## Form 990

## Return of Organization Exempt From Income Tax

20**03** 

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

Open to Public

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. Department of the Treasury Inspection Internal Revenue Service July 1 2004 For the 2003 calendar year, or tax year beginning . 2003, and ending Tune 30 D Employer identification number C Name of organization Southern York County School Dist. Foundation Please use IRS B Check if applicable: 23 | 2862892 Address change label or Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name change type. See (717) 235-4811 P.O. Box 128 Initial return Specific Instruc-City or town, state or country, and ZIP + 4 GLen Rock, PA 17327 Final return Other (specify) Amended return H and I are not applicable to section 527 organizations. • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable Application pending H(a) Is this a group return for affiliates? Yes X No trusts must attach a completed Schedule A (Form 990 or 990-EZ). H(b) If "Yes," enter number of affiliates ▶ ...... G Website: ► H(c) Are all affiliates included? Yes No J Organization type (check only one) ► \$\overline{\K}\$ 501(c) ( 3) < (insert no.) \$\overline{\L}\$ 4947(a)(1) or \$\overline{\L}\$ 527 (If "No," attach a list. See instructions.) H(d) Is this a separate return filed by an K Check here  $\blacktriangleright$   $\square$  if the organization's gross receipts are normally not more than \$25,000. The organization covered by a group ruling? Yes X No organization need not file a return with the IRS; but if the organization received a Form 990 Package Group Exemption Number ► N/A in the mail, it should file a return without financial data. Some states require a complete return. Check ► ☐ If the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF). Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.) Contributions, gifts, grants, and similar amounts received: 1a 94,844.53 a Direct public support -0-1b b Indirect public support c Government contributions (grants) 1d 844.53 d Total (add lines 1a through 1c) (cash \$ 94,844.53 noncash \$ 2 -0-Program service revenue including government fees and contracts (from Part VII, line 93) 3 **n**-Membership dues and assessments . . . . . . 4 721 72 Interest on savings and temporary cash investments 5 Dividends and interest from securities 6a 6b -0-6c c Net rental income or (loss) (subtract line 6b from line 6a) . 7 884.33 Other investment income (describe > appreciation (B) Other (A) Securities 8a Gross amount from sales of assets other 8a 8b b Less: cost or other basis and sales expenses. 8c c Gain or (loss) (attach schedule) . . . . -0-8d d Net gain or (loss) (combine line 8c, columns (A) and (B)) . . . . . Special events and activities (attach schedule). If any amount is from gaming, check here 🕨 🗌 a Gross revenue (not including \$ \_ b Less: direct expenses other than fundraising expenses 287.00 9c c Net income or (loss) from special events (subtract line 9b from line 9a) . 10a Gross sales of inventory, less returns and allowances . . -0-10c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) -0-11 Other revenue (from Part VII, line 103) 11 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 12 08,737.58 12 13 44.844.45 13 Program services (from line 44, column (B)) . . 14 1,030.25 14 Management and general (from line 44, column (C)). 15 4,897.42 Fundraising (from line 44, column (D)) 15 16 Payments to affiliates (attach schedule) . . . 16 50,772.12 17 Total expenses (add lines 16 and 44, column (A)) 17

18

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Net

Excess or (deficit) for the year (subtract line 17 from line 12) . . . .

Other changes in net assets or fund balances (attach explanation) . .

Net assets or fund balances at end of year (combine lines 18, 19, and 20)

Net assets or fund balances at beginning of year (from line 73, column (A)) .

