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)

2002

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.

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Address change Initial return Ini													
Institut return			ress change label or										
Initial return Pinal P		Name o								E Telephone number			
Find return		☐ Initial return See Specific Instruct City or town, state or country, and ZIP + 4								(408) 261-7600		
Application pending • Saction 501(c)(3) organizations and 4847(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 90 or 990-E2). H and 1 are not applicable for 157 organizations Holb it visus must attach a completed Schedule A (Form 90 or 990-E2). Holb it visus group return for affiliates Vex. Mol										F Account	ing method: 🗹 Cash 🔲 Accrual		
Note Section		Amende	ed return										
G wheb site: ▶		Applicat	tion pending	• Se	ction 501(c)(3) organizations	nd 4947(a)(1) n	nonexempt	charit	able	H and I are no	ot applicabl	e to section 527 organizations.	
Organization type (check only one) ► Ø 501(c) (3) ★ (inset no.) ☐ 4947(e)(1) or ☐ 527 (Check hore ► ☐ if the organization report recipis we complete not	_	W-L -:	.	uu	sis must attach a completed S	chedule A (Form	n 990 or 9!	90-EZ).					
Check here \(b^{-1} \)	<u></u>	web si	te: >										
K. Check here ▶	J	Organi	zation type	e (check o	only one) ▶ 🗹 501(c) (3) ◄	(insert no.)	4947(a)(1)	or 🗀	527				
originazioni receri neti file a returni with the IRS; but if the origination received a form 990 Package in the mail, it should file a return which filmeral data. Some states require a complete return. I control file a return which file and alka. Some states require a complete return. I control file a return which file and alka. Some states require a complete return. I control file a return which file and alka. Some states require a complete return. I control file a return which the IRS; but if the origination is not required to attach Sch. B if file origination is not required to attach Sch. B if file origination is not required to attach Sch. B if file origination is not required to attach Sch. B if file origination is not required to attach Sch. B if file origination is not required to attach Sch. B if form 990, 990-EZ. or 990-PJ. I contributions, gifts, grants, and similar amounts received: a Direct public support b Indirect public support c Government contributions (grants) d Total (add lines 1 a through 1c) (cash \$ 111,670.70 noncash \$ 1 11,670.70 noncash \$ 2 11,670.70 noncash \$ 3 111,670.70 n										H(d) Is this a s	eparate retu	rn filed by an	
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Contributions, gifts, grants, and Similar amounts received: 1		in the n	nail, it shou	ld file a re	eturn without financial data. Some	states require a	complete	return.					
Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 17 of the instructions.) 1 Contributions, gifts, grants, and similar amounts received: a Direct public support c Government contributions (grants) d Total (add lines 1 through to (cash \$ 111,670.70 noncash \$) 1d 111,670.70 2 Program service revenue including government fees and contracts (from Part VII, line 93) 3 Membership dues and assessments 4 1,830.39 5 Dividends and interest from securities 6a Gross rents 5 Dividends and interest from securities 6a Gross rents 6 Less: rental expenses 6 Net rental income or (loss) (subtract line 6b from line 6a) 7 Other investment income (describe > 6,741.33 8a 6 Hand inventory 6 Less: cost or other basis and sales expenses, 6 6,968.00 8b 6 Can or (loss) (attach schedule) 7 Special events and activities (attach schedule) 9 Gross revenue (not including \$ of contributions reported on line 1a) 9 Less: direct expenses other than fundraising expenses 9 C Net income or (loss) from special events (subtract line 9b from line 9a) 9 Less: direct expenses other than fundraising expenses 9 C Net income or (loss) from special events (subtract line 9b from line 9a) 9 Less: direct expenses other than fundraising expenses 9 C Net income or (loss) from special events (subtract line 9b from line 9a) 10a Gross sales of inventory, less returns and allowances 10b Less: cost of goods sold 11 Other revenue (from Part VIII, line 103) 12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 13 Program services (from line 44, column (B)) 14 Management and general (from line 44, column (C)) 15 Fundraising (from line 44, column (D)) 16 Payments to affiliates (attach schedule) 17 Total expenses (add lines 16 and 44, column line 102, column (A)) 19 Net assets or fund balances at beginning of year (from line 12, column (A)) 19 Net assets or fund balances at beginning of year (from line 12), column (A)) 10 Other changes in net assets or fund balances at beginning of year (from line 12), column (A)) 19 130,281.84	L	Gross	receints:	Add line	s 6h 9h 9h and 10h to line	12 -	120 244	12					
a Direct public support							•		<u></u>	to attach	1 Sch. B (F	orm 990, 990-EZ, or 990-PF).	
a Direct public support b Indirect public support c Government contributions (grants) d Total (add lines 1a through 1c) (cash \$ 111.670.70 noncash \$) 1d 111,670.70 2 Program service revenue including government fees and contracts (from Part VII, line 93) 3 Membership dues and assessments 3 3 4 Interest on savings and temporary cash investments 4 1,830.39 5 Dividends and interest from securities 5 5 6a Goss rents b Less: rental expenses . 6a 6b 6c								ung E	saiar	ices (See p	age 17 (or the instructions.)	
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d Total (add lines 1a through 1c) (cash \$		1 -	Direct p	DUDIIC SI	upport	• • •				111,670.	''		
d Total (add lines 1a through 1c) (cash \$			Covers	public	support	• • • •	• •						
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b Less: cost or other basis and sales expenses. c Gain or (loss) (attach schedule) .	Sev						,741.33	8a					
c Gain or (loss) (attach schedule)	_	b	Less: co	st or oth	ner basis and sales expenses	. 6	,968.00	8b					
d Net gain or (loss) (combine line 8c, columns (A) and (B)) Special events and activities (attach schedule) a Gross revenue (not including \$							224.67)	8c					
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Net assets or fund balances at beginning of year (from line 73, column (A))	ts	 											
20 Other changes in net assets or fund balances (attach explanation)	SSe	19	(
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	×	20	Other c	hanges	in net assets or fund hal	ances (attach	i explana	ition)					
	ž	21	Net asse	ets or fu	und balances at end of yea	(combine line	es 18, 19	, and	20)		. 21	234,165.24	

