	90	0
Form	フフ	U

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

		of the Treasury venue Service The o	organization may	have to use a co	opy of this re	turn to s	atisfy	state	, reporting re	quirem	ents	Open to F	
Ā.	For t	he 2003 calendar year,			<u> </u>			ending				2004	
В	Check	if applicable	T		· 					D Emplo	yer Iden	ntification Numbe	
	Ac	Please use idress change IRS label	POMNEK CO	UNTY CASA,	INC.					62-	-1465	5336	
	☐ Na	or print or type		C SQUARE, S	SUITE B					E Telep	hone nu	mber	
	In	itial return See specific	GALLATIN,	TN 37066					ł				
	F	nal return tions								F Accou	unting od	Cash	Accrual
	Ar	mended return									Other (spe	ecify)	
	At At		ion 501(c)(3) org				t	H and I	are not applica	ble to sec	tion 527	organizations	
			itable trusts mus m 990 or 990-EZ)		leted Schedu	le A		H (a)	Is this a group	return for	affiliates	s? Yes	X No
G	Weh	site: ► N/A	III 330 01 330 EZ,	•				H (b)	If Yes enter r	number of	affiliates	s -	
						-		H (c)	Are all affiliate	s include	d?	Yes	No.
J		nization type ck only one)	X 501(c)	3 ◀ (insert no)	4947(a)(1	\or \	527	ļ	(If No attach	a list Se	e instruc	tions)	
K		k here I If the orga					J2/	H (d)	Is this a separa				
	\$25.0	000 The organization r	need not file a re	turn with the IRS	but if the o	oanizati	ion		organization co	overed by	a group	ruling? Yes	X No
	recei	ved a Form 990 Packa e states require a com	ige in the mail, it	should file a ret	urn without fi	nancial	data	!	Group Exe				
		<u>-</u>						M				ation is not requi	
		receipts Add lines 6b,			25,758.	~					orm 990	0, 990-EZ, or 990-	PF)
Pa		Revenue, Expe				- und E	salar	ices (See Instruc	tions)	√	. <u>.</u>	
		Contributions, gifts, gi	rants, and simila	r amounts receiv	ed		۱.	ī	101	170			
		Direct public support					16		101,	1/0.	19 60		
	ĺ	Indirect public suppor					11		2.4	<u> </u>			
		Government contribut Total (add lines \$,	:70 . 6			10	С	24,	500.	*	105	C70
				570. noncash \$		from Do)	line O	2)	}	1 d 2	123	<u>,</u> 670.
	3	Program service rever Membership dues and		verninein iees ai	iu contracts (irom Pa	IFE VIII	, inte 9	3)	-	3		
	4	Interest on savings ar		h investments						ŀ	4		88.
	5	Dividends and interes		ii iiivesiiiienis						-	5	· ·	00.
	_	Gross rents	t nom secunics				6	a		-	- +		
		Less rental expenses	<u>.</u>				61	-					
		Net rental indome or		ne 6b from line 6	Sa)		L				6 c		
R	7	Other investment inco	me (describe		,)	7		
REVEZU	ł	Gross amour Prom s		S	(A) Secur	ities			(B) Other		ş		
E N	04	than inventory N	DV 1 6 2004	ner O			8	а			2.		
Ę	b	Less cost or other ba	isis and sales ex	penses [81	b			3		
	С	Gain or (loss) (attach sched	MADEN 117				8	С			*		
	d	Net gain or (loss) (ee	mbine line 8c, co	lumns (A) and (I	3))				_		8 d		
	9	Special events and ad	ctivities (attach s	chedule) If any	amount is fro	m gami i	ng, ch	neck he	ere ►		i		
	а	Gross revenue (not in	icluding \$		of contri	butions	1	1					
		reported on line 1a)					9:				, **		
		Less direct expenses					9	b					
		Net income or (loss) f	•		9b from line	9a)	ا مما	1		1	9с		
		Gross sales of invento		and allowances.			10		-		>-		
		Less cost of goods so			10h f	L 10-X	10	D			.		
		Gross profit or (loss) from s			act line 10b from	line iva)					10 c		
	11 12	Other revenue (from F			00 and 11\					-	11	105	750
-		Total revenue (add lir Program services (fro	•		oc and ii)						12		,758. ,803.
E	14	Management and gen		, ,,						-	14		, 998.
P		Fundraising (from line								-	15		, 677.
EXPENSES		Payments to affiliates								}	16		, 011.
E S	17	Total expenses (add								}	17	112	478.
	18	Excess or (deficit) for			ne 12)						18		3,280.
A N S E E T T	19	Net assets or fund ba			•	mn (A))					19		, 489.
E S	20	Other changes in net		-		(97					20		
S	21	Net assets or fund ba				nd 20)				Ì	21	35	,769.
ВΛ		r Panenyork Peduction											7 (2002)

