Form **990**

Return of Organization Exempt from Income Tax

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements.

Α	For t	the 2003 calend	dar year, d	or tax year beginning	, 2003,	and end	ling			,	_	
В	Check	if applicable:		C Name of organization				D Em	oloyer Ide	ntification Number	_	
	Δ	ddress change								94-2763845		
	\square_{N}	Or print							Telephone number			
	☐ Ir	nitial return	specific	4084 UNIVERSITY DRI	VE	10	3	(7	703)	934-6969		
	F	inal return	instruc- tions.	City, town or country	State	ZIP cod			ounting hod:	Cash X Accrus	— al	
	Па	mended return	ŀ	FAIFAX	VA	2203	30-6812		Other (s		ui	
	\prod_{A}	pplication pending	Section	on 501(c)(3) organizations and	1947(a)(1) nonexempt		and I are not applic	able to s			_	
			charit	able trusts must attach a comp i 990 or 990-EZ).	leted Schedule A		(a) Is this a grou				No	
G	Web	site: ► www.	•	•			(b) If 'Yes,' enter					
J	Orga	nization type				H	(c) Are all affilia				No	
		ck only one) .		X 501(c) 3 ◀ (insert no. nization's gross receipts are norm		527 H	(d) Is this a sepa			•		
•	\$25.	000. The organ	nization ne	eed not file a return with the IRS	hally flot more than but if the organization.		organization	covered b	y a group	ruling? Yes X N	٧o	
	rece	ived a Form 99	0 Packag	e in the mail, it should file a retu	urn without financial dat	a. I	Group Exe	emption	Numbe	er ►		
		e states requir	•			М	Check ►	if th	e organiza	ation is not required		
<u>L</u>	Gros			8b, 9b, and 10b to line 12 ► 4					(Form 990), 990-EZ, or 990-PF).		
Pa	rt I	Revenue	, Expen	ses, and Changes in Net	Assets or Fund Ba	alance	s (See Instru	ctions)				
	1	Contributions	, gifts, gra	nts, and similar amounts receiv	ed:	_						
	а	Direct public :	support .			1 a	3,978,	292.				
	b	Indirect public	support			1 b						
	Ç	Government of	contributio	ns (grants)		1 c						
	a	I Total (add lines 1a through 1c) (c	ash \$	3,977,792. noncash \$	500	<u>.</u>)			1 d	3,978,292		
	2	Program serv	ice reveni	ue including government fees ar	d contracts (from Part \	/II, line	93)		2	10,593		
	3			assessments								
	4			temporary cash investments					4	23,425	_	
	5			from securities					5			
	6a Gross rents											
	С			oss) (subtract line 6b from line 6	a)				6с			
Ŗ	7	Other investm	nent incom	ne (describe)	7			
CZM <m2< th=""><th>8a</th><th>Gross amount</th><th>t from sale</th><th>es of assets other</th><th>(A) Securities</th><th></th><th>(B) Other</th><th></th><th>-</th><th></th><th></th></m2<>	8a	Gross amount	t from sale	es of assets other	(A) Securities		(B) Other		-			
Ñ		than inventory	/		200,000.	8a			-			
Ě				s and sales expenses		8b			-			
				e)Se.eL8Stmt		8c						
				bine line 8c, columns (A) and (E				 1	8 d	-8,929	÷	
				vities (attach schedule). If any a		check h	ere - _]				
	а			uding \$								
	h			than than fundaciona augusta		9a			-			
				ther than fundraising expenses	<u>-</u>	9 b	***************************************					
				om special events (subtract line y, less returns and allowances .			• • • • • • • • • • • • • • • • • • • •		9 c		_	
					<u></u>	10 b						
				es of inventory (attach schedule) (subtra	<u>-</u>				. 10 -			
	11								10 c		_	
	12			rt VII, line 103)					11	4 002 201	_	
	13			line 44, column (B))					12	4,003,381	_	
E	14			al (from line 44, column (C))						2,483,479	_	
EXPENSES	15			4, column (D))					14	239,493	_	
N S	16			attach schedule)						148,885	÷	
E S	17	Total expense	anniales (a e (add lir	es 16 and 44, column (A))					16	7 071 057	_	
	18	Fycess or (do	ficit) for th	ne year (subtract line 17 from lin					17	2,871,857		
N S	19								18	1,131,524	_	
N S E E T T	20			nces at beginning of year (from ssets or fund balances (attach e					19	2,111,359	_	
' T	21								20	23,600		
	41	1101 033612 01	iuiiu Daidi	nces at end of year (combine lin	es 16, 19, and 20)				21	3,266,483		

