B
I Web site
J Organization type: 501(c)(3)
K Check if the organization's gross receipts are normally not more than \$25,000
L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$100,000 or more, file Form 990 instead of Form 990-EZ

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 36 of the instructions)

Table with 21 rows for Revenue, Expenses, and Net Assets. Includes sub-rows for gross amounts and net income/loss. Includes handwritten 'RECEIVED' stamp and 'OSGREN, UT' stamp.

Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ

Table with 7 rows for Balance Sheets, columns for (A) Beginning of year and (B) End of year. Rows include Cash, Land and buildings, Other assets, Total assets, Total liabilities, and Net assets or fund balances.

| Part III Statement of Program Service Accomplishments (See page 39 of the instructions) | | Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others) |
|---|--|---|
| What is the organization's primary exempt purpose? | | |
| Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title | | |
| 28 | (Grants \$) | 28a |
| 29 | (Grants \$) | 29a |
| 30 | (Grants \$) | 30a |
| 31 | Other program services (attach schedule) (Grants \$) | 31a |
| 32 | Total program service expenses (add lines 28a through 31a) | 32 |

| Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 40 of the instructions) | | | | |
|---|--|---|---|--|
| (A) Name and address | (B) Title and average hours per week devoted to position | (C) Compensation (if not paid, enter -0-) | (D) Contributions to employee benefit plans & deferred compensation | (E) Expense account and other allowances |
| | | | | |
| | | | | |
| | | | | |

| Part V Other Information (Note the attachment requirement in General Instruction V, page 14) | | Yes | No |
|--|---|-----|----|
| 33 | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity | | |
| 34 | Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes | | |
| 35 | If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T | | |
| a | Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements? | | |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | | |
| 36 | Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement) | | |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a | | |
| b | Did the organization file Form 1120-POL for this year? | | |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? | | |
| b | If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved 38b | | |
| 39 | 501(c)(7) organizations Enter a initiation fees and capital contributions included on line 9 39a | | |
| b | Gross receipts, included on line 9, for public use of club facilities 39b | | |
| 40a | 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ , section 4955 ▶ | | |
| b | 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation | | |
| c | Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 ▶ | | |
| d | Enter Amount of tax on line 40c, above, reimbursed by the organization ▶ | | |
| 41 | List the states with which a copy of this return is filed ▶ | | |
| 42 | The books are in care of ▶ Located at ▶ | | |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990 and enter the amount of tax-exempt interest received or accrued | | |

Under penalties of perjury, I declare that I have examined this return in its entirety and believe it is true, correct, and complete. Declaration of preparer (other than the taxpayer) is based on all information of which preparer has any knowledge.

Please Sign Here

Signature of officer: *[Signature]*
Type or print name and title: **DAVID C. FOSTER, JR.**

Paid Preparer's Use Only

Preparer's signature: _____
Firm's name (or yours if self-employed), address, and ZIP + 4: _____