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**Return of Organization Exempt From Income Tax**

**2003**

Department of the Treasury  
Internal Revenue Service

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 Inspection

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

**A For the 2003 calendar year, or tax year beginning and ending**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return  
 Amended return  
 Application pending

Please use IRS label or print or type See Specific Instructions

**C Name of organization**  
**FAITH AND POLITICS INSTITUTE**

**D Employer identification number**  
 52-1759052

**E Telephone number**  
 (202) 546-1299

Number and street (or P O box if mail is not delivered to street address) Room/suite  
**110 MARYLAND AVENUE, N.E. 504**

City or town, state or country, and ZIP + 4  
**WASHINGTON, DC 20002**

**F Accounting method**  Cash  Accrual  
 Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

H and I are not applicable to section 527 organizations

**H(a)** Is this a group return for affiliates?  Yes  No

**H(b)** If "Yes," enter number of affiliates ▶

**H(c)** Are all affiliates included? N/A  Yes  No (If "No," attach a list)

**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**I** Group Exemption Number ▶

**M** Check  if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

**G Website** ▶ WWW.FAITH-AND-POLITICS.ORG

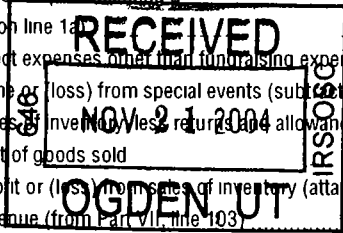
**J Organization type** (check only one)  501(c) ( 3 ) (insert no.)  4947(a)(1) or  527

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return

**L** Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **942,025.**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received				
	<b>a</b> Direct public support	<b>1a</b>	879,242.		
	<b>b</b> Indirect public support	<b>1b</b>			
	<b>c</b> Government contributions (grants)	<b>1c</b>	20,348.		
	<b>d</b> Total (add lines 1a through 1c) (cash \$ 899,590. noncash \$ )	<b>1d</b>		899,590.	
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>		41,778.	
	<b>3</b> Membership dues and assessments	<b>3</b>			
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>			
	<b>5</b> Dividends and interest from securities	<b>5</b>		657.	
	<b>6 a</b> Gross rents	<b>6a</b>			
	<b>b</b> Less rental expenses	<b>6b</b>			
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>			
	<b>7</b> Other investment income (describe ▶ )	<b>7</b>			
	<b>8 a</b> Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
	<b>b</b> Less cost or other basis and sales expenses	<b>8a</b>			
	<b>c</b> Gain or (loss) (attach schedule)	<b>8b</b>			
	<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8c</b>			
	<b>8d</b>				
	<b>9</b> Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>				
	<b>a</b> Gross revenue (not including \$ of contributions reported on line 1a)	<b>9a</b>			
	<b>b</b> Less direct expenses other than fundraising expenses	<b>9b</b>			
<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>				
<b>10 a</b> Gross sales of inventory less returns and allowances	<b>10a</b>				
<b>b</b> Less cost of goods sold	<b>10b</b>				
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>				
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>				
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>		942,025.		
<b>13</b> Program services (from line 44, column (B))	<b>13</b>		722,438.		
<b>14</b> Management and general (from line 44, column (C))	<b>14</b>		130,118.		
<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>		86,009.		
<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>				
<b>17</b> Total expenses (add lines 16 and 44, column (A))	<b>17</b>		938,565.		
<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>		3,460.		
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		140,737.		
<b>20</b> Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 1	<b>20</b>		4,688.		
<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>		148,885.		