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Organizations ompleting columns (B)-(D), carry these totals to lines 13—15 costs. 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Organizations ompleting columns (B)-(D), carry these totals to lines 13—15 costs. 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| cooint Coore any "Yes, ii) the Part                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | otal functional expenses (add lines 22 through 43). 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| cooint Core any "Yes, ii) the Part /hat i Ill orga f clier rganiz                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | otal functional expenses (add lines 22 through 43). 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| cooint Core any "Yes, ii) the Part /hat i Ill orga f clier rganiz                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | otal functional expenses (add lines 22 through 43). 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| cooint Ce any "Yes, i) the Part /hat i Il orga f clier rganiz                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | otal functional expenses (add lines 22 through 43). 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| To coopint C e any "Yes, i) the Part I ll organiza a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | otal functional expenses (add lines 22 through 43). Organizations ompleting columns (B)-(D), carry these totals to lines 13—15. Costs. Check ▶ ☐ if you are following SC in joint costs from a combined educational campai "enter (i) the aggregate amount of these joint commount allocated to Management and general Statement of Program Service Acts the organization's primary exempt purpose anizations must describe their exempt purposents served, publications issued, etc. Discuss a cations and 4947(a)(1) nonexempt charitable truescholarship. payments. to class                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 44 DP 98-2 gn and f osts \$ comp e? ►St e achieve chieven sts must Grant oplie Distr               | indraising solicitation; (ii) the property of pure ments in a clear and also enter the amount also enter the a | on reported in (B) Proper amount allocated page 25 of the inblic education denotes the property of the inblic education of grants and allocated page 25 of the inblic education of grants and allocated page 25 of students of | ogram services? I to Program services? I to Program services to Fundraising \$ nstructions.) ion                                                                            | Program Serve Expenses (Required for 501(c)(4) orgs., and 4947(trusts; but optional others.)                 |
| To coopint C e any "Yes, i) the Part I ll organiza a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | otal functional expenses (add lines 22 through 43). Organizations ompleting columns (B)-(D), carry these totals to lines 13—15. Costs. Check ▶ ☐ if you are following SC joint costs from a combined educational campai "enter (i) the aggregate amount of these joint of amount allocated to Management and general Statement of Program Service Acts the organization's primary exempt purpose anizations must describe their exempt purpose anizations must describe their exempt purpose anizations and 4947(a)(1) nonexempt charitable trues cholarship payments to class 5.7. awards  Purchase of equipment and support the service of | 44 DP 98-2 gn and f osts \$ comp e? ►St e achieve chieven sts must Grant oplie Distr               | indraising solicitation; (ii) the property of pure ments in a clear and also enter the amount also enter the a | on reported in (B) Proper amount allocated page 25 of the inblic education denotes the property of the inblic education of grants and allocated page 25 of the inblic education of grants and allocated page 25 of students of | ogram services? I to Program services? I to Program services to Fundraising \$ nstructions.) ion                                                                            | Program Serv Expenses (Required for 501(c)(2) (4) orgs., and 4947(1) trusts; but optional others.)  43,180.0 |
| cooint Core any "Yes, ii) the Part What i Ill organiza a S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | otal functional expenses (add lines 22 through 43). Organizations ompleting columns (B)-(D), carry these totals to lines 13—15. Costs. Check ▶ ☐ if you are following SC joint costs from a combined educational campai "enter (i) the aggregate amount of these joint of amount allocated to Management and general Statement of Program Service Acts the organization's primary exempt purpose anizations must describe their exempt purpose anizations must describe their exempt purpose anizations and 4947(a)(1) nonexempt charitable trues cholarship payments to class 5.7. awards  Purchase of equipment and support the service of | 44  OP 98-2 gn and fosts \$ comp e? ▶Si e achieven sts must Grant  Oistr  (Grant                   | indraising solicitation; (ii) the propert of purport of purport that are not a also enter the amount also ente | on reported in (B) Proper amount allocated the amount allocated page 25 of the including amount of concise manner measurable. (Section of grants and all the amount of grants and all the amou | ogram services? to Program services? to Program services to Fundraising \$ nstructions.) ion r. State the numbe on 501(c)(3) and (4 locations to others ghSchool ) hts.in ) | Program Serv Expenses (Required for 501(c)(3) (4) orgs., and 4947(4) trusts; but optional others.)  43,180.0 |
| oint Core any "Yes, ii) the Part What ii all organiza a S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | otal functional expenses (add lines 22 through 43). Organizations ompleting columns (B)-(D), carry these totals to lines 13—15 points. Check  □ if you are following SC joint costs from a combined educational campainent of the aggregate amount of these joint of amount allocated to Management and general in Statement of Program Service Acts the organization's primary exempt purpose anizations must describe their exempt purpose anizations must describe their exempt purpose anizations and 4947(a)(1) nonexempt charitable trues to class and 4947(a)(1) nonexempt charitable trues consider the constant of t | 44  OP 98-2 gn and f osts \$  comp e? ►St e achieven sts must Grant oplie Oistr (Grant             | indraising solicitation; (ii) the property of purements in a clear and also enter the amount also enter the am | on reported in (B) Proper amount allocated the amount allocated page 25 of the including amount of concise manner measurable. (Section of grants and all the amount of grants and all the amou | ogram services? to Program services? to Program services to Fundraising \$ nstructions.) ion r. State the numbe on 501(c)(3) and (4 locations to others ghSchool ) hts.in ) | Program Serv Expenses (Required for 501(c)(3) (4) orgs., and 4947(4) trusts; but optional others.)  43,180.0 |
| 4 To coopint Cyre any "Yes, ii) the Part What i Golern roganiza a S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | otal functional expenses (add lines 22 through 43). Organizations ompleting columns (B)-(D), carry these totals to lines 13—15 proposed in the columns (B)-(D), carry these totals to lines 13—15 proposed in the columns (B)-(D), carry these totals to lines 13—15 proposed in the columns (B)-(D), carry these totals to lines 13—15 proposed in the columns (B)-(D) are to lines are total carry in the aggregate amount of these joint of amount allocated to Management and general in the columns (B) statement of Program Service Acts the organization's primary exempt purposed in the columns (B) statement of Program Service Acts the organization's primary exempt purposed in the columns (B) service Acts the organization in the columns (B) service Acts t | 44  OP 98-2 gn and fosts \$ ecomple? >Si e achieven sts must  Grant  Grant  (Grant  (Grant         | indraising solicitation; (ii) the property of purements in a clear and also enter the amount also enter the am | on reported in (B) Proper amount allocated the amount allocated page 25 of the including education of concise manner measurable. (Section of grants and all the amount of grants and all the a | ogram services? to Program services? to Program services to Fundraising \$ nstructions.) ion r. State the numbe on 501(c)(3) and (4 locations to others ghSchool ) hts.in ) | Program Serv Expenses (Required for 501(c)(2) (4) orgs., and 4947(1) trusts; but optional others.)  43,180.0 |
| bint Combine C | otal functional expenses (add lines 22 through 43). Organizations ompleting columns (B)-(D), carry these totals to lines 13—15 points. Check  If you are following SC joint costs from a combined educational campain enter (i) the aggregate amount of these joint commount allocated to Management and general statement of Program Service Acts the organization's primary exempt purpose anizations must describe their exempt purpose anizations must describe their exempt purpose anizations and 4947(a)(1) nonexempt charitable trues cholarship payments to class 5.7 awards.  Purchase of equipment and support the country School I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 44  OP 98-2 gn and f osts \$  comp e? ►St e achieven sts must Grant Oplie Oistr (Gran              | iundraising solicitation; (ii) the property of pure ements in a clear and also enter the amount also enter the | on reported in (B) Proper amount allocated page 25 of the inblic education decorated and concise manner measurable. (Section of grants and allocated by done in the student of students of students and allocated by done in the students of students and allocated by done in the students of students and allocated by done in the students of students and allocated by done in the students of students and students of students and students of s | ogram services? I to Program services? I to Program services of to Fundraising \$ Instructions.) I on                                                                       | Program Serve Expenses (Required for 501(c)(4) orgs., and 4947(trusts; but optional others.)                 |
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| i To cooperate of the c | otal functional expenses (add lines 22 through 43). Organizations ompleting columns (B)-(D), carry these totals to lines 13—15 points. Check ▶ ☐ if you are following SC joint costs from a combined educational campair enter (i) the aggregate amount of these joint common amount allocated to Management and general statement of Program Service Acts the organization's primary exempt purpose anizations must describe their exempt purpose anizations and 4947(a)(1) nonexempt charitable trues and 4947(a)(1) nonexempt charitable trues awards.  Purchase of equipment and support southern York County School I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 44  OP 98-2 gn and f osts \$  comp e? ►St e achieve chieven sts must Grant Oplie Oistr (Gran (Gran | iundraising solicitation; (ii) the property of pure ements in a clear and also enter the amount also enter the | on reported in (B) Proper amount allocated page 25 of the inblic education described in the concise manner measurable. (Section of grants and allocated by donested by doneste | ogram services? I to Program services? I to Program services of to Fundraising \$ Instructions.) I on                                                                       | Program Serv Expenses (Required for 501 (c)(3) (4) orgs., and 4947(s                                         |

| Pai           | t IV              | Balance Sheets (See page 25 of the in                                                                                | structions.)             |                          |         |                    |
|---------------|-------------------|----------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|---------|--------------------|
| N             | ote:              | Where required, attached schedules and amounts w column should be for end-of-year amounts only.                      | ithin the description    | (A)<br>Beginning of year |         | (B)<br>End of year |
|               | 45                | Cash—non-interest-bearing                                                                                            |                          | 9,581.17                 | 45      | 71,702.87          |
|               | 46                | Savings and temporary cash investments                                                                               |                          |                          | 46      |                    |
| ļ             | 47a<br>b          | Less allowance for doubtful accounts                                                                                 | 47a 9,000.00<br>47b      |                          | 47c     | 9,000.00           |
|               |                   | Pledges receivable                                                                                                   | 48a<br>48b               |                          | 48c     |                    |
|               | 49                | Grants receivable                                                                                                    |                          |                          | 49      |                    |
|               | 50                | Receivables from officers, directors, trustee (attach schedule)                                                      |                          |                          | 50      |                    |
| ets           | l                 | Other notes and loans receivable (attach schedule)                                                                   | 51a                      |                          | 51c     |                    |
| Assets        | 1                 | Less: allowance for doubtful accounts , .                                                                            | 51b                      |                          | 52      |                    |
| _             | 52<br>53          | Inventories for sale or use                                                                                          |                          |                          | 53      |                    |
|               | 54                | Investments—securities (attach schedule)                                                                             | ▶ ☐ Cost 🔀 FMV           | 85,526.95                | 54      | 115,834.26         |
|               |                   | Investments—land, buildings, and equipment: basis ,                                                                  | 55a                      |                          |         |                    |
|               | l t               | Less: accumulated depreciation (attach                                                                               | 55b                      |                          | 55c     |                    |
|               | -                 | schedule)                                                                                                            | 335                      |                          | 56      |                    |
|               | 56                | Land, buildings, and equipment: basis                                                                                | 57a                      |                          |         |                    |
|               |                   | Less: accumulated depreciation (attach                                                                               |                          |                          |         |                    |
|               | '                 | schedule)                                                                                                            | 57b                      | 342.98                   | 57c     | 342,98             |
|               | 58                |                                                                                                                      |                          | . 342.90                 | 36      | 342.90             |
|               | 59                | School Dist<br>Total assets (add lines 45 through 58) (mus                                                           | rict<br>t equal line 74) | 95,451.10                | 59      | 196,880.11         |
| _             | 60                |                                                                                                                      |                          | 2,250.00                 | 60      | 42,713.55          |
|               | 61                | , -                                                                                                                  |                          |                          | 61      |                    |
|               | 62                | Deferred revenue                                                                                                     |                          |                          | 62      |                    |
| 9             | <u>6</u> 63       |                                                                                                                      |                          |                          | 63      |                    |
| 1 :- 1:1:4:00 | <b> </b>          | schedule).                                                                                                           |                          |                          | 64a     |                    |
|               | <del>8</del>   64 | <ul><li>a Tax-exempt bond liabilities (attach schedule</li><li>b Mortgages and other notes payable (attach</li></ul> | cobodulo)                |                          | 64b     |                    |
|               | 65                |                                                                                                                      | ithern York County       | 5,197.43                 | 65      | 5,197.43           |
|               | 60                | SCHOOL I                                                                                                             | District                 | 7,447.43                 | 66      | 47,910.98          |
| _             | 0                 | rganizations that follow SFAS 117, check here                                                                        | ► ☐ and complete lines   |                          |         |                    |
|               |                   | 67 through 69 and lines 73 and 74.                                                                                   |                          | 7,664.54                 | 67      | 9,430.02           |
|               | ည္ကို 6           | • "                                                                                                                  |                          | 10,752.73                | 68      | 13,961.87          |
|               | Bag<br>6          | ,                                                                                                                    |                          | 72,586.40                | 69      | 125,577.24         |
|               |                   | rganizations that do not follow SFAS 117, chec<br>complete lines 70 through 74.                                      | ck here ► □ and          |                          |         |                    |
|               | b 7               | <ul> <li>Capital stock, trust principal, or current fun</li> </ul>                                                   | ids                      |                          | 70      |                    |
|               | \$ 7              | 1 Paid-in or capital surplus, or land, building                                                                      | , and equipment fund , . |                          | 72      |                    |
|               | ASS               | 2 Retained earnings, endowment, accumulat                                                                            |                          |                          | - VIIII |                    |
|               | Net               | 3 Total net assets or fund balances (add li<br>70 through 72;<br>column (A) must equal line 19; column (B)           |                          | 91,003.67                | 73      | 148,969.13         |
|               | -                 | 4 Total liabilities and net assets / fund bala                                                                       |                          | 98,451,10                | 74      | 196,880.11         |