Same the same of the

Pa	Statement of All organizations Functional Expenses and section 4947	must com	plete column (A). Columi exempt charitable trusts l	ns (B), (C), and (D) are re	equired for section 501(Page c)(3) and (4) organization
	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$, noncash \$)	22	2,528.99	2,528.99		
23	Specific assistance to individuals (attach schedule)	23	2,020.00	2,020.33		
24	Benefits paid to or for members (attach schedule).	24				
25	Compensation of officers, directors, etc.	25				
26	Other salaries and wages	26				
27	Pension plan contributions	27		* * * * * * * * * * * * * * * * * * * *		
28	Other employee benefits	28				
29	Payroll taxes	29				
30	Professional fundraising fees	30				
31	Accounting fees	31	500.00		500.00	
32	Legal tees	32			200.00	
33	Supplies	33	1,871.51		243.37	1,628.14
34	Telephone	34	378.49		378.49	1,020.12
35	Postage and shipping	35				
6	Occupancy	36				
37	Equipment rental and maintenance	37	550.00			550.00
8	Printing and publications	38				000.00
19	iravel	39	206.50		206.50	
10	Conferences, conventions, and meetings	40				
11	Interest	41				
2	Depreciation, depletion, etc. (attach schedule)	42				
3	Other expenses not covered above (itemize): a	43a				
b	Bank Service Charge	43b	305.91		305.91	
C	registations	43c	19.22		19.22	
d	Books for Fundraising	43d	1,338.58			1,338.58
е	INISC	43e	1,691.82			1,691.82
4	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13—15	44	9,391.02	2,528.99	1,653.49	5,208.54
re a "Ye ii) th	Costs. Check ► ☐ if you are following SOP ny joint costs from a combined educational campaigns," enter (i) the aggregate amount of these joint cost e amount allocated to Management and general \$	and fur	; (II) the	amount allocated to	gram services? > o Program services	
_	etatement of Frogram Service Acc	ombiis	inments (See na	iao 21 of tha inc	structions \	
ll or	is the organization's primary exempt purpose?	▶ irea	itment & Preventi	on of Childbirth	niuries	Program Service
rgar	ganizations must describe their exempt purpose a ents served, publications issued, etc. Discuss ach izations and 4947(a)(1) nonexempt charitable trusts					Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a .	istula Hospital					3416134
-				***************************************		
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_	(0	rants a	and allocations		2,528.99)	2,528.99
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_		rants a	ind allocations \$)	
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	10	oranics a	ind allocations \$)	
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1				•••••		
			nd allocations \$)	

Part IV Balance Sheets (See page 24 of the instructions.)

