Form 990-EZ

Department of the Treasury

Short Form

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)

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.

OMB No. 1545-1150

2002

Open to Public Inspection

-			organization may have to use a copy of this return to satisfy state	reporting requirement	5.	Inspection	
A F	or the		or tax year beginning 911 2003 , 2002, and			03,2003	
-		ppicable: Please	D Empl	oyer ide	ntification number		
=	ddress c	label or	02	1:05020184			
	lame cha stial retu	a print of	Room/suite E Teler	Telephone number (663) 587 004 5			
-	inei renan	See See	160				
	mended	return Specific		F Enter 4-digit (GEN) ▶			
_		n pending tions.	AUBUN NH 03:32		4-olgit	(DEM)	
_	Section	athod: ⊠ Cash □ Accrual					
	Veb si	if the organization to attach					
		Contract Con	rly one)— ☐ 501(c) (-{A}) - (insert no.) ☐ 4947(a)(1) or ☐ 527), 990-EZ, or 990-PF).	
KC	heck >	if the organization received a Form	on's gross receipts are normally not more than \$25,000. The organ 1990 Package in the mail, it should file a return without financial d	nization need not file a	return	with the IRS; but if the	
			e 9 to determine gross receipts; if \$100,000 or more, file Form 990 ins				
	rt I		nses, and Changes in Net Assets or Fund Balance				
\neg	1	STEEL ST			1	1275	
	2		이 동생들은 경기를 가지 않는 것이 되었다면 살아를 하면 하면 하면 하지만 하지만 하지 않는데 하는데 하는데 하는데 하지 않는데 하는데 하다.		2	11012	
	3		evenue including government fees and contracts		3	9096	
	4	Investment incom			4	157	
			m sale of assets other than inventory		winn.	150	
- 1	5a				*		
	ь			A CANADA CANA	5c		
9	C		n sale of assets other than inventory (line 5a less line 5b) (a	ittach schedule) .	3C		
Revenue	6		d activities (attach schedule):				
è	d		ot including \$ of contributions	19305			
-		reported on line 1	-				
	ь	Less: direct expe	-1111111	10202			
	- C	Net income or (lo	6c	10-0			
	7a	Gross sales of in	-				
	b	Less: cost of goo	-111111				
	8	Gross profit or (lo Other revenue (de	7c	3988			
	9	Total revenue (ad	9	24713			
	10	Grants and simila	10	3920			
	11	Benefits paid to d	11	410			
Expenses	12	Salaries, other co	12				
	13	Professional fees	13	75			
	14	Occupancy, rent,	14				
	15	Printing, publicati	15	5554			
	16	Printing, publicati Other expenses (16	7350			
	17 Total expenses (add lines 10 through 16)					16899	
Net Assets	18		for the year (line 9 less line 17)		17	7814	
	19	Net assets or fur end-of-year figure	19				
	20 21	Other changes in	20	-/			
Pa	rt II		d balances at end of year (combine lines 18 through 20) s—If Total assets on line 25, column (B) are \$250,000 or m	ore, file Form 990 in	stead o	of Form 990-F7	
10000			year	(B) End of year			
22	Casi		see page 39 of the instructions.)	15131	22	The second secon	
23		Land and buildings				1	
24		er assets (describe	24				
25			25	The second secon			
26	Tota	il liabilities (descrit		15131	26	Name and Address of the Owner, when the Owner, which	
27	Net	assets or fund ba	lances (line 27 of column (8) must agree with line 21)	15131	27	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLU	
For			Notice, see the separate instructions.	Cat. No. 106421	100	Form 990-F7 12000	

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Porm 190-E						Page 2
Part III	Statement of Program Service Accom- ne organization's primary exempt purpose? _	plishments (See page	39 of the instr	uctions.)		Expenses
Describe v	an	(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts:				
28	he services provided, the number of persons be SCHOLAR SHIPS	meined, or other relevant	information for ea	ach program	title. op	tional for others.)

	ALARDS		(Grants \$.3+	120) 28a	1
29	F 1004 Clas 3					
	·····					
30	PINICIPATION ACADAMY	SSA DE ALESTA DE LA CONTRA		00) 29a	3
						1.
24 Other			(Grants \$ 36	05) 30a	1
	program services (attach schedule)		(Grants \$) 31a	1
Dort IV	program service expenses (add lines 28a th	rough 31a) , ,			. > 32	
raitiv	List of Officers, Directors, Trustees, and Key	Employees (List each one	even if not compe			the instructions.)
000	(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compense (If not paid enter -0)	. employee	ntributions to benefit plans compensation	(E) Expense account and other allowances
PILT		PRESIDENT	(1)	1	7	0
	JHITFORD ST MANCHESTRICHH	-	0	,		0
74 51	RATHAMA HICHTS RD STRATHAM	UH VY	0	3	9 -	0
**************************************	ON MILAIR ABOUN WIL	TREASURER	0	0)	0
Part V	Other Information (Note the attachm	ent requirement in Ge	neral Instruction	n V nane	14)	Yes No
33 Did th	ne organization engage in any activity not previously re	enorted to the IDS2 If "Ver "	attack a detailed a	beninting of	1 414	
34 Were	any changes made to the organizing or governing docum	ante but not monted to the IF	CT If Tives I attack	rescription or r	rach activity	1
36 Was 37a Enter b Did t 38a Did t such b if "Ye 39 501(c) b Gross 40a 501(c) sectio b 501(c) becor c Amou	the organization have unrelated business gross incomes," has it filed a tax return on Form 990-T for there a liquidation, dissolution, termination, or a amount of political expenditures, direct or inche organization file Form 1120-POL for this the organization borrow from, or make any locations made in a prior year and still unpaid a set," attach the schedule specified in the line 38 is comparable to the schedule specified in the line 38 is compar	or this year?	ctor, trustee, or covered by this amount involved cluded on line 9 the year under: section of costs benefit transparent involved cluded on line 9 the year under:	"Yes," attac 37a key employ return? 38b 39a 39b 4955 action during	h a statem ee or wer	e any
41 List ti	: Amount of tax on line 40c, above, reimburs	sed by the organization	2 40303 103	1 100 100		
42 The h	he states with which a copy of this return is file	1 4 15				
Local	ted at ► IAU POND VIEW DR. DURI	Dw doll	T	elephone no	D. ► (60)	11.587.0045
49 2000	on 4947(a)(1) nonexempt charitable trusts filli enter the amount of tax-exempt interest recei	na Form 990-F7 in liqu	of Form 1041	Chack been		5.3.2
Please Sign Here	Under penalties of perjury, I declare that I have examinand belief, it is true, correct, and complete. Declaration Signature of officer STRUE BILLAIR TREE Type or print name and title.	ed this return, including accord to of preparer (other than office	and the second second second			best of my knowledge ass any knowledge.
Paid	Preparer's	De		sk if	Preparer's SSA	f or PTIN (See Gen. Inst. W
Preparer's	signature		self- empi	layed >		
Use Only	Firm's name (or yours if self-employed).			EIN		
	address, and ZIP + 4	Phone no.	F ()			

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