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

| Part                      | IV-A                                                                                                                                                | Reconciliation of Financial Stateme Return (See page                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ents with F        | Revenue pe     | er                                  | Part I                                 | V-B Rec<br>Fina<br>Ret                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | onciliation of I<br>ancial Stateme<br>urn                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | expenses<br>nts with E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | per A<br>xpens | udited<br>ses per             |
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| b (1) (2) (3) (4) c d (1) | per audit Amounts line 12, i Net unre on invest Donated and use Recover year gra Other (s  Add amount Form 9 ) investme not incl 6b, Form ) Other ( | enue, gains, and other ed financial statement included on line a buform 990: alized gains ments \$ services of facilities ies of prior nts \$ pecify): \$ punts on lines (1) through the prior included on line 12 90 but not on line a: ent expenses uded on line n 990 \$ pecify): \$ pecify): \$ pecify): \$ pecify: \$ pecify): \$ pecify perior included on line in 12, pecify perior included on lines (1) and pecify pecify perior included on lines (1) and pecify pecify pecify included on lines (1) and pecify pecify pecify included on lines (1) and pecify lines (1) an | support s          | b c 108,73     | 37.58                               | (1)<br>(2)<br>(3)<br>(4)<br>(1)<br>(2) | audited finar Amounts inc on line 17, F Donated se and use of fa Prior year adjusteported on I Form 990 . Losses repote line 20, Form Other (special section of the section | struces cilities \$ stments ine 20,\$ ted on 1 990 . \$ stify):\$ s on lines (1) thro s line b cluded on line 1 out not on line as expenses on line 0,\$ structure (1) thro s line b cluded on line 1 out not on line as expenses on line 0,\$ structure (1) as stru | but not   but n | D C 0          | 50,772.12                     |
| Pa                        |                                                                                                                                                     | List of Officers, Dir<br>the instructions.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ons to         | (E) Expense account and other |
|                           | 4554<br>Glenr<br>130 I<br>Rober                                                                                                                     | (A) Name and add<br>Lou Alsentzer<br>Myers Rd., Gl<br>n Geiple<br>Hayward Hgts,<br>rt Williams<br>Cardinal Dr.,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | en Rock<br>Glen Ro | ck, PA         | Pres<br>327<br>Vice<br>Trea<br>7361 | iden<br>Volu<br>Pre<br>Vol<br>sure     | t/<br>nteer<br>sident/<br>unteer<br>r/<br>olunteer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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|                           | P.O.                                                                                                                                                | Keagy c/o SYC<br>Box 128 Glen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| -                         | orga                                                                                                                                                | any officer, director, truenization and all related (es," attach schedule                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | organizations      | s, of which mo | ore than                            | \$10,00                                | compensatior<br>0 was provide                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | your<br>? ►    | ☐ Yes ☐ No                    |