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

		` ,		(-)(-)					
	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising			
22	Grants and allocations (att sch)				BARRAGES				
	(cash \$ 1,650,533.								
	non-cash \$ 0.)	22	1,650,533.	1,650,533.					
23	Specific assistance to individuals (att sch)	23	0.	0.					
24	Benefits paid to or for members (att sch)	24	0.	0.					
25	Compensation of officers, directors, etc	25 26	240,500. 239,600.	72,200. 164,574.	107,650.	60,650.			
26	Other salaries and wages	25,295.	49,731.						
27	Pension plan contributions	27 28	0.	0.	0.	0.			
28	Other employee benefits	0.	0.						
29	Payroll taxes	51,967.	16,056.						
30	Professional fundraising fees	0.	0.						
31	Accounting fees	24,446.	73.						
32	Legal fees	32	210.	0.	210.	0.			
33	Supplies	33	11,498.	10,009.	824.	665.			
34	Telephone	34	18,403.	15,425.	2,104.	874.			
35	Postage and shipping	35	35,698.	29,129.	1,711.	4,858.			
36	Occupancy	36	111,049.	98,679.	7,679.	4,691.			
37	Equipment rental and maintenance	37	0.	0.	0.	4,031.			
38	Printing and publications	38	48,664.	46,350.	1,646.				
39	Travel	39	48,004.		· · · · · · · · · · · · · · · · · · ·	668.			
		40		0.	0.	0.			
40	Conferences, conventions, and meetings		195,458.	183,455.	4,234.	7,769.			
41	Interest	41	1,204.	1,038.	103.	63.			
42	Depreciation, depletion, etc (attach schedule)	42	15,363.	13,238.	1,319.	806.			
43	Other expenses not covered above (itemize):				. :				
	INSURANCE	43 a	5,447.	0.	5,447.	0.			
	MISCELLANEOUS	43b	6,510.	5,234.	817.	459.			
(DUES & SUBSCRIPTIONS	43 c	12,204.	9,973.	1,023.	1,208.			
(TAXES, LICENSES, PERMITS	43 d	2,384.	1,665.	636.	83.			
	See Other Expenses Stmt	43 e	165,302.	162,689.	2,382.	231.			
44	Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	2,871,857.			148,885.			
Join	t Costs. Check . If you are following			2,403,473.	233, 433.	140,005.			
	any joint costs from a combined educational			olicitation reported in (P)	Program conjecc?	. ► Yes X No			
	es,' enter (i) the aggregate amount of these				mount allocated to Prog				
\$		•	to Management and ge		; and (iv) th				
to Fu	indraising \$.				, and (17) an	o amount anocated			
	t III Statement of Program Serv	ice A	ccomplishments						
	t is the organization's primary exempt purp					Program Service Expenses			
					State the number of	(Required for 501(c)(3) and			
clien	rganizations must describe their exempt puts served, publications issued, etc. Discussons and 4947(a)(1) nonexempt charitable to	achie	vements that are not me	easurable. (Section 501)	(c)(3) & (4) organ-	(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)			
izatio	GRANTS AND AWARDS - MANY	INCT	TTUTES DECETVED	ant of grants & allocation	NTC	optional for others.)			
c					<u> </u>				
	TO HELP DEVELOP WORLDWIDE								
	SPECIALIZING IN ANALYSIS	<u> </u>							
_	NORWELLONG ATTACK			d allocations \$	1,594,529.)	2,077,634.			
t	WORKSHOPS -ATLAS HOSTS ME								
	PUBLIC POLICY TOPICS, AS N				<u> </u>				
	TO DEVELOPMENT OF NON-PRO	IT_I	<u>RESEARCH INSTIT</u>	UTES.					
			(Grants and	d allocations \$	56,004.)	229,641.			
c	ADVISORY SERVICES - ATLAS	ASS	ISTED PUBLIC PO	LICY RESEARCH					
	INSTITUTES INTERNATIONALLY	7 TO	DEVELOP PROJEC	TS AND SOLVE					
	MANAGEMENT PROBLEMS.								
			(Grants and	l allocations \$		176 204			
d	(Grants and allocations \$ 0.) 176,204								
	u								
_	Other program convices			d allocations \$)				
	Other program services			d allocations \$)	2 402 472			
BAA	Total of Program Service Expenses (shou	ııa equ	ual line 44, column (B),			2,483,479.			
$H \cap A$			TEE 40100 10	2/02/02		L 0.000 DDD (2002)			