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**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 (attach schedule) cash \$ _____ noncash \$ _____	22			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc	25	150,851.	127,010.	13,685.
26	Other salaries and wages	26	180,394.	103,872.	43,944.
27	Pension plan contributions	27	11,965.	8,560.	1,480.
28	Other employee benefits	28	23,144.	15,932.	4,032.
29	Payroll taxes	29	20,482.	13,343.	4,153.
30	Professional fundraising fees	30			
31	Accounting fees	31	18,076.		18,076.
32	Legal fees	32	129.		129.
33	Supplies	33	14,862.	10,091.	3,068.
34	Telephone	34	6,738.	4,575.	1,391.
35	Postage and shipping	35	3,258.		2,482.
36	Occupancy	36	33,106.	22,479.	6,834.
37	Equipment rental and maintenance	37	2,242.	1,522.	463.
38	Printing and publications	38	14,436.	12,867.	1,569.
39	Travel	39	1,420.	67.	1,290.
40	Conferences, conventions, and meetings	40	547.	547.	
41	Interest	41	943.	640.	195.
42	Depreciation, depletion, etc (attach schedule)	42	13,719.	9,315.	2,832.
43	Other expenses not covered above (itemize)				
a	_____	43a			
b	_____	43b			
c	_____	43c			
d	_____	43d			
e	SEE STATEMENT 2	43e	442,253.	391,618.	24,495.
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D) carry these totals to lines 13-15	44	938,565.	722,438.	130,118.

**Joint Costs.** Check  if you are following SOP 98-2  
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_,  
 (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? <input checked="" type="checkbox"/> SEE STATEMENT 3		Program Service Expenses
		(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others)
a	CONGRESSIONAL CONVERSATIONS ON RACE - A BIPARTISAN EFFORT TO PROMOTE STRUCTURED DIALOGUE AMONG MEMBERS OF CONGRESS ON ISSUES OF RELIGION AND RACE. (Grants and allocations \$ _____)	472,089.
b	FORUM- LECTURE AND DISCUSSION SERIES DESIGNED TO ADDRESS ISSUES REGARDING THE INTERSECTION OF RELIGION AND POLITICS (Grants and allocations \$ _____)	35,281.
c	REFLECTION/RETREAT - PROGRAM IS OUTLINED BY WEEKLY MEETING WITH SPIRITUAL REFLECTION AND MEDITATION WITH MEMBERS OF CONGRESS AND THEIR STAFF. (Grants and allocations \$ _____)	160,567.
d	COMMUNICATIONS- ACTIVITIES RELATED TO PROMOTION OF EXEMPT STATUS. THESE ACTIVITIES INCLUDE PRODUCTION AND MAILING OF NEWSLETTERS, ANNUAL REPORTS, WEBSITE, ETC. (Grants and allocations \$ _____)	43,283.
e	Other program services (attach schedule) STATEMENT 4 (Grants and allocations \$ _____)	11,218.
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	722,438.

**Part IV Balance Sheets**

Note Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		(A) Beginning of year		(B) End of year	
Assets	45 Cash - non-interest-bearing	83,622.	45	59,575.	
	46 Savings and temporary cash investments	134,571.	46	85,021.	
	47 a Accounts receivable	47a 427.			
	b Less allowance for doubtful accounts	47b	25,285.	47c	427.
	48 a Pledges receivable	48a			
	b Less allowance for doubtful accounts	48b		48c	
	49 Grants receivable			49	
	50 Receivables from officers, directors, trustees, and key employees			50	
	51 a Other notes and loans receivable	51a			
	b Less allowance for doubtful accounts	51b		51c	
	52 Inventories for sale or use			52	
	53 Prepaid expenses and deferred charges		8,990.	53	703.
	54 Investments - securities STMT 5	▶ <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	15,812.	54	25,600.
	55 a Investments - land, buildings, and equipment basis	55a			
	b Less accumulated depreciation	55b		55c	
56 Investments - other		0.	56	0.	
57 a Land, buildings, and equipment basis	57a 64,542.				
b Less accumulated depreciation STMT 6	57b 41,573.	24,182.	57c	22,969.	
58 Other assets (describe ▶ _____)			58		
<b>59 Total assets (add lines 45 through 58) (must equal line 74)</b>		292,462.	59	194,295.	
Liabilities	60 Accounts payable and accrued expenses	9,697.	60	18,201.	
	61 Grants payable		61		
	62 Deferred revenue		134,250.	62	20,852.
	63 Loans from officers, directors, trustees, and key employees			63	
	64 a Tax-exempt bond liabilities			64a	
	b Mortgages and other notes payable			64b	
65 Other liabilities (describe ▶ OTHER LIABILITIES _____)		7,778.	65	6,357.	
<b>66 Total liabilities (add lines 60 through 65)</b>		151,725.	66	45,410.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67 Unrestricted		60,845.	67	123,885.
	68 Temporarily restricted		79,892.	68	25,000.
	69 Permanently restricted			69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
	70 Capital stock, trust principal, or current funds			70	
	71 Paid-in or capital surplus, or land, building, and equipment fund			71	
	72 Retained earnings, endowment, accumulated income, or other funds			72	
<b>73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)</b>		140,737.	73	148,885.	
<b>74 Total liabilities and net assets / fund balances (add lines 66 and 73)</b>		292,462.	74	194,295.	