| ^             | 00 (2002)                                                                                                                                                                                                              |                  | Page 5                                 |
|---------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------------------|
| orm 9<br>Part | 90 (2003)  Other Information (See page 28 of the instructions.)                                                                                                                                                        | Ye               |                                        |
| 6             | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity .                                                                             | 76               | X                                      |
| 77            | I was also be a secondarian or governing documents but not reported to the IRS?                                                                                                                                        | 77               | mana .                                 |
|               | If "Ves" attach a conformed copy of the changes.                                                                                                                                                                       |                  | MANNI.                                 |
| 78a           | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?.                                                                                                  | 78a<br>78b       | - <del>X</del> -                       |
| h             | If "Ves." has it filed a tax return on Form 990-T for this year?                                                                                                                                                       | 79               | V                                      |
| 79            | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement                                                                                            | iinnun.          |                                        |
| 30a           | Is the organization related (other than by association with a statewide or nationwide organization) through common                                                                                                     | 80a              | X                                      |
|               | membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? If "Yes," enter the name of the organization >                                                                  |                  |                                        |
| b             | and check whether it is exempt or nonexempt.                                                                                                                                                                           |                  |                                        |
| 010           | Enter direct and indirect political expenditures. See line 81 instructions  81a  0                                                                                                                                     | MMM              | MMM.                                   |
| ola<br>h      | Did the organization file Form 1120-POL for this year?                                                                                                                                                                 | 81b              | X                                      |
| В2a           | Did the organization receive donated services or the use of materials, equipment, or facilities at no charge                                                                                                           |                  | *F                                     |
|               | or at substantially less than fair rental value?                                                                                                                                                                       | 82a              | <u>X</u>                               |
| b             | If "Yes," you may indicate the value of these items here. Do not include this amount                                                                                                                                   |                  |                                        |
|               | as revenue in Part I or as an expense in Part II. (See instructions in Part III.) [625]                                                                                                                                | 83a              | <i>umuuu</i><br>X                      |
| 83a           | Did the organization comply with the public inspection requirements for returns and exemption applications?                                                                                                            |                  | X                                      |
|               | Did the organization comply with the disclosure requirements relating to quid pro quo contributions? Did the organization solicit any contributions or gifts that were not tax deductible?                             | 84a              | X                                      |
| 84a           | If "Yes," did the organization include with every solicitation an express statement that such contributions                                                                                                            |                  | ////////////////////////////////////// |
| D             | or gifts were not tax deductible?                                                                                                                                                                                      | 84b              |                                        |
| 85            | 501/6V4 (5) or (6) organizations a Were substantially all dues nondeductible by members?                                                                                                                               | 85a              |                                        |
| b             | Did the organization make only in-house lobbying expenditures of \$2,000 or less?                                                                                                                                      | 85b              |                                        |
|               | If "Yes" was answered to either 85a or 85b, do not complete 85c through 65h below thress the organization                                                                                                              |                  |                                        |
|               | received a waiver for proxy tax owed for the prior year.  [85c]                                                                                                                                                        |                  |                                        |
| С             | Dues, assessments, and similal amounts from members                                                                                                                                                                    | <i>*////////</i> |                                        |
| .d            | Section 162(e) lobbying and political expenditures                                                                                                                                                                     |                  |                                        |
|               | Aggregate hondeductible amount of section obste(r)(v) dues the agr                                                                                                                                                     |                  |                                        |
| f             | by the amount of line 85f?                                                                                                                                                                                             | 85g              |                                        |
| Ç             | of the section 60.33(a)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its                                                                                                 |                  |                                        |
| '             | reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax                                                                                                       | 054              | Ì                                      |
|               | year?                                                                                                                                                                                                                  | 85h              |                                        |
| 86            | 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12                                                                                                                                 | -//////          |                                        |
| ı             | b Gross receipts, included on line 12, for public use of club facilities.                                                                                                                                              | <i>-\//////</i>  |                                        |
| 87            | 507(c)(12) orgs. Enter: a Gross income from members of shareholders,                                                                                                                                                   |                  |                                        |
| l             | b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)                                                                                        | _//////          |                                        |
| 88            | At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections         |                  |                                        |
|               | 301.7701-2 and 301.7701-3? If "Yes," complete Part IX                                                                                                                                                                  | 88               | X                                      |
| 89            | a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶; section 4912 ▶; section 4955 ▶                                                                      |                  |                                        |
|               | b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach |                  |                                        |
|               | a statement explaining each transaction                                                                                                                                                                                | 89b              | <u> </u>                               |
|               | sections 4912, 4955, and 4958                                                                                                                                                                                          | <u>-C</u>        |                                        |
|               | d Enter: Amount of tax on line 89c, above, reimbursed by the organization.  Da List the states with which a copy of this return is filed Filing not required in Pennsyl                                                |                  |                                        |
| 90            | b Number of employees employed in the pay period that includes March 12, 2003 (See instructions.)                                                                                                                      |                  |                                        |
| . 9           | Tolophone no                                                                                                                                                                                                           | 1235-4<br>28     | 1811                                   |
| 9             | 2 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here                                                                                                                       |                  | ▶[                                     |
| 3             | and enter the amount of tax-exempt interest received or accrued during the tax year ▶   92                                                                                                                             |                  | 000                                    |
| -             |                                                                                                                                                                                                                        | Forn             | n <b>990</b> (200:                     |

| Part VII     | Analysis of Income-Producing Acti                                                                              | vities (See pa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ge 33 of the       | instructions.         | )<br>Non 512 512 or 514               | (E)                                           |
|--------------|----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------|---------------------------------------|-----------------------------------------------|
|              | ter gross amounts unless otherwise                                                                             | Unrelated bu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | siness income      | Excluded by sec       | (1011 512, 513, 01 514                | Related or                                    |
| indicated    |                                                                                                                | (A)<br>Business code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (B)<br>Amount      | (C)<br>Exclusion code | l (D)<br>l Amount                     | exempt function income                        |
| 93 Pro       | gram service revenue:                                                                                          | Dusiliess code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 7 (110 0111        |                       |                                       |                                               |
|              |                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |                       | <del> </del>                          |                                               |
|              |                                                                                                                | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |                       |                                       |                                               |
| С            |                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |                       |                                       |                                               |
| d            |                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |                       |                                       |                                               |
|              |                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |                       |                                       |                                               |
| f Me         | edicare/Medicaid payments                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |                       |                                       |                                               |
| g Fee        | es and contracts from government agencies                                                                      | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                    |                       |                                       | <u> </u>                                      |
| 94 Me        | embership dues and assessments                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |                       |                                       | 1,721.72                                      |
| 95 Inte      | erest on savings and temporary cash investments                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |                       |                                       |                                               |
| 96 Div       | vidends and interest from securities et rental income or (loss) from real estate:                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |                       |                                       |                                               |
|              | et rental income of (loss) from real estate.                                                                   | [                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    |                       |                                       |                                               |
|              | ot debt-financed property                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |                       |                                       |                                               |
| b no         | et rental income or (loss) from personal property                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |                       | <u> </u>                              |                                               |
|              | ther investment income                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |                       |                                       | 11,884.33                                     |
|              | in or (loss) from sales of assets other than inventory                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |                       |                                       |                                               |
| 100 Ga       | et income or (loss) from special events                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |                       |                                       | 287.00                                        |
| 101 IN       | ross profit or (loss) from sales of inventory.                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <u> </u>           |                       |                                       |                                               |
|              | ther revenue: a                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |                       | <del> </del>                          |                                               |
| b            | and reserved.                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | _                  |                       |                                       |                                               |
|              |                                                                                                                | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    |                       |                                       |                                               |
| d _          |                                                                                                                | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    |                       |                                       |                                               |
|              |                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |                       |                                       | 13,893.05                                     |
| <b>104</b> S | Subtotal (add columns (B), (D), and (E))                                                                       | . \( \( \lambda \) \( \lambda \ | _0_                |                       | _0_<br>13,89                          |                                               |
| 40F T        | intel (add line 104 columns (R) (1)) 200 [F])                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |                       | 1375                                  | , <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u> |
| Note: L      | ine 105 plus line 1d, Part I, snould equal the                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |                       |                                       | instructions.)                                |
| Part \       |                                                                                                                | o in reported in cr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | olumn (F) of Pa    | rt VII contributed    | importantly to th                     | e accomplishment                              |
| Line N       | lo. Explain how each activity for which income of the organization's exempt purposes (other)                   | e is reported in Co<br>ier than by provid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ling funds for s   | uch purposes).        | · · · · · · · · · · · · · · · · · · · | •                                             |
|              | - 2.7 1 1 1                                                                                                    | a to holm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | fundraisi          | ng costs              |                                       |                                               |
| 95           | la l                                                                       | t account                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | increases          | : CHOOWIELI           | t value                               |                                               |
| 99           |                                                                                                                | for schola                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | rship dis          | stributing            |                                       |                                               |
| 101          | 1                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |                       |                                       |                                               |
| Part         | IX Information Regarding Taxable Sub                                                                           | sidiaries and D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | isregarded E       | ntities (See pa       | ige 34 of the ins                     | structions.)                                  |
| T Car C      | (A) Name, address, and EIN of corporation,                                                                     | (B)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    | (0)                   | (D)<br>Total incom                    | End-of-year                                   |
|              | Name, address, and EIN of corporation, partnership, or disregarded entity                                      | ownership interes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | t Nature           | of activities         | Total Incoll                          | assets                                        |
|              | partitioning, or disrogardon                                                                                   | Q                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 6                  |                       |                                       |                                               |
| <u></u>      |                                                                                                                | Ç.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 6                  |                       |                                       |                                               |
|              |                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | %                  |                       |                                       |                                               |
|              |                                                                                                                | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | %                  | . O /Ca               | nogo 24 of the                        | instructions)                                 |
| Part         | X Information Regarding Transfers Ass                                                                          | ociated with Pe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | rsonal Benefi      | t Contracts (Se       | e page 34 or the                      | , mondonono.,                                 |
| (a)          | Did the organization, during the year, receive any funds                                                       | , directly or indirectly                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | y, to pay premiun  | ns on a personal be   | enefit contract? .                    | . ∐ Yes ∐ No                                  |
| (h)          | Did the organization, during the year, pay pr                                                                  | remiums, anecu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | y or munechy       | , on a personal       | benefit contract                      | t? ∐ Yes ∐ No                                 |
| Not          | te: If "Yes" to (b), file Form 88/0 and Form                                                                   | 4720 (See Ilisu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | icuoris).          |                       | -1 -tetements, and to                 | the best of my knowledge                      |
|              | Under penalties of perjury, I declare that I have exa<br>and belief, it is true, correct, and complete. Declar | mined this return, in<br>ration of preparer (o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ther than officer) | is based on all info  | rmation of which pre                  | parer has any knowledge.                      |
| Pleas        |                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |                       | 7/                                    | 15/08                                         |
| Sign         |                                                                                                                | The state of the s  |                    |                       | Date                                  |                                               |
| Here         | I Sidifatule of Dilicei                                                                                        | Vad.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | - 1/01.            | un for                | <del>-</del> ,                        |                                               |
| ,,,,,,       | DAR 121                                                                                                        | 2100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <del></del>        | <u> </u>              |                                       |                                               |
|              | Type or print name and title.                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Date               | Check if              | Preparer's                            | SSN or PTIN (See Gen. Inst. V                 |
| Paid         | Preparer's signature                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    | self-<br>employe      | a <b>►</b> □                          |                                               |
| Prepa        | rer's Firm's name (or yours )                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    | , =,                  | EIN >                                 |                                               |
| Use O        | Inly if self-employed),                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |                       | Phone no. ► (                         | )                                             |
|              | address, and ZIP + 4 /                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |                       |                                       | Form <b>990</b> (2003                         |