	Note:	Where required, attached schedules and amounts column should be for end-of-year amounts only.	within the description	(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing			45	
	46	Savings and temporary cash investments .		96,141.34	46	206,492.74
	47-	Assessment of the	lam. I			
		Accounts receivable	47a			
	0	Less: allowance for doubtful accounts	47b		47c	
	482	Pladas mainable	48a			
	Toa h	Pledges receivable	48b			
	49	Grante receivable			48c	
	50		• • • • • • • • •		49	
		Receivables from officers, directors, truste (attach schedule)	es, and key employees		50	
۲A	51a	Other notes and loans receivable (attach				-
Assets	١.	schedule)	51a			
Ass		Less: allowance for doubtful accounts	51b		51c	
_	52	Inventories for sale or use			52	
	53 54	Prepaid expenses and deferred charges .			53	
]	Investments—securities (attach schedule).	▶ 🗹 Cost 📙 FMV 📙	34,640.50	54	27,672.50
	55a	Investments—land, buildings, and	FF			
	_	equipment: basis	55a			
	"	Less: accumulated depreciation (attach	55b			
	56	schedule)	330		55c	
		Land, buildings, and equipment: basis			56	
		Less: accumulated depreciation (attach	374			
	~	schedule)	57b	ł	57c	
	58	Other assets (describe ▶	1		58	
			· [
_	59	Total assets (add lines 45 through 58) (must	equal line 74)	130,781.84	59	234,165.24
	60	Accounts payable and accrued expenses .		500.00	60	
	61	Grants payable			61	
	62	Deferred revenue			62	
Liabilities	63	Loans from officers, directors, trustees, and	key employees (attach			· · · · · · · · · · · · · · · · · · ·
=		schedule)			63	
ē	64a	lax-exempt bond liabilities (attach schedule)	L		64a	
_	C E	Mortgages and other notes payable (attach s	schedule)		64b	
	65	Other liabilities (describe)		65	
	66	Total liabilities (add lines 60 through 65) .		500.00		
Ĩ	Orga	nizations that follow SFAS 117, check here ▶	nord consists the	300.00	66	***
S	3-	67 through 69 and lines 73 and 74.	and complete lines			
S		Unrestricted		130,281.84	67	234,165.24
盲	68	Temporarily restricted			68	
Ba		Permanently restricted			69	
밀	Orga	nizations that do not follow SFAS 117, check	here ▶ ☐ and			
4		complete lines 70 through 74.				
٥	70	Capital stock, trust principal, or current funds	s <u>L</u>		70	
Net Assets or Fund Balances	71	Paid-in or capital surplus, or land, building, a	nd equipment fund L		71	
ASS	72	Retained earnings, endowment, accumulated	income, or other funds		72	
et /	73	Total net assets or fund balances (add line	s 67 through 69 or lines			
ž		70 through 72;	A 11	420 504 54		ma
	74	column (A) must equal line 19; column (B) m	ust equal line 21)	130,281.84	73	234,165.24
	74	Total liabilities and net assets / fund balance	es (add lines 66 and 73)	130,781.84	74	234,165.24

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.

Earm	000	(2002)	