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 VI Other Information		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		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80 a	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 organization?		X
b	If "Yes," enter the name of the organization <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a	Enter direct or indirect political expenditures See line 81 instructions	81a	0.
b	Did the organization file Form 1120-POL for this year?	81b	X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
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	24,952.
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	84b	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? N/A	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g	
h	If section 6033(e)(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 year? N/A	85h	
86	501(c)(7) organizations. Enter a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations Enter a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A
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 <input type="checkbox"/> 0., section 4912 <input type="checkbox"/> 0., section 4955 <input type="checkbox"/> 0.		
b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter Amount of tax on line 89c, above, reimbursed by the organization		0.
90 a	List the states with which a copy of this return is filed <input type="checkbox"/> DISTRICT OF COLUMBIA		
b	Number of employees employed in the pay period that includes March 12, 2003	90b	5
91	The books are in care of <input type="checkbox"/> FAITH AND POLITICS INSTITUTE Telephone no <input type="checkbox"/> (202) 564-1299		
	Located at <input type="checkbox"/> 110 MARYLAND AVENUE, NE SUITE 306 WASHINGTON, DC ZIP + 4 <input type="checkbox"/> 20002		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	92	N/A

**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
<b>93</b> Program service revenue					
<b>a</b> REGISTRATION FEES					39,586.
<b>b</b> PROGRAM SERVICE REVENUE					2,192.
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>f</b> Medicare/Medicaid payments					
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments					
<b>95</b> Interest on savings and temporary cash investments					
<b>96</b> Dividends and interest from securities			14	657.	
<b>97</b> Net rental income or (loss) from real estate					
<b>a</b> debt-financed property					
<b>b</b> not debt-financed property					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events					
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue					
<b>a</b>					
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>104</b> Subtotal (add columns (B), (D), and (E))		0.		657.	41,778.
<b>105</b> Total (add line 104, columns (B), (D), and (E))					42,435.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 34 of the instructions)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93A	REGISTRATION FEES CHARGED FOR ADMISSION TO PILGRIMAGES AND RELATED PROGRAMS
93B	MISCELLANEOUS INCOME RECEIVED IN CONJUNCTION WITH THE FORUMS AND RELATED PROGRAMS

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of the instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 34 of the instructions)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Preparer's Signature:** *W. Douglas Tanner, Jr.*      **Date:** 11/15/04      **Type or print name and title:** W. Douglas Tanner, Jr., President  
**Signature of officer:** \_\_\_\_\_

**Paid Preparer's Use Only:**  
**Preparer's signature:** *Katrina D. Malley, CPA*      **Date:** 11/15/04      **Check if self-employed:**       **Preparer's SSN or PTIN:** \_\_\_\_\_  
**Firm's name (or yours if self-employed), address, and ZIP + 4:** RUBINO & MCGEEHIN, CHARTERED  
 6905 ROCKLEDGE DRIVE, SUITE 700  
 BETHESDA, MD 20817      **EIN:** \_\_\_\_\_      **Phone no:** 301-564-3636

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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**