## SCHEDULE A

(Form 990 or 990-EZ)

## Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

2003

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Employer identification number Name of the organization 2862892 Southern York County School District Foundation Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I (See page 1 of the instructions. List each one. If there are none, enter "None.") (d) Contributions to (e) Expense (b) Title and average hours (a) Name and address of each employee paid more employee benefit plans & account and other (c) Compensation per week devoted to position than \$50,000 deferred compensation allowances NONE Total number of other employees paid over \$50,000 Compensation of the Five Highest Paid Independent Contractors for Professional Services Part II (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.") (c) Compensation (b) Type of service (a) Name and address of each independent contractor paid more than \$50,000 NONE Total number of others receiving over \$50,000 for professional services,

| edule A (Form 990 or 990-EZ) 2003                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Р               | age 2                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------------------|
| Statements About Activities (See page 2 of the instructions.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Yes             | No                         |
| During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities > \$ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)                                                                                                                                                                                                                          |                 | X                          |
| Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.                                                                                                                                                                                                                                                                                                                                             |                 |                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Į.              |                            |
| a Sale, exchange, or leasing of property?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                 | X                          |
| b Lending of money or other extension of credit?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 | X                          |
| d. Dayment of compensation (or payment or reimbursement of expenses if more than \$1,000)?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 | X                          |
| e Transfer of any part of its income or assets?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                 | X                          |
| Ra Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 | X                          |
| you determine that recipients qualify to receive payments.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 | X                          |
| b Do you have a section 403(b) annuity plan for your employees?  Did you maintain any separate account for participating donors where donors have the right to provide advice                                                                                                                                                                                                                                                                                                                                                                                                                 |                 | 37                         |
| on the use or distribution of funds?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <u> </u>        | X                          |
| Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)  The organization is not a private foundation because it is: (Please check only ONE applicable box.)  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)                                                                                                                                                                                                                                               |                 |                            |
| A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v). Component unit of A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital and state                                                                                                                                                                                                                                                                | l's nar<br>     | ne, citý,                  |
| An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section (Also complete the <b>Support Schedule</b> in Part IV-A.)                                                                                                                                                                                                                                                                                                                                                                                                               |                 |                            |
| An organization that normally receives a substantial part of its support from a governmental unit or from the Section 170(b)(1)(A)(vi). (Also complete the <b>Support Schedule</b> in Part IV-A.)                                                                                                                                                                                                                                                                                                                                                                                             | genera          | и ривис                    |
| <ul> <li>A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)</li> <li>An organization that normally receives: (1) more than 331/s% of its support from contributions, membership f receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more its support from gross investment income and unrelated business taxable income (less section 511 tax) from busin by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-</li> </ul> | esses<br>A.)    | acquired                   |
| An organization that is not controlled by any disqualified persons (other than foundation managers) and support described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section section 509(a)(3).)                                                                                                                                                                                                                                                                                                                                       | s orga<br>509(a | nization<br>)(2). (Se<br>– |
| Provide the following information about the supported organizations. (See page 5 of the instructions.)  (b) Line or                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | umber           |                            |
| (a) Name(s) of supported organization(s) from a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                 | <del></del>                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                 |                            |
| )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 | _                          |