Part IV Balance Sheets (See Instructions)

Not		Where required, attached schedules and amounts within column should be for end-of-year amounts only.	the de	scription	(A) Beginning of year		(B) End of year
	۱,	5 Cash – non-interest-bearing			16,305.	45	30,771.
	۱ ،	Savings and temporary cash investments			1,647,964.	46	1,611,292.
		7a Accounts receivable					
		b Less: allowance for doubtful accounts	47 b	0.	4,200.	47 c	2,481.
		19 a Diadean massivalis	40	1 205 224			
	'	8a Pledges receivable		1,385,234.	121 000		1 205 224
	١.	b Less: allowance for doubtful accounts		0.	131,000.	1	1,385,234.
ASSETS	٠					49	
		Receivables from officers, directors, trustees, and ke employees (attach schedule)				50	
Ĕ	!	1 a Other notes & loans receivable (attach sch)					
Ś		b Less: allowance for doubtful accounts				51 c	
	;	2 Inventories for sale or use				52	
		3 Prepaid expenses and deferred charges			3,950.	53	9,567.
		4 Investments – securities (attach schedule)L54		C►X Cost FMV	358,813.	54	350,334.
	:	5a Investments – land, buildings, & equipment: basis .	55 a				
		b Less: accumulated depreciation (attach schedule)	55 b			55 c	
	į	6 Investments – other (attach schedule)				56	
		7a Land, buildings, and equipment: basis	57 a	163,839.			
		b Less: accumulated depreciation (attach schedule)	57 b	138,016.	30,453.	57 c	25,823.
		8 Other assets (describe ► DEPOSITS)	7,759.	58	5,703.
	Ę	9 Total assets (add lines 45 through 58) (must equal li	ne 74)		2,200,444.	59	3,421,205.
	6	Accounts payable and accrued expenses			88,985.	60	154,722.
Ļ	6	1 Grants payable			,	61	,
Å	e	2 Deferred revenue				62	
ABILITIES	6	3 Loans from officers, directors, trustees, and key employees (attach	schedule	e) [63	
ĪΙ	6	4a Tax-exempt bond liabilities (attach schedule)				64 a	
į		b Mortgages and other notes payable (attach schedule)				64 b	
S	6	5 Other liabilities (describe ► <u>SECURITY DEPOS</u>	ITS)	100.	65	0.
_		6 Total liabilities (add lines 60 through 65)			89,085.	66	154,722.
N	Org	anizations that follow SFAS 117, check here ► X ar	nd com	plete lines 67			
N E T		through 69 and lines 73 and 74.					
Ą	_	7 Unrestricted		F	1,633,438.	67	910,427.
ASSETS	6	,	477,921.	68	2,356,056.		
		9 Permanently restricted		69			
R	Org	anizations that do not follow SFAS 117, check here > 70 through 74.	Ца	ind complete lines			
FUZD	7	O Capital stock, trust principal, or current funds				70	
	7					70	
B	_	Parameter of capital surplus, or failed, building, and equipRetained earnings, endowment, accumulated income				71 72	
BALAZCES		3 Total net assets or fund balances (add lines 67 throu	ıah 69	or lines 70 through		12	
Š	_	/2; column (A) must equal line 19; column (B) must	equal l	line 21) <u> </u>	2,111,359.	73	3,266,483.
	7	4 Total liabilities and net assets/fund balances (add ling)	nes 66	and 73)	2,200,444.	74	3,421,205.