Pai	rt IV-A	Reconciliation of Revenu Financial Statements wit Return (See page 26 of the	h Řevenu	e per	Part	F	Reconciliation Financial State Return	of Expense ments with	s pe Exp	er Audited enses per
а	Total reve	enue, gains, and other supported financial statements		//////////////////////////////////////	а	Total ex	penses and	osses per		
b	Amounts	included on line a but not on form 990:	a		b	Amounts	nancial stateme		a	N/A
(1)	Net unrea	olized gains			(1)	Donated	, Form 990: services			
(2)		services			(2)	and use of Prior year a	f facilities <u>\$</u>			
(3)		of facilities <u>\$</u> es of prior			\-	reported or	•			
		its <u>\$</u>			(3)	Losses rep	ported on			
•		\$			(4)					
		unts on lines (1) through (4) ▶	b			••••••	<u>\$</u>			
С	Line a mi	nus line b	С		С	Add amou	nts on lines (1) th	nrough (4)►	b	
d		included on line 12, but not on line a:			d	Amounts i	included on line but not on line	17,		
(1)	Investment	t expenses ed on line			(1)	Investment not include	expenses	a.		
(2)	6b, Form 9 Other (sp	990 \$				6b, Form 9	90 <u>\$</u>	~		
(2)	•	eury).			(2)	Other (spe	•			
	Add amor	unts on lines (1) and (2)	d			Add amou		and (2) b	ď	
е	Total reve	enue per line 12, Form 990 is line d)	e		е	Total expe	ints on lines (1) inses per line 17	, Form 990		
Par	t V Lis	t of Officers, Directors, Tr		nd Key E	mplo	yees (List e	s line d) each one even if	not compens	e ated	; see page 26 of
		(A) Name and address		(B) Title ar week d	nd avera	ge hours per to position	(C) Compensation (If not paid, enter	employee benefit p	ans &	(E) Expense account and other
	ard E. Ha	as k Avenue, #105, San Jose, (A 05117	Preside			-0)	deferred compens	ation O	allowances
Shal	eece Haas			Vice Pre	siden	t, ASRQ	0		0	0
Taze	em Lotia			Secretai	v. AS	RO	0		0	
4030	woorpari	k Avenue, #105, San Jose, (A 95117						-	
					-					
										
			••••••							
			• • • • • • • • • • • • • • • • • • • •							
• • • • • •	••••••									
75	Did any off	icer, director, trustee, or key em	ployee rece	ive aggrega	ate con	npensation of	of more than \$100	0,000 from you	ır _	
	organizatio	n and all related organizations, of ttach schedule—see page 26	of which mor	e than \$10,	.000 wa	as provided	by the related org	anizations?	• [☐ Yes 🗹 No

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. 78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? If "Yes," has it filed a tax return on Form 990-T for this year? 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement 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? If "Yes," enter the name of the organization and check whether it is exempt or nonexempt. If "Yes," enter direct or indirect political expenditures. See line 81 instructions. If "Yes," enter direct or indirect political expenditures. See line 81 instructions. If "Yes," or at substantially less than fair rental value? 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.) 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.) If "Yes," did the organization comply with the disclosure requirements for returns and exemption applications? If "Yes," did the organization solicit any contributions or gifts that were not tax deductible? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	76 77 8a 8b 79 0a	
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membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		
b If "Yes," enter the name of the organization ▶	1b	
and check whether it is exempt or nonexempt. Bla Enter direct or indirect political expenditures. See line 81 instructions. b Did the organization file Form 1120-POL for this year?. Bla 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? 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.) Bla Did the organization comply with the public inspection requirements for returns and exemption applications? b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? Bla Did the organization solicit any contributions or gifts that were not tax deductible? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Bla Sol1(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? Bla Did the organization make only in-house lobbying expenditures of \$2,000 or less?	//////////////////////////////////////	
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as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	2a	
b Did the organization comply with the public inspection requirements for returns and exemption applications? b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? b Did the organization solicit any contributions or gifts that were not tax deductible? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? c Solic)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? b Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
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b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 85 86 87 88 89 80 80 80 81 81 82 82 83 85 86 86 87 88 86 87 88 86 87 88 86 87 88 88 88 88 88 88 88 88 88 88 88 88	3a 1	<u> </u>
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	3b (<u> </u>
or gifts were not tax deductible?	4a	V
 85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 	UMA)	MAMM
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	4b	
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization	5a	
If Yes was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization.	5b	ninanini
received a waiver for account an aread for the account and account account and account account and account and account and account and account account account and account account account and account account and account account account account and account account account and account acc	///////	
received a waiver for proxy tax owed for the prior year.		
c Dues, assessments, and similar amounts from members	<i>(11)(1).</i>	
d Section 162(e) lobbying and political expenditures		
f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f		
	//////// 5g	umum
	39	
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		
	5h	
86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 . 86a	77707	
b Gross receipts, included on line 12, for public use of club facilities 86b	//X///	
87 501(c)(12) orgs. 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.)		
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		\ \
	38	
89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:	//////	
section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶ 0	////////	///X/////
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	9b	
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under		
sections 4912, 4955, and 4958		
d Enter: Amount of tax on line 89c, above, reimbursed by the organization.		
90a List the states with which a copy of this return is filed California		
b Number of employees employed in the pay period that includes March 12, 2002 (See instructions.) 91 The books are in care of ► Tazeem Lotia Telephone no. ► (408.) 261-		
4020 Magraphy Avenue #405 Con Jose CA	.7600	1
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here)
and enter the amount of tax-exempt interest received or accrued during the tax year . > 92)