| Part | IV-A Support Schedule (Complete only                                                                                                                                                                                                                             | y if you checked a                                                                        | box on line 10,                                                                       | 11, or 12.) <i>Use o</i>                                                                     | asn method of                                                                      | accounting.                                                                                         |
|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
|      | You may use the worksheet in the instructions                                                                                                                                                                                                                    |                                                                                           |                                                                                       | (c) 2000                                                                                     | (d) 1999                                                                           | (e) Total                                                                                           |
|      | dar year (or fiscal year beginning in) , 🕨                                                                                                                                                                                                                       | (a) 2002                                                                                  | <b>(b)</b> 2001                                                                       | (C) 2000                                                                                     | (u) 1999                                                                           | (e) 10tai                                                                                           |
| 15   | Gifts, grants, and contributions received. (Do                                                                                                                                                                                                                   | }                                                                                         |                                                                                       | 1                                                                                            |                                                                                    |                                                                                                     |
|      | not include unusual grants. See line 28.).                                                                                                                                                                                                                       |                                                                                           |                                                                                       |                                                                                              | <del></del>                                                                        |                                                                                                     |
|      | Membership fees received                                                                                                                                                                                                                                         | <u> </u>                                                                                  |                                                                                       |                                                                                              |                                                                                    |                                                                                                     |
|      | Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose                                                                              |                                                                                           |                                                                                       |                                                                                              |                                                                                    |                                                                                                     |
| 18   | Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 |                                                                                           |                                                                                       |                                                                                              |                                                                                    |                                                                                                     |
| 19   | Net income from unrelated business activities not included in line 18                                                                                                                                                                                            |                                                                                           |                                                                                       |                                                                                              |                                                                                    |                                                                                                     |
| 20   | Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.                                                                                                                                                              |                                                                                           |                                                                                       |                                                                                              |                                                                                    |                                                                                                     |
| 21   | The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.                                                    |                                                                                           |                                                                                       |                                                                                              |                                                                                    |                                                                                                     |
| 22   | Other income. Attach a schedule. Do not                                                                                                                                                                                                                          |                                                                                           |                                                                                       | ,                                                                                            |                                                                                    |                                                                                                     |
|      | include gain or (loss) from sale of capital assets                                                                                                                                                                                                               |                                                                                           | <u> </u>                                                                              |                                                                                              |                                                                                    |                                                                                                     |
| 23   | Total of lines 15 through 22                                                                                                                                                                                                                                     |                                                                                           |                                                                                       |                                                                                              |                                                                                    |                                                                                                     |
| 24   | Line 23 minus line 17                                                                                                                                                                                                                                            |                                                                                           |                                                                                       |                                                                                              | <u> </u>                                                                           |                                                                                                     |
| 25   | Enter 1% of line 23                                                                                                                                                                                                                                              |                                                                                           | <u>.l</u>                                                                             |                                                                                              | 1                                                                                  |                                                                                                     |
| 26   | Organizations described on lines 10 or 11:                                                                                                                                                                                                                       | a Enter 2% of                                                                             | f amount in colu                                                                      | mn (e), line 24.                                                                             | ▶ 26                                                                               | a l                                                                                                 |
| b    | Prepare a list for your records to show the n governmental unit or publicly supported organ amount shown in line 26a. <b>Do not file this list</b> Total support for section 509(a)(1) test: Enter                                                               | nization) whose to with your return.                                                      | tal gifts for 1999<br>Enter the total of                                              | through 2002 exc<br>all these excess a                                                       | eeded the mounts > 26                                                              | С                                                                                                   |
| d    | Add: Amounts from column (e) for lines: 18                                                                                                                                                                                                                       | 3                                                                                         | 19                                                                                    |                                                                                              | (///                                                                               | //////////////////////////////////////                                                              |
| e    | Public support (line 26c minus line 26d total)  Public support percentage (line 26e (nume                                                                                                                                                                        | )                                                                                         |                                                                                       |                                                                                              | ▶ 26                                                                               |                                                                                                     |
| 27   | Organizations described on line 12: a person," prepare a list for your records to sho Do not file this list with your return. Enter                                                                                                                              | For amounts included the name of, an                                                      | uded in lines 15<br>d total amounts                                                   | , 16, and 17 that<br>received in each y                                                      | were received 1                                                                    | from a "disqualified<br>disqualified person."                                                       |
|      | (2002) (2001)                                                                                                                                                                                                                                                    |                                                                                           | (2000)                                                                                |                                                                                              | (1999)                                                                             |                                                                                                     |
| l    | For any amount included in line 17 that was reshow the name of, and amount received for ea (Include in the list organizations described in linthe difference between the amount received amounts) for each year:                                                 | ceived from each p<br>ich year, that was n<br>nes 5 through 11, as<br>and the larger amou | person (other than<br>more than the larg<br>s well as individua<br>unt described in ( | "disqualified perso<br>per of (1) the amou<br>ls.) Do not file this<br>(1) or (2), enter the | ons"), prepare a li<br>nt on line 25 for t<br>list with your re<br>sum of these di | st for your records to<br>he year or (2) \$5,000.<br>turn. After computing<br>fferences (the excess |
|      | (2002)                                                                                                                                                                                                                                                           |                                                                                           |                                                                                       |                                                                                              |                                                                                    |                                                                                                     |
|      | c Add: Amounts from column (e) for lines: 1                                                                                                                                                                                                                      | 5                                                                                         | _ 16<br>_ 21                                                                          |                                                                                              | > 2                                                                                | 7c                                                                                                  |
|      | d Add: Line 27a total                                                                                                                                                                                                                                            | and line 27b to                                                                           | otal                                                                                  |                                                                                              | ▶  ≟                                                                               | 7d                                                                                                  |
|      | <ul> <li>Public support (line 27c total minus line 27c</li> </ul>                                                                                                                                                                                                | d total)                                                                                  |                                                                                       |                                                                                              | ▶ 2                                                                                | 7e                                                                                                  |
|      | f Total support for section 509(a)(2) test: Enter                                                                                                                                                                                                                | er amount from lin                                                                        | ne 23, column (e)                                                                     | 2/1                                                                                          | ///                                                                                |                                                                                                     |
|      | a Public support percentage (line 27e (num                                                                                                                                                                                                                       | nerator) divided b                                                                        | ov line 27f (deno                                                                     | minator)),                                                                                   | ▶ 🛂                                                                                | 7g %                                                                                                |
|      | h Investment income percentage (line 18, o                                                                                                                                                                                                                       | column (e) (nume                                                                          | rator) divided b                                                                      | y line 27f (denon                                                                            | ninator)), 🕨   2                                                                   | .7h %                                                                                               |
| 28   |                                                                                                                                                                                                                                                                  | cribed in line 10, 1                                                                      | 11, or 12 that re                                                                     | ceived any unusu                                                                             | al grants during<br>and amount of t                                                | ne grant, and a brie                                                                                |

Part V Private School Questionnaire (See page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

| 29           | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?                                                                          | Yes No                                       |
|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| 20           |                                                                                                                                                                                                                                                                    | <i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i> |
| 30           | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions,                                             | 30                                           |
| 31           | programs, and scholarships?                                                                                                                                                                                                                                        | 31                                           |
|              |                                                                                                                                                                                                                                                                    |                                              |
| 32<br>a<br>b | Does the organization maintain the following:  Records indicating the racial composition of the student body, faculty, and administrative staff?  Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory | 32a 32b                                      |
|              | basis?                                                                                                                                                                                                                                                             | 32c                                          |
| đ            | Copies of all material used by the organization or on its behalf to solicit contributions?                                                                                                                                                                         | 32d                                          |
|              | If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)                                                                                                                                                   |                                              |
| 33           | Does the organization discriminate by race in any way with respect to:                                                                                                                                                                                             |                                              |
| а            | Students' rights or privileges?                                                                                                                                                                                                                                    | 33a                                          |
| t            | Admissions policies?                                                                                                                                                                                                                                               | 33b                                          |
| (            |                                                                                                                                                                                                                                                                    | 33d                                          |
|              | Scholarships or other financial assistance?                                                                                                                                                                                                                        | 33e                                          |
| '            | f Use of facilities?                                                                                                                                                                                                                                               | 33f                                          |
|              | g Athletic programs?                                                                                                                                                                                                                                               | 33g                                          |
|              | h Other extracurricular activities?                                                                                                                                                                                                                                | 33h                                          |
|              | If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)                                                                                                                                                  |                                              |
|              |                                                                                                                                                                                                                                                                    |                                              |
| 34           | 4a Does the organization receive any financial aid or assistance from a governmental agency?                                                                                                                                                                       | . 34a                                        |
|              | b Has the organization's right to such aid ever been revoked or suspended?                                                                                                                                                                                         | . 34b                                        |
| 3            | Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.00 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation                                          | 35                                           |