OMB No 1545-0047

**2003**

Name of the organization: **FAITH AND POLITICS INSTITUTE** Employer identification number: **52 1759052**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 of the instructions List each one If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
ELIZABETH BRENT ----- 110 MARYLAND AVE, WASHINGTON, DC 20002	DIRECTOR 40 HRS	60,000.	7,741.	
TERRI LAVELLE ----- 110 MARYLAND AVE. WASHINGTON, DC 20002	DIRECTOR 40 HRS	50,618.	6,675.	
-----				
-----				
-----				
-----				
-----				
Total number of other employees paid over \$50,000 ▶	0			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the 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
NONE -----		
-----		
-----		
-----		
-----		
-----		
-----		
Total number of others receiving over \$50,000 for professional services ▶	0	



**Part III** Statements About Activities (See page 2 of the instructions )

		Yes	No
1	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 ) 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		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions )		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990	X	
e	Transfer of any part of its income or assets?		X
3 a	Do you make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments )		X
b	Do you have a section 403(b) annuity plan for your employees?	X	
4	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X

**Part IV** 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 )

- 5  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6  A school Section 170(b)(1)(A)(ii) (Also complete Part V )
- 7  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8  A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ► \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A )
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A )
- 11b  A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A )
- 12  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A )
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3) )

Provide the following information about the supported organizations (See page 5 of the instructions )

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14  An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions )

**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 beginning in)	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	743,326.	719,636.	518,391.	409,657.	2,391,010.
16 Membership fees received					
17 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	450.	37,218.	43,068.	13,300.	94,036.
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	1,299.	790.	4,442.	1,333.	7,864.
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.			SEE STATEMENT 8	2,014.	2,014.
23 Total of lines 15 through 22	745,075.	757,644.	565,901.	426,304.	2,494,924.
24 Line 23 minus line 17	744,625.	720,426.	522,833.	413,004.	2,400,888.
25 Enter 1% of line 23	7,451.	7,576.	5,659.	4,263.	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				26a 48,018.
	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				26b 424,810.
	c Total support for section 509(a)(1) test. Enter line 24, column (e)				26c 2,400,888.
	d Add Amounts from column (e) for lines 18 7,864. 19 22 2,014. 26b 424,810.				26d 434,688.
	e Public support (line 26c minus line 26d total)				26e 1,966,200.
	f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				26f 81.8947%
27 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 N/A				
	(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 N/A				
	(2002)	(2001)	(2000)	(1999)	
	c Add Amounts from column (e) for lines 15 16 17 20 21				27c N/A
	d Add Line 27a total and line 27b total				27d N/A
	e Public support (line 27c total minus line 27d total)				27e N/A
	f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)				27f N/A
	g Public support percentage (line 27e (numerator) divided by line 27f (denominator))				27g N/A %
	h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				27h N/A %

28 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.

NONE

**Part V Private School Questionnaire** (See page 7 of the instructions)

N/A

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		Yes	No
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?		
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, programs, and scholarships?		
31	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? 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?	32a	
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?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )	32d	
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )	33h	
34 a	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? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b	
35	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	35	





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FORM 990 . OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 1

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DESCRIPTION	AMOUNT
UNREALIZED GAIN	4,688.
TOTAL TO FORM 990, PART I, LINE 20	4,688.

FORM 990 OTHER EXPENSES STATEMENT 2

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
SOUTH AFRICA				
PILGRIMAGE	112,857.	112,857.		
CONTRIBUTIONS	200.	200.		
ECONOMIC LIFE	125.	125.		
MISCELLANEOUS	17,175.	14,161.	2,413.	601.
REFLECTION GROUPS	33,598.	33,598.		
MEALS &				
ENTERTAINMENT	20,817.	20,802.		15.
PROPERTY TAX	226.	154.	46.	26.
MOTT GRANT	21,417.	21,417.		
ALABAMA PILGRIMAGES	156,951.	156,951.		
WEBSITE	237.	237.		
PUBLIC DIALOGUES	<2,691.>	<2,691.>		
ORGANIZATIONAL				
DEVELOPMENT	15,237.		15,237.	
DUES & SUBSCRIPTIONS	1,333.		1,333.	
FUNDRAISING EVENTS	23,846.			23,846.
ANNUAL APPEAL	705.			705.
CONSULTANTS	20,762.	17,000.	3,762.	
INSURANCE	5,232.	3,552.	1,080.	600.
LICENSES & PERMITS	74.	50.	15.	9.
PUBLICATIONS	250.	250.		
NEWSLETTER	10,951.	10,951.		
UTILITIES - INTERNET	2,951.	2,004.	609.	338.
<b>TOTAL TO FM 990, LN 43</b>	<b>442,253.</b>	<b>391,618.</b>	<b>24,495.</b>	<b>26,140.</b>