Part	Analysis of Income-Producing	Activities (See p	page 31 of the	instructions.)	
Note	Enter gross amounts unless otherwise	Unrelated t	ousiness income	Excluded by sec	tion 512, 513, or 514	(E)
indic 93	ated. Program service revenue:	(A) Business code	(B) Amount	(C) Exclusion code	(D)	Related or exempt function income
а	_		•	1		w.come
b						
C						
d						
е						
f	Medicare/Medicaid payments					
	Fees and contracts from government agenc	ies				
94	Membership dues and assessments					
95	Interest on savings and temporary cash investme	ents		14	1,830.39	
96	Dividends and interest from securities	· - "				
97	Net rental income or (loss) from real estate	: <i> </i>				
a	debt-financed property					
b	not debt-financed property		ļ			
98	Net rental income or (loss) from personal proper	rty				
99	Other investment income					
100	Gain or (loss) from sales of assets other than invent	tory		18	(224.67)	
101	Net income or (loss) from special events .	-				
102	Gross profit or (loss) from sales of inventory	y -				
	Other revenue: a					
b						
C						
d			 			
е. 104	Subtotal (add ad ad a company)					
104	Subtotal (add columns (B), (D), and (E))	<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>			1,605.72	
Note:	Total (add line 104, columns (B), (D), and (E Line 105 plus line 1d, Part I, should equal ti	=))			▶	1,605.72
Part	Relationship of Activities to the A	ne amount on the	12, Part I.			
Line I	The state of the A	ccomplishment of	Exempt Purpo	ses (See pag	je 32 of the inst	tructions.)
Eiile i	No. Explain how each activity for which incom of the organization's exempt purposes (or	ne is reported in colu	mn (E) of Part VII	contributed im	portantly to the ac	complishment
	3 3 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	arer diair by providing	g runus for such p	ourposes).		
Part	X Information Regarding Tayable Sub	sidiaries and Dis-	occuded Fusivi	. (6		
	(A)	(B)	egarded Entitle (C)	s (See page :	32 of the instruc	tions.)
	Name, address, and EIN of corporation, partnership, or disregarded entity	Percentage of	Nature of ac	tivities	(D) Total income	(E) End-of-year
	parameter, or disregarded entity	ownership interest				assets
		%				
		%				
		%				
Part 2	Information Regarding Transfers Ass	ociated with Porce	nol Donofit Cont		22 (1)	
	Did the experience of the state of	ociated with Perso	nai benefit Cont	racts (See pa	ge 33 of the instr	uctions.)
(a) t	Did the organization, during the year, receive any funds,	directly or indirectly, to	pay premiums on a	personal benefit o	ontract? [Yes 🗹 No
Note	Did the organization, during the year, pay pro : If "Yes" to (b), file Form 8870 and Form	emiums, directly or	indirectly, on a	personal bene	efit contract?	Yes 🗹 No
	Under penalties of perjury 1 declare that I have ever	minod this seture includi-				
	Under penalties of perjury, I declare that I have exar and belief, it is true, correct, and complete. Declara	ation of preparer (other t	ng accompanying scr han officer) is based	nedules and state on all information	ments, and to the be	st of my knowledge
Please	IN Red 28 H	0 -		1	7/20/02	as any knowledge.
Sign	Signature of officer	<u> </u>			1/23/02	·
lere	RICHARD E. HA	95 1003	SIDAT	Da	te	
	Type or print name and title.	11/100	-10001			
		······································	Data	Charle if		
aid	Preparer's signature	ر	Date	Check if self-	Preparer's SSN or P	TIN (See Gen. Inst. W)
reparer	Firm's name (or yours) Charitable Truck	J Administration Co	7/25/03	employed ► L	I	
se Only	if self-employed	Cleveland, OH 44	inpany	EIN	▶ 34 18179	
		CIGTERALIU, UN 44	130	t Phone r	no. ▶ (440)846	-8.300