| Par      | t VI-A    | Lobbying Expenditures by Electric (To be completed ONLY by an expenditure)                      | cting Public C<br>ligible organiza     | h <b>arities</b> (See pation that filed | page 9 o<br>Form 57      | f the<br>68) | instrud          | ctions.)                 |                                         |                                                     |
|----------|-----------|-------------------------------------------------------------------------------------------------|----------------------------------------|-----------------------------------------|--------------------------|--------------|------------------|--------------------------|-----------------------------------------|-----------------------------------------------------|
| Chec     | k►a       | if the organization belongs to an affiliate                                                     |                                        |                                         |                          |              | d "limite        | d control                | " prov                                  | isions apply.                                       |
|          | _         | Limits on Lobbying (The term "expenditures" means                                               | •                                      |                                         |                          |              |                  | (a)<br>ed group<br>stals | for                                     | (b)<br>be completed<br>ALL electing<br>rganizations |
|          |           |                                                                                                 |                                        |                                         |                          | 36           |                  |                          | +-                                      | - gamzationo                                        |
| 36       | Total lo  | obbying expenditures to influence public obbying expenditures to influence a legisla            | 37                                     |                                         |                          | 1            |                  |                          |                                         |                                                     |
| 37       | Total     | obbying expenditures to initiative a legisla<br>obbying expenditures (add lines 36 and 37       |                                        | 38                                      |                          |              |                  |                          |                                         |                                                     |
| 38<br>39 |           | exempt purpose expenditures                                                                     |                                        | 39                                      |                          |              |                  |                          |                                         |                                                     |
| 39<br>40 |           |                                                                                                 | nditures (add lines 38 and 39)         |                                         |                          |              |                  |                          |                                         |                                                     |
| 41       |           | ng nontaxable amount. Enter the amount                                                          |                                        |                                         |                          |              |                  |                          |                                         |                                                     |
| • •      |           |                                                                                                 | bbying nontaxab                        |                                         |                          |              |                  |                          |                                         |                                                     |
|          | Not ov    | er \$500,000 20% of                                                                             | f the amount on I                      | ine 40 ,                                | )                        |              |                  |                          |                                         |                                                     |
|          | Over \$5  | 500,000 but not over \$1,000,000 \$100,00                                                       | 00 plus 15% of the                     | e excess over \$50                      | 000,000                  |              |                  |                          | man                                     |                                                     |
|          | Over \$   | 1,000,000 but not over \$1,500,000 . \$175,00                                                   | 00 plus 10% of the                     | excess over \$1,00                      | 00,000                   | 41           |                  |                          | din |                                                     |
|          | Over \$   | 1,500,000 but not over \$17,000,000 . \$225,00                                                  | 00 plus 5% of the                      | excess over \$1,50                      | 00,000                   |              |                  |                          |                                         |                                                     |
|          |           | 17,000,000                                                                                      |                                        |                                         |                          | 42           |                  |                          | mm.                                     |                                                     |
| 42       | Grass     | roots nontaxable amount (enter 25% of lir<br>act line 42 from line 36. Enter -0- if line 42     | 16 41)                                 |                                         |                          | 43           |                  |                          |                                         |                                                     |
| 43       |           | act line 42 from line 36, Effer -0-11 line 42<br>act line 41 from line 38, Enter -0- if line 41 |                                        |                                         |                          | 44           |                  |                          |                                         |                                                     |
| 44       |           |                                                                                                 |                                        |                                         |                          |              |                  |                          |                                         |                                                     |
|          | Cauti     | on: If there is an amount on either line 43                                                     | or line 44, you m                      | oust file Form 472                      | 20.                      |              |                  |                          |                                         |                                                     |
|          |           | 4-Year Ave                                                                                      | raging Period                          | <b>Under Section</b>                    | on 501(h)                | ı            |                  |                          |                                         |                                                     |
|          | ·i        | (Some organizations that made a section<br>See the instructions for                             | n 501(h) election or lines 45 throug   | do not have to co<br>h 50 on page 11    | omplete al<br>of the ins | of the       | e five c<br>ns.) | olumns                   | belov                                   | v.                                                  |
|          |           |                                                                                                 | Lobbying Expenditures During 4-Year Av |                                         |                          |              |                  | raging                   | Perio                                   | d                                                   |
|          |           | ndar year (or                                                                                   | (a)                                    | (b)                                     | (c)                      | 1            |                  | <b>(d)</b><br>2000       |                                         | (e)<br>Total                                        |
|          | fisca     | year beginning in) ►                                                                            | 2003                                   | 2002                                    | 200                      | 1            |                  | 2000                     | _                                       | Total                                               |
| 45       | Lobb      | ying nontaxable amount                                                                          |                                        | !                                       |                          |              |                  |                          |                                         |                                                     |
|          |           | ning montandore amount 1 1 1 1 1                                                                |                                        |                                         |                          |              |                  |                          |                                         |                                                     |
| 46       | Lobb      | ying ceiling amount (150% of line 45(e)).                                                       |                                        |                                         |                          |              |                  |                          |                                         |                                                     |
|          |           |                                                                                                 |                                        |                                         |                          |              |                  |                          |                                         |                                                     |
| 47       | Total     | lobbying expenditures                                                                           |                                        |                                         |                          |              |                  |                          |                                         |                                                     |
|          |           |                                                                                                 | •                                      |                                         |                          |              | İ                |                          |                                         |                                                     |
| 48       | Gras      | sroots nontaxable amount                                                                        |                                        |                                         |                          |              |                  |                          |                                         |                                                     |
| 49       | Grac      | sroots ceiling amount (150% of line 48(e))                                                      |                                        |                                         |                          |              |                  |                          |                                         |                                                     |
|          |           | Stoots centry difficulty (10070 of time 10(0))                                                  |                                        |                                         |                          |              |                  |                          |                                         |                                                     |
| 50       | Gras      | sroots lobbying expenditures                                                                    | 5                                      | 1                                       |                          |              |                  |                          |                                         |                                                     |
| P        | art VI-   | B Lobbying Activity by Nonele                                                                   | cting Public C                         | harities                                |                          |              |                  |                          |                                         |                                                     |
| _        |           | (For reporting only by organize                                                                 | ations that did                        | not complete                            | Part VI-A                | ) (See       | page             | e 12 of                  | the                                     | instructions.)                                      |
| Dι       | iring the | year, did the organization attempt to infl                                                      | uence national, s                      | tate or local legis                     | slation, inc             | luding       | any              | Yes I                    | Vo                                      | Amount                                              |
|          |           | influence public opinion on a legislative                                                       |                                        |                                         | use of:                  |              |                  | <del></del>              |                                         |                                                     |
|          | a Volu    | nteers,                                                                                         |                                        |                                         |                          |              |                  | <del>   -</del>          |                                         |                                                     |
|          |           | staff or management (Include compensation                                                       |                                        |                                         | c through                | n.) ,        | • •              |                          |                                         |                                                     |
|          | c Med     | lia advertisements                                                                              |                                        |                                         |                          |              |                  |                          |                                         |                                                     |
|          |           | ings to members, legislators, or the public<br>lications, or published or broadcast stater      |                                        |                                         |                          | • •          | • •              |                          |                                         |                                                     |
|          |           | ilications, or published or broadcast states<br>nts to other organizations for lobbying pur     |                                        |                                         |                          | • •          |                  |                          |                                         |                                                     |
|          | g Dire    | ct contact with legislators, their staffs, go                                                   | vernment officials                     | s, or a legislative                     | body                     | • •          |                  |                          |                                         |                                                     |
|          | h Rall    | ies, demonstrations, seminars, convention                                                       | is, speeches, lect                     | cures, or any other                     | er means .               |              |                  |                          | ,,,,,                                   |                                                     |
|          | i Tots    | al lobbying expanditures (Add lines a through                                                   | uah h)                                 |                                         |                          |              |                  |                          |                                         |                                                     |
|          | lf "\     | experiations (Add into a directles" to any of the above, also attach a sta                      | atement giving a                       | detailed descript                       | ion of the               | lobbyii      | ng activ         | vities.                  |                                         |                                                     |