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FORM 990      STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE      STATEMENT      3  
PART III

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EXPLANATION

TO PROVIDE BIPARTISAN BRIDGE-BUILDING OPPORTUNITIES FOR POLITICAL LEADERS TO EXPERIENCE THE SPIRITUAL POWER OF CONSCIENCE, COURAGE, AND COMPASSION.



FORM 990 . OTHER PROGRAM SERVICES STATEMENT 4

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
ECONOMIC LIFE-BI-PARTISAN, INTERFAITH PROGRAM THAT PROMOTES DIALOGUE AMONG MEMBERS OF CONGRESS, THEIR STAFFS, LABOR LEADERS, AND CORPORATE REPRESENTATIVES, FOCUSING ON ISSUES OF HUMAN DIGNITY, SAFETY, HEALTH, FAIRNESS IN THE WORKPLACE, AND SUSTAINABLE AND EQUITABLE PATTERNS OF PRODUCTION AND CONSUMPTION.		11,218.
TOTAL TO FORM 990, PART III, LINE E		11,218.

FORM 990

NON-GOVERNMENT SECURITIES

STATEMENT 5

SECURITY DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
COMMON STOCKS	25,600.				25,600.
TO 990, LN 54 COL B	25,600.				25,600.

FORM 990 . DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 6

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
MAC PERFORMA	1,484.	1,484.	0.
HP LASER JET 4000 PRINTER	1,622.	1,567.	55.
LAPTOP	2,923.	2,583.	340.
MAC IMAC	1,244.	1,057.	187.
MAC IMAC	1,061.	1,061.	0.
MAC IMAC	1,061.	1,061.	0.
IMAC DV G3	1,199.	1,133.	66.
MAC G4	2,029.	1,908.	121.
HP LASER PRINTER	2,215.	1,230.	985.
MAC G4	1,534.	340.	1,194.
TEAK DESK	499.	499.	0.
PHONE	602.	602.	0.
PHONE	602.	602.	0.
CREDIT CARD MACHINE	600.	500.	100.
VOICE MAIL SYSTEM	4,421.	2,948.	1,473.
MICROSOFT SOFTWARE	10,829.	10,829.	0.
MICROSOFT UPDATE	4,990.	3,743.	1,247.
FILEMAKER	821.	752.	69.
DATABASE SOFTWARE	3,500.	2,431.	1,069.
CAPITALIZED LEASE-COPIER	8,800.	3,227.	5,573.
IMAC G4	1,314.	365.	949.
IMAC G4	1,249.	347.	902.
IMAC G4	1,249.	347.	902.
IMAC G4	1,353.	301.	1,052.
SCANNER AND PRINTER	597.	182.	415.
POWERSHOT	625.	122.	503.
CHAIR	926.	93.	833.
5X MAC OS V10.2	613.	204.	409.
COMPUTER SOFTWARE	4,580.	55.	4,525.
TOTAL TO FORM 990, PART IV, LN 57	64,542.	41,573.	22,969.