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.

BAA

а	Total revenue gains and other support	,		per Returi	Statementร่ with เ า	Expenses
	Total revenue, gains, and other support per audited financial statements	a 4,005,789.	а	Total expenses and financial statements	losses per audited	2,871,857.
	Amounts included on line a but not on line 12, Form 990:		b	Amounts included or on line 17, Form 990	n line a but not	
• •	Net unrealized gains on investments \$2,408.		(1)	Donated services and use of facilities\$		
• • •	Donated services and use of facilities \$		(2)	Prior year adjust- ments reported on line 20, Form 990 \$		
(3)	Recoveries of prior year grants \$		(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify):		(4)	Other (specify):		
	\$			\$		
	Add amounts on lines (1) through (4) Line a minus line b	b 2,408. c 4,003,381.	С	Add amounts on lines (1) Line a minus line b		b 2,871,857.
d	Amounts included on line 12, Form 990 but not on line a:		d	Amounts included or Form 990 but not on	n line 17,	2,071,037.
	Investment expenses not included on line 6b, Form 990 \$		(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify):		(2)	Other (specify):		
-	\$			\$		
	Add amounts on lines (1) and (2) ► Total revenue per line 12, Form	d	e	Add amounts on line Total expenses per I		d
	990 (line c plus line d) ▶	e 4,003,381.		990 (line c plus line	d) ► €	2,871,857.
ı ait	List of Officers, Directors, (A) Name and address	(B) Title and average how per week devoted to position		(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
	JANDRO CHAFUEN				componication	
T-VT	RFAX, VA	_ PRESIDENT, CEO	40	106,500.	0	0.
	DLEY LIPS			100, 300.		· · · · · · · · · · · · · · · · · · ·
- AT	<u>RFAX, VA</u>	_ COO/SEC/TREASURER:	40	74,000.	0	. 0.
	N_BLUNDELL DON, ENGLAND	-		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		0.
TIMO	OTHY BROWNE	DIRECTOR	3	0.	0 .	0.
	_DSBURG, CA	-				
ALF	JANDRO GARZA LAGUERA	DIRECTOR	1	0.	0 .	0.
	PEDRO, MEXICO	- DIRECTOR	1	0.	0.	0.
See L	ist of Officers, Etc. Statement			60,000.	0.	
	Did any officer director to the				0.	0.
75	Did any officer, director, trustee, or ke than \$100,000 from your organization \$10,000 was provided by the related o If 'Yes,' attach schedule — see instruct	and all related organization rganization	s of v	which more than	>	Yes X No