Schedule A (Form 990 or 990-EZ) 2003

| Sche | dule A  | . (Form 990 or 990-EZ) 2                | 2003                                                                      |                |                                            |                            |                                      |                              |                                       |                | age U                                            |
|------|---------|-----------------------------------------|---------------------------------------------------------------------------|----------------|--------------------------------------------|----------------------------|--------------------------------------|------------------------------|---------------------------------------|----------------|--------------------------------------------------|
| Pa   | rt VI   | Exempt Org                              | Regarding Trai<br>janizations (See j                                      | page 12 of     | the instructions                           | s.)                        |                                      |                              |                                       |                |                                                  |
| 51   | 501     | (c) of the Code (oth                    | ization directly or inc<br>er than section 501(c                          | c)(3) organiza | tions) or in sectior                       | n 527, relatir             | n any other org<br>ng to political o | ganization o<br>organizatior | described<br>is?                      | in se          |                                                  |
| а    | Trai    | nsfers from the repo                    | orting organization to                                                    | a noncharita   | ible exempt organ                          | ization of:                |                                      |                              | - 49                                  | res            | NO                                               |
|      |         | Cash                                    |                                                                           |                |                                            |                            |                                      |                              | 51a(i)                                |                |                                                  |
|      | (ii)    |                                         |                                                                           |                |                                            |                            |                                      |                              | a(ii)                                 | <u> </u>       |                                                  |
| b    | 4       | er transactions:                        |                                                                           |                |                                            |                            |                                      |                              |                                       |                |                                                  |
| L    |         | Salas or evenance                       | es of assets with a no                                                    | ncharitable i  | exempt organization                        | on                         |                                      |                              | b(i)                                  |                |                                                  |
|      | (i)     | Sales of exchange                       | ets from a noncharita                                                     | ble evempt o   | vraenization                               |                            |                                      |                              | b(ii)                                 |                |                                                  |
|      | (ii)    | Purchases of asse                       | STOTI a HOHCHAILA                                                         | Die exempt c   | ngamzation                                 |                            |                                      | • • •                        | b(iii)                                |                |                                                  |
|      | (iii)   |                                         | equipment, or other                                                       |                |                                            |                            |                                      | • • •                        | b(iv)                                 | 1              | $\overline{}$                                    |
|      | (iv)    |                                         | rrangements                                                               |                |                                            |                            |                                      |                              | b(v)                                  | +              | -                                                |
|      | (v)     | Loans or loan gua                       | rantees                                                                   |                |                                            |                            |                                      |                              |                                       | +              | <del>                                     </del> |
|      | (vi)    | Performance of se                       | ervices or membershi                                                      | ip or fundrais | ing solicitations                          |                            |                                      |                              | b(vi)                                 | <del> </del>   | <del></del>                                      |
|      | : Sh    | aring of facilities, eq                 | uipment, mailing lists                                                    | s, other asset | ts, or paid employ                         | ees,                       |                                      |                              | C                                     |                | <u></u>                                          |
| (    | ~~      | ade other accete of                     | the above is "Yes," c<br>r services given by t<br>rrangement, show in c   | the reporting  | organization. If th                        | ie organizatio             | on received les                      | is than tair                 | ir market<br>market                   | value<br>value | of the<br>in any                                 |
|      | (a)     | (b)                                     |                                                                           | (c)            |                                            |                            | 2 3                                  | (d)                          |                                       |                |                                                  |
| 1 1  | ne no.  | Amount involved                         | Name of noncha                                                            |                | organization                               | Description                | of transfers, trans                  | sactions, and                | sharing ar                            | rangem         | ents                                             |
|      | 10 110, | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                                                                           |                |                                            |                            |                                      |                              |                                       |                |                                                  |
|      |         |                                         |                                                                           |                |                                            |                            |                                      |                              |                                       |                |                                                  |
| _    |         | <u> </u>                                |                                                                           |                |                                            |                            |                                      | <del></del>                  |                                       |                |                                                  |
| _    |         |                                         |                                                                           |                |                                            |                            |                                      | ··· <del>·</del>             |                                       |                |                                                  |
|      |         |                                         |                                                                           |                |                                            | <del></del>                |                                      |                              |                                       |                |                                                  |
|      |         |                                         | <u> </u>                                                                  |                |                                            | <u> </u>                   |                                      |                              |                                       |                |                                                  |
| _    |         |                                         |                                                                           |                |                                            |                            |                                      |                              |                                       |                |                                                  |
|      |         |                                         |                                                                           |                |                                            | <u> </u>                   |                                      |                              |                                       |                |                                                  |
|      |         |                                         |                                                                           |                |                                            |                            |                                      |                              |                                       |                |                                                  |
| _    |         |                                         |                                                                           |                |                                            | <u> </u>                   |                                      |                              |                                       |                |                                                  |
| _    |         |                                         |                                                                           |                |                                            | <u> </u>                   |                                      |                              |                                       |                |                                                  |
|      |         |                                         |                                                                           |                |                                            |                            |                                      |                              |                                       |                |                                                  |
| _    |         |                                         |                                                                           |                |                                            |                            |                                      |                              |                                       |                |                                                  |
| _    |         |                                         | <del></del>                                                               |                |                                            |                            |                                      |                              |                                       |                |                                                  |
| _    |         |                                         | <del> </del>                                                              |                |                                            | <del> </del>               | <del></del>                          |                              |                                       |                |                                                  |
|      |         |                                         |                                                                           |                | <del></del>                                |                            |                                      |                              |                                       |                |                                                  |
| _    |         |                                         | <u> </u>                                                                  |                |                                            | <del> </del>               |                                      |                              |                                       |                |                                                  |
|      |         |                                         |                                                                           |                |                                            | <u> </u>                   |                                      |                              |                                       |                | ····                                             |
| 5    | d       | escribed in section                     | irectly or indirectly a<br>501(c) of the Code (c<br>e following schedule: | other than se  | , or related to, or<br>ction 501(c)(3)) or | ne or more<br>in section 5 | tax-exempt or<br>27?                 | ganizations<br>►             | Y                                     | es !           | □ No                                             |
|      |         | (a)                                     |                                                                           |                | (b)                                        |                            |                                      | (c)                          |                                       |                |                                                  |
|      |         | Name of organ                           | nization                                                                  | Туре           | of organization                            | İ                          | Descript                             | ion of relation              | ship                                  |                |                                                  |
| _    |         | <u> </u>                                |                                                                           |                |                                            |                            |                                      |                              |                                       |                |                                                  |
| -    |         |                                         |                                                                           |                |                                            |                            |                                      |                              |                                       |                |                                                  |
| -    |         |                                         |                                                                           |                |                                            |                            |                                      | ·····                        |                                       |                |                                                  |
| _    |         |                                         |                                                                           |                |                                            |                            |                                      |                              |                                       |                |                                                  |
| _    |         |                                         |                                                                           |                |                                            | -                          |                                      |                              |                                       |                |                                                  |
| _    |         |                                         |                                                                           |                |                                            | <del>- </del>              |                                      |                              |                                       |                |                                                  |
| _    |         |                                         |                                                                           |                | ······································     | <del></del>                |                                      |                              |                                       |                |                                                  |
|      |         |                                         |                                                                           |                |                                            |                            |                                      |                              | · · · · · · · · · · · · · · · · · · · |                |                                                  |
| _    |         |                                         |                                                                           |                |                                            |                            |                                      |                              | ·                                     |                |                                                  |
| •    |         |                                         |                                                                           |                |                                            |                            |                                      |                              |                                       |                |                                                  |
| •    |         |                                         |                                                                           |                |                                            |                            |                                      |                              |                                       |                |                                                  |
| •    |         |                                         |                                                                           |                |                                            |                            |                                      |                              |                                       |                |                                                  |
|      |         |                                         |                                                                           |                |                                            |                            |                                      |                              |                                       |                |                                                  |
|      |         |                                         |                                                                           |                |                                            |                            |                                      |                              |                                       |                |                                                  |
|      |         |                                         |                                                                           | 1              | <del></del>                                |                            |                                      |                              |                                       |                |                                                  |
|      |         |                                         |                                                                           |                |                                            |                            |                                      |                              |                                       |                |                                                  |
|      |         |                                         |                                                                           | 1              |                                            |                            |                                      |                              |                                       |                |                                                  |

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