FORM 990 PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 7

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN EXPENSE CONTRIB ACCOUNT		
HON. AMO HOUGHTON 110 MARYLAND AVENUE, N.E., SUITE 303 WASHINGTON, DC 20002	CO-CHAIR ASRQ	0.	0.	0.	
HON. JOHN LEWIS 110 MARYLAND AVENUE, N.E., SUITE 303 WASHINGTON, DC 20002	CO-CHAIR ASRQ	0.	0.	0.	
HON. WARDELL TOWNSEND 110 MARYLAND AVENUE, N.E., SUITE 303 WASHINGTON, DC 20002	VICE-CHAIR ASRQ	0.	0.	0.	
RUTH ELLEN WASEM 110 MARYLAND AVENUE, N.E., SUITE 303 WASHINGTON, DC 20002	SECRETARY ASRQ	0.	0.	0.	
LORETTA BOWEN 110 MARYLAND AVENUE, N.E., SUITE 303 WASHINGTON, DC 20002	TREASURER ASRQ	0.	0.	0.	
ANNE BARTLEY 110 MARYLAND AVENUE, N.E., SUITE 303 WASHINGTON, DC 20002	DIRECTOR ASRQ	0.	0.	0.	
ROB BASSIN 110 MARYLAND AVENUE, N.E., SUITE 303 WASHINGTON, DC 20002	DIRECTOR ASRQ	0.	0.	0.	
VERY REV. NATHAN D. BAXTER 110 MARYLAND AVENUE, N.E., SUITE 303 WASHINGTON, DC 20002	DIRECTOR ASRQ	0.	0.	0.	
FRED BENSON 110 MARYLAND AVENUE, N.E., SUITE 303 WASHINGTON, DC 20002	DIRECTOR ASRQ	0.	0.	0.	

LAURA CHASIN 110 MARYLAND AVENUE, N.E., SUITE 303 WASHINGTON, DC 20002	DIRECTOR ASRQ	0.	0.	0.
JERRY COLBERT 110 MARYLAND AVENUE, N.E., SUITE 303 WASHINGTON, DC 20002	DIRECTOR ASRQ	0.	0.	0.
RABBI ARNIE E. RESNICOFF 110 MARYLAND AVENUE, N.E., SUITE 303 WASHINGTON, DC 20002	DIRECTOR ASRQ	0.	0.	0.
REV. CAROLE CRUMLEY 110 MARYLAND AVENUE, N.E., SUITE 303 WASHINGTON, DC 20002	DIRECTOR ASRQ	0.	0.	0.
HON. ANNA ESHOO 110 MARYLAND AVENUE, N.E., SUITE 303 WASHINGTON, DC 20002	DIRECTOR ASRQ	0.	0.	0.
HON. VIC FAZIO 110 MARYLAND AVENUE, N.E., SUITE 303 WASHINGTON, DC 20002	DIRECTOR ASRQ	0.	0.	0.
MARIAN FRANZ 110 MARYLAND AVENUE, N.E., SUITE 303 WASHINGTON, DC 20002	DIRECTOR ASRQ	0.	0.	0.
REV. DR. H. BEECHER HICKS, JR 110 MARYLAND AVENUE, N.E., SUITE 303 WASHINGTON, DC 20002	DIRECTOR ASRQ	0.	0.	0.
ANNE HALE JOHNSON 110 MARYLAND AVENUE, N.E., SUITE 303 WASHINGTON, DC 20002	DIRECTOR ASRQ	0.	0.	0.
HON. RAY LAHOOD 110 MARYLAND AVENUE, N.E., SUITE 303 WASHINGTON, DC 20002	DIRECTOR ASRQ	0.	0.	0.