P	art VI Other Information (See instructions.)			Yes	No					
76	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		76		Х					
77	Were any changes made in the organizing or governing documents but not reported to the IRS		77		Х					
	If 'Yes,' attach a conformed copy of the changes.			- 45						
78	a Did the organization have unrelated business gross income of \$1,000 or more during the year b If 'Yes,' has it filed a tax return on Form 990-T for this year?		78a		X					
	•		78 b							
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement									
80	0a Is the organization related (other than by association with a statewide or nationwide organization) through common									
	membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt orga	anization?	80 a		Χ					
	b If 'Yes,' enter the name of the organization									
01	and check whether it is eastern enter a control of the control of									
	b Did the organization file Form 1120-POL for this year?		81 b		Χ					
			010		$\hat{}$					
62	Did the organization receive donated services or the use of materials, equipment, or facilities substantially less than fair rental value?	at no cnarge or at	82a		Х					
	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.)	82b								
83	a Did the organization comply with the public inspection requirements for returns and exemption	applications?	83a	Х						
	b Did the organization comply with the disclosure requirements relating to quid pro quo contribu		83 b	Х						
	a Did the organization solicit any contributions or gifts that were not tax deductible?		84 a		X					
	b If 'Yes,' did the organization include with every solicitation an express statement that such cornot tax deductible?	ntributions or gifts were	046							
85			84 b 85 a							
	b Did the organization make only in-house lobbying expenditures of \$2,000 or less?		85 b							
	If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the				11					
	waiver for proxy tax owed for the prior year.									
	C Dues, assessments, and similar amounts from members									
	d Section 162(e) lobbying and political expenditures									
	f Taxable amount of lobbying and political expenditures (line 85d less 85e)									
	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		85 g							
	h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reason	nable estimate of								
00	dues allocable to nondeductible lobbying and political expenditures for the following tax year?		85 h							
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	l ocal		1						
	Gross receipts, included on line 12, for public use of club facilities	86 a 86 b								
	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a								
	b Gross income from other sources. (Do not net amounts due or paid to other sources									
	against amounts due or received from them.)	87 b								
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corn an entity disregarded as separate from the organization under Regulations sections 301.770 If 'Yes,' complete Part IX	orporation or partnership, 01-2 and 301.7701-3?	88		X					
89	a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year undersection 4911 ►	der:								
-	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 exces during the year or did it become aware of an excess benefit transaction from a prior year? If "	s benefit transaction								
	explaining each transaction		89 b		_X					
	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958				0.					
	I Enter: Amount of tax on line 89c, above, reimbursed by the organization									
	a List the states with which a copy of this return is filed NONE Number of employees employed in the pay period that includes March 12, 2003 (See instruction)	nns)	90 b		- <u>-</u> -					
	·	mber ► <u>(703)</u> 934-6								
	Located at ► 4084 UNIVERSITY DRIVE, SUITE 103, FAIRFAX VA	ZIP + 4 ► 22030	-68	 12						
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 — Check	nere			-					
	and enter the amount of tax-exempt interest received or accrued during the tax year	▶ 92 │								

1 art	VII Allalysis of illcome-Flot	aucing Activit	ies (see instructions.)		
	Enter gross amounts unless ise indicated.	Unrelated (A) Business code	d business income (B) Amount	Excluded by some (C) Exclusion code	ection 512, 513, or 514 (D) Amount	(E) Related or exempt function income
	Program service revenue: CONFERENCE FEES					10,593.
b						
c d						
f	Medicare/Medicaid payments		1			
	Fees & contracts from government agencies					
	Membership dues and assessments			ļ	22.425	
	Interest on savings & temporary cash invmnt Dividends & interest from securities			14	23,425.	
	Net rental income or (loss) from real estate:	••	,			
	debt-financed property					
	not debt-financed property					
	Net rental income or (loss) from pers prop .		***************************************			
	Other investment income					
100	other than inventory					
	Net income or (loss) from special events $$					
102 103	Gross profit or (loss) from sales of inventory .					
103 b	Other revenue: a					
c						
ď						
е.					22 425	
104 105	Subtotal (add columns (B), (D), and (E)) Total (add line 104, columns (B), (D				23,425.	10,593. 34,018.
	ine 105 plus line 1d, Part I, should e					34,018.
	VIII Relationship of Activitie			empt Purpos	es (See instructions.)	
Line N ▼	of the organization's exempt pu	irposes (other tha	n by providing funds for	or such purposes	s).	accomplishment
9	93a FEES FROM PARTICIPA		NSORS AT WORKS	SHOPS AND (THER PROGRAMS	
	FURTHER OUR EXEMPT	PURPOSE.				
Part	IX Information Regarding T	axable Subsid	diaries and Disrec	narded Entitie	See instructions)	N/A
	(A)	(B)		C)	(D)	(E)
Nai	me, address, and EIN of corporation	1 ''	· ·		Total	End-of-year
	partnership, or disregarded entity	ownership int	erest	activities	income	assets
			%			
			% %			
			<u> </u>			
Part	X Information Regarding 1	ransfers Ass		onal Benefit	Contracts (See instru	uctions.)
a Di	d the organization, during the year, receive ar					Yes X No
	id the organization, during the year, ee: <i>If 'Yes' to (b), file Form 8870 and</i>			a personal bene	fit contract?	Yes X No
1100	Under penalties of perjury, I declare that true, correct, and complete. Declaration of			schedules and stater	ments, and to the best of my kr	lowledge and belief, it is
DI		of preparer (other than	officer) is based on all inform	ation of which prepare	er has any knowledge. 5 - 1/ - 04	
Please Sign	Signature of officer				Date	7
Here	► Alejandi	ro A. Chafu	ien. President	& CEO	bate	
	Type or print name and title	VII CIAIL	ice, resident	W COO		
Paid	Preparer's	_		Date	Check if P	reparer's SSN or PTIN (see leneral Instruction W)
Paid Pre-	signature > David	C. Bural	asat, CDA	4-19-0	y self- employed ►	100 234677
parer'	Lygura if colf	HENDERSHO ⁻	Γ, CPA, PC			1800 - 3-
Use	[employed] ► 7525 PRESI	DENTIAL LAN	NE		EIN ► 54-	1807 239
Only	address, and ZIP + 4 MANASSAS	***************************************	VA 20)109	Phone no. ► (70	