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 amou 6b, 8b, 9b, 10b,	unts reported on line , or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations	(att sch)				- 大学はないないないのであると	, , , , ,
(cash \$ _		20				
non-cash \$ 23 Specific assistance to	unduviduals (att sch)	22			e	*
24 Benefits paid to or for	· ·	24			* .	9
25 Compensation of office		25				
26 Other salaries and	d wages	26	70,901.	63,811.	7,090.	
27 Pension plan con		27				
28 Other employee b	penefits	28				
29 Payroll taxes		29	5,424.	4,882.	542.	
30 Professional fund	raising fees	30				
31 Accounting fees		31	450.		450.	
32 Legal fees		32	2.702	0.541	1.60	
33 Supplies		33	2,703.	2,541.	162.	
34 Telephone35 Postage and ship	2122	34 35	3,679. 1,397.	3,458.	221. 84.	
35 Postage and ship36 Occupancy	ping	36	10,073.	1,313. 7,555.	2,518.	· · · · · · · · · · · · · · · · · · ·
37 Equipment rental	and maintenance	37	10,073.	1,333.	2,310.	
38 Printing and publi		38	1,687.	844.	843.	
39 Travel		39	1,001.	- 011.	0.13.	
40 Conferences, convention	ons, and meetings	40				
41 Interest	,	41				
42 Depreciation, depletion	n, etc (attach schedule)	42	1,014.		1,014.	
43 Other expenses not co	vered above (itemize)					
a SEE STATEME	NT 1	43 a	15,150.	6,399.	4,074.	4,677.
b		43 b				
c		43 c				
d		43 d				
e		43e				
Organizations comple carry these totals to	enses (add lines 22 - 43) eting columns (B) - (D), lines 13 - 15	44	112,478.	90,803.	16,998.	4,677.
Joint Costs. Check						
Are any joint costs from						► Yes X No
If 'Yes,' enter (i) the ag \$		•	costs \$, (ii) the a eneral \$	mount allocated to Prog	gram services
to Fundraising \$, (iii) the amount all	located	i to Management and ge	eneral \$, and (ıv) th	e arriount allocated
	nt of Program Serv	rice A	ccomplishments	·		
What is the organizatio				NT 2		Program Service Expenses (Required for 501(c)(3) and
All organizations must	describe their exempt p	urpose	achievements in a clea	ar and concise manner	State the number of	(4) organizations and
All organizations must clients served, publicat izations and 4947(a)(1)	nons issued, etc. Discus nonexempt charitable	s acni trusts	evernents that are not in must also enter the amo	punt of grants & allocati	ons to others)	4947(a)(1) trusts but optional for others)
a SEE STATEME						
~ + - -						
			(Grants and	allocations \$)	90,803.
b						
						
			(Grants and	allocations \$	<u> </u>	
c						
			Grants and	allocations \$		
d			(Oranto and	unocations y		
~ 						
			(Grants and	allocations \$)	
e Other program se	ervices		(Grants and	allocations \$)	
f Total of Program	Service Expenses (sho	ould ed	qual line 44, column (B).	Program services)	>	90,803.

Part IV * Balance Sheets (See Instructions)

Note:		red, attached schedules and amounts within uld be for end-of-year amounts only	n the descript	tion	(A) Beginning of year		(B) End of year
	45 Cash –	non-interest-bearing			19,629.	45	32,854.
Ì	46 Savings	and temporary cash investments				46	
1							
	47 a Account	s receivable	47 a				
	b Less all	lowance for doubtful accounts	47 b			47 c	
	48a Pledges		48 a				
		lowance for doubtful accounts	48 b			48 c	
	49 Grants r	eceivable				49	
A S S E T S		bles from officers, directors, trustees, and kees (attach schedule)	ey			50	
Ĕ	51 a Other note	s & loans receivable (attach sch)	51 a				
Ś	b Less all	lowance for doubtful accounts	51 b			51 c	
		ies for sale or use				52	
	•	expenses and deferred charges		}	700.	53	700.
		ents – securities (attach schedule)	, , •	Cost FMV		54	
	55 a Investme	ents — land, buildings, & equipment basis	55 a	-		1 1	
		ccumulated depreciation					
	•	schedule)	55 b			55 c	
		ents – other (attach schedule) uildings, and equipment basis	57a	15,319.		56	
			3/ a	13,319.			
		ccumulated depreciation schedule) STATEMENT 4	57 b	13,104.	2,160.	57 c	2,215.
-	•	ssets (describe)	2,100.	58	2,213.
1		sets (add lines 45 through 58) (must equal	Ine 74)		22,489.	59	35,769.
		s payable and accrued expenses				60	
Ļ	61 Grants p	payable				61	
L + A B + L - T - E S	62 Deferred	d revenue				62	
	63 Loans from	n officers, directors, trustees, and key employees (attacl	h schedule)		·	63	
1	64 a Tax-exe	mpt bond liabilities (attach schedule)				64 a	
į	b Mortgages	and other notes payable (attach schedule)				64 b	
Š		abilities (describe -)		65	
\rightarrow		bilities (add lines 60 through 65)			0.	66	0.
N C			nd complete l	lines 67			
P F		69 and lines 73 and 74		•			
A S	67 Unrestru			}		67	
ASSETS		arily restricted				68	
		ently restricted	V			69	
R	rganizations i 70 throu	that do not follow SFAS 117, check here >	[∧] and co	mplete lines			
L D N D		stock, trust principal, or current funds				70	
	-	or capital surplus, or land, building, and equ	upment fund	-		71	
B		d earnings, endowment, accumulated incom	· ·	ınds	22,489.	72	35,769.
BALAZCES	73 Total ne	et assets or fund balances (add lines 67 thro	ough 69 or Iir	nes 70 through			
E S	72, colu	mn (A) must equal line 19, column (B) mus	st equal line 2	21) - [22,489.	73	35,769.
j	74 Total lia	bilities and net assets/fund balances (add	lines 66 and	73)	22,489.	74	35,769.

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

ñ. ---

Par	t IV ² A Reconciliation of Rever Financial Statements w per Return (See Instruc	vith Revenue	Pa	rt∛IV-B Reconcilia Financial S per Return	Statements with	es p	per Audited openses
а	Total revenue, gains, and other support per audited financial statements	► a N/A	а	Total expenses and I financial statements	losses per audited	а	N/A
b	Amounts included on line a but not on line 12, Form 990		b	Amounts included or on line 17, Form 990			* * *
(1)	Net unrealized gains on investments \$		(1) Donated services and use of facilities \$			
(2)	Donated services and use of facilities. \$		(Prior year adjust- ments reported on line 20, Form 990 \$, > >	
, ,	Recoveries of prior year grants. \$			3) Losses reported on line 20, Form 990 \$ 4) Other (specify)		, ,	y y s
(,,		***	`				
С	Add amounts on lines (1) through (4) Line a minus line b	b c	С	Add amounts on lines (1) Line a minus line b	through (4)	b c	,
d	Amounts included on line 12, Form 990 but not on line a:		d	Amounts included or Form 990 but not on		, ,	
(1)	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)			Add amounts on line	es (1) and (2)	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	е	Total expenses per 990 (line c plus line		e	
Par	List of Officers, Director	s, Trustees, and Key E	mp	loyees (List each one	e even if not compe	ensa	ited, see instructions)
	(A) Name and address	(B) Title and average her week devoted to position	ours	(C) Compensation (if not paid, enter -0-)	(D) Contributions employee benef plans and deferre compensation	it	(E) Expense account and other allowances
814	CHEL_PAYNE LONG BOAT LATIN, TN 37066	SECRETARY NONE		0.		0.	0.
CAF 184	ROL HUGHES E. HARBOR IDERSONVILLE, TN 37075	PRESIDENT NONE		0.		0.	0.
KA'	TIE HERRICK D5 DOBBINS PIKE LATIN, TN 37066	TREASURER NONE		0.		0.	0.
- - -							
75	Did any officer, director, trustee, or than \$100,000 from your organizati \$10,000 was provided by the relate	ion and all related organizat	egat ions.	e compensation of mor of which more than	e	▶ [Yes X No
- DAA	If 'Yes,' attach schedule – see inst	=					Farm 900 (2002

Part 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 78 Were any changes made in the organizing or governing documents but not reported to the IRS? 78 79 79 70 70 70 71 72	+	X
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?	, '	X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	N	I/A
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement 79		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?	1	X
b If 'Yes,' enter the name of the organization ► N/A		Y. "
and check whether it is exempt or nonexempt 81 a Enter direct and indirect political expenditures. See line 81 instructions 81 a 0.	,	
b Did the organization file Form 1120-POL for this year?		X
, , , , , , , , , , , , , , , , , , ,	** .	1.
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?	1 .3	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 N/A		1
83a 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? 84 Did the organization called an approximation of the disclosure requirements relating to quid pro quo contributions?	_	
84a Did the organization solicit any contributions or gifts that were not tax deductible?	3	<u> X</u>
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 84		A
85 501(c)(4). (5), or (6) organizations a Were substantially all dues nondeductible by members?	_	I/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	O IV	I/A
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	73.783.4	
d Section 162(e) lobbying and political expenditures. 85 d N/A	1	
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A	.3	
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?	g N	I/A_
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? 85	n N	I/A
86 501(c)(7) organizations Enter a Initiation fees and capital contributions included on	1	
line 12 86a N/A	* "	
b Gross receipts, included on line 12, for public use of club facilities 86b N/A	1.30	
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		
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		X
89 a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under	-	†
section 4911 ► 0., section 4912 ► 0., section 4955 ► 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 stalement explaining each transaction		X
	<u></u>	
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 90 a List the states with which a copy of this return is filed ► NONE		0.
b Number of employees employed in the pay period that includes March 12, 2003 (See instructions)		
91 The books are in care of ► JASON STRICKLAND Telephone number ► 615-451-1688	- 1	
Located at ► 102 PUBLIC SQUARE, SUITE B; GALLATIN, TN ZIP + 4 ► 37066		
		▶
and enter the amount of tax-exempt interest received or accrued during the tax year 92		N/A

		Unrelated	business income	Excluded by sec	