RABBI JACK MOLINE 110 MARYLAND AVENUE, N.E., SUITE 303 WASHINGTON, DC 20002	DIRECTOR ASRQ	0.	0.	0.
RABBI GERRY SEROTTA 110 MARYLAND AVENUE, N.E., SUITE 303 WASHINGTON, DC 20002	DIRECTOR ASRQ	0.	0.	0.
JEFF TRANDAHL 110 MARYLAND AVENUE, N.E., SUITE 303 WASHINGTON, DC 20002	DIRECTOR ASRQ	0.	0.	0.
AMEY UPTON 110 MARYLAND AVENUE, N.E., SUITE 303 WASHINGTON, DC 20002	DIRECTOR ASRQ	0.	0.	0.
EULADA P. WATT 110 MARYLAND AVENUE, N.E., SUITE 303 WASHINGTON, DC 20002	DIRECTOR ASRQ	0.	0.	0.
JAMES E. WINKLER 110 MARYLAND AVENUE, N.E., SUITE 303 WASHINGTON, DC 20002	DIRECTOR ASRQ	0.	0.	0.
REV. W. DOUGLAS TANNER, JR. 110 MARYLAND AVENUE, N.E., SUITE 303 WASHINGTON, DC 20002	PRESIDENT 40 HRS	78,027.	7,925.	0.
BARBARA J. EASTERLING 110 MARYLAND AVENUE, N.E., SUITE 303 WASHINGTON, DC 20002	DIRECTOR ASRQ	0.	0.	0.
LONNIE P. TAYLOR 110 MARYLAND AVENUE, N.E., SUITE 303 WASHINGTON, DC 20002	DIRECTOR ASRQ	0.	0.	0.
DAVID WHETTSTONE 110 MARYLAND AVENUE, N.E., SUITE 303 WASHINGTON, DC 20002	DIRECTOR ASRQ	0.	0.	0.

GRACE CUMMINGS	EXECUTIVE DIRECTOR			
110 MARYLAND AVENUE, N.E., SUITE 303	40 HRS	72,824.	9,726.	0.
WASHINGTON, DC 20002				
TOTALS INCLUDED ON FORM 990, PART V		<u>150,851.</u>	<u>17,651.</u>	<u>0.</u>

SCHEDULE A	OTHER INCOME			STATEMENT 8
DESCRIPTION	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT	1999 AMOUNT
MISCELLANEOUS REVENUE	0.	0.	0.	2,014.
TOTAL TO SCHEDULE A, LINE 22	0.	0.	0.	2,014.



• If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.

Name of Exempt Organization: FAITH AND POLITICS INSTITUTE
Employer identification number: 52-1759052
Number, street, and room or suite no. if a P.O. box, see instructions: 110 MARYLAND AVENUE, N.E., NO. 504
City, town or post office, state, and ZIP code: WASHINGTON, DC 20002

Check type of return to be filed (File a separate application for each return):

- X Form 990
Form 990-EZ
Form 990-T (sec. 401(a) or 408(a) trust)
Form 1041-A
Form 5227
Form 8870
Form 990-BL
Form 990-PF
Form 990-T (trust other than above)
Form 4720
Form 6069

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- If the organization does not have an office or place of business in the United States, check this box
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)
If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until NOVEMBER 15, 2004.
5 For calendar year 2003, or other tax year beginning and ending
6 If this tax year is for less than 12 months, check reason: Initial return, Final return, Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS REQUIRED TO GATHER THE NECESSARY INFORMATION FROM EXTERNAL THIRD PARTIES TO ALLOW FOR A COMPLETE AND ACCURATE FILING.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature: Stuart A. O'Malley Title: C.P.A. Date: 8/10/04

Notice to Applicant - To Be Completed by the IRS

- We have approved this application. Please attach this form to the organization's return.
We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period.
We cannot consider this application because it was filed after the due date of the return for which an extension was requested.
Other

Director By: Date

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

Name: RUBINO & MCGEEHIN, CHARTERED
Number and street (include suite, room, or apt. no.) Or a P.O. box number: 6905 ROCKLEDGE DRIVE, SUITE 700
City or town, province or state, and country (including postal or ZIP code): BETHESDA, MD 20817

# Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).

**Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

**Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)**

**Note: Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only**   
*All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.*

<b>Type or print</b>	Name of Exempt Organization <b>FAITH AND POLITICS INSTITUTE</b>	Employer identification number <b>52-1759052</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>110 MARYLAND AVENUE, N.E., NO. 504</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WASHINGTON, DC 20002</b>	

Check type of return to be filed (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until **AUGUST 16, 2004** to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year **2003** or  
 ▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions ..... \$ \_\_\_\_\_

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit ..... \$ \_\_\_\_\_

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions ..... \$ **N/A**

### Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ *Saturna O'Malley* Title ▶ **C.P.A.** Date ▶ **5/5/04**  
 LHA For Paperwork Reduction Act Notice, see instruction Form 8868 (12-2000)