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.)

2003

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ. Name of the organization Employer identification number ATLAS ECONOMIC RESEARCH FOUNDATION 94-2763845 Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I (See instructions. List each one. If there are none, enter 'None.') (d) Contributions to employee benefit plans and deferred (a) Name and address of each (b) Title and average (c) Compensation (e) Expense employee paid more than \$50,000 hours per week account and other devoted to position allowances compensation NONE Total number of other employees paid over \$50,000 None Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services (See instructions. List each one (whether individuals or firms). If there are none, enter 'None.') (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation LEONARD LIGGIO 10338 HAMPSHIRE GREEN AVE; FAIRFAX, VA 22032 CONSULTING 60,000.

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

An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

Schedule A (Form 990 or 990-EZ) 2003 ATLAS ECONOMIC RESEARCH FOUNDATION 94-2763845 Page 3 Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting. Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting. Calendar year (or fiscal year (e) Total beginning in) Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) 2,109,194 2,792,874 2,793,095 3,233,132 10,928,295. 16 Membership fees received 0 0 0 0. 17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's 19.289 charitable, etc, purpose 44.865 24.635. 12.750 101,539. 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 organ-67,447 ization after June 30, 1975 . 16,832 62.044 59,959 206,282. Net income from unrelated business activities not included in line 18 0 0 0 0. 20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf 0 0 0 0. 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 0 the public without charge ... 0 0 0. Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets 0 0 0. 2.899.783Total of lines 15 through 22 2.145.315. 11,236,116. 2.885.177 3,305,841 2,126,026. 2.854.918 2.860.542 3.293,091 11.134.577 33,058 Enter 1% of line 23 21.453. 28,998 28,852 26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 26 a 222,692. **b** Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts 26 b 5,537,359. c Total support for section 509(a)(1) test: Enter line 24, column (e) 26 c 11, 134, 577 d Add: Amounts from column (e) for lines: 26 b 26 d 5,743,641. e Public support (line 26c minus line 26d total) 26 e 5,390,936. f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) 26 f 48.42 % Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year: (2002) _ _ _ _ (2001) _ _ _ (2000) _ _ _ (1999) **b**For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in **(1)** or **(2)**, enter the sum of these differences (the excess amounts) for each year: (2002) _ _ _ _ (2001) _ _ _ _ c Add: Amounts from column (e) for lines: 15 20 27 c **d** Add: Line 27a total and line 27b total 27 d e Public support (line 27c total minus line 27d total) 27 e f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶ 27f g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) 27 g %

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))

%

Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.

Private School Questionnaire (See instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV) N/A Yes No 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? 29 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, programs, and scholarships? 30 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? 31 If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.) **32** Does the organization maintain the following: a Records indicating the racial composition of the student body, faculty, and administrative staff? 32 a b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 32b c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 32 c 32 d 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: a Students' rights or privileges? 33 a **b** Admissions policies? 33 b c Employment of faculty or administrative staff? 33 c d Scholarships or other financial assistance? 33 d 33 e 33 f **g** Athletic programs? 33 g h Other extracurricular activities? 33 h If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.) 34a Does the organization receive any financial aid or assistance from a governmental agency? 34 a 34b If you answered 'Yes' to either 34a or b, please explain using an attached statement. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.)
(To be completed ONLY by an eligible organization that filed Form 5768) N/A 2

									147.71
Chec	ck ► a	if the organization belong	gs to an affiliated group.	Check ►	b	if you c	heck	ed ' a ' and 'limited contr	ol' provisions apply.
		Limits on I		(a) Affiliated group totals	(b) To be completed for ALL electing organizations				
36	Total lo	bbying expenditures to influe	nce public opinion (grassro	oots lobbyin	g)	[36		
37	Total lo	bbying expenditures to influe	nce a legislative body (dire	ect lobbying)	[37		
38	Total lo	bbying expenditures (add line	es 36 and 37)				38		
39	Other e	xempt purpose expenditures				[39		
40	Total ex	cempt purpose expenditures	(add lines 38 and 39)			[40		
41	Lobbyin	g nontaxable amount. Enter	the amount from the follow	ving table –				建筑产业商务 岳 岳 启	
	If the ar	nount on line 40 is —	The lobbying nonta	axable amo	unt is	-		\$\$546£36£	
	Not ove	r \$500,000	20% of the amount	on line 40.					
	Over \$500	1,000 but not over \$1,000,000	\$100,000 plus 15% of th	ne excess over	\$500,00	00			
	Over \$1,0	00,000 but not over \$1,500,000	\$175,000 plus 10% of th	ne excess over	\$1,000,	000	41		
	Over \$1,50	00,000 but not over \$17,000,000	\$225,000 plus 5% of the	e excess over \$	1,500,0	00	111		
	Over \$1	7,000,000	\$1,000,000						
42	Grassro	ots nontaxable amount (ente	r 25% of line 41)				42		
43	Subtrac	t line 42 from line 36. Enter	0- if line 42 is more than I	ine 36		[43		
44	Subtrac	t line 41 from line 38. Enter	0- if line 41 is more than I	ine 38		[44		
	Caution	: If there is an amount on ei	her line 43 or line 44, you	must file Fo	orm 4	720.			

4 -Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the instructions for lines 45 through 50.)

	The state will be a state of the state of th										
			Lobbying Expenditures During 4 -Year Averaging Period								
	Calendar year (or fiscal year beginning in) ►	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total					
45	Lobbying nontaxable amount										
46	Lobbying ceiling amount (150% of line 45(e))										
47	Total lobbying expenditures										
48	Grassroots non-taxable amount										
49	Grassroots ceiling amount (150% of line 48(e))										
50	Grassroots lobbying expenditures										

Part VI-B Lobbying Activity by Nonelecting Public Charities
(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers		Х	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		Х	
c Media advertisements		Χ	
d Mailings to members, legislators, or the public		Χ	
e Publications, or published or broadcast statements		Χ	
f Grants to other organizations for lobbying purposes		Χ	
g Direct contact with legislators, their staffs, government officials, or a legislative body		Χ	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		Χ	
i Total lobbying expenditures (add lines c through h.)	1		
If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities			

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

			o a noncharitable exempt organization of:		Yes	No
(i) C	51 a (i)		Χ			
(ii) O	Other assets			a (ii)		Χ
b Other	transactions:					
(i) S	ales or exchanges of asse	oncharitable exempt organization	b (i)		Χ	
		ble exempt organization	b (ii)		Χ	
		rassets	b (iii)		X	
			• • • • • • • • • • • • • • • • • • • •	b (iv)		X
			• • • • • • • • • • • • • • • • • • • •	b (v)		X
			ip or fundraising solicitations	b (vi)		X
			ts, other assets, or paid employees	C C		X
d If the	answer to any of the above	ve is 'Yes,' o	complete the following schedule. Column (b) should always show the fair mark by the reporting organization. If the organization received less than fair mark now in column (d) the value of the goods, other assets, or services received:	ket value et value ir	of 1	
(a)	(b)	rigerrierit, si				-
Line no.	Amount involved	Name of	(c) (d) noncharitable exempt organization Description of transfers, transactions, and	sharing arrai	naement	S
					- Igoirione	
						
descri	organization directly or in ibed in section 501(c) of the s,' complete the following	he Code (ot	liated with, or related to, one or more tax-exempt organizations her than section 501(c)(3)) or in section 527?	► ☐ Ye	s X	No
	(a)		_ (b) (c)			
	Name of organization		(b) (c) Type of organization Description of relation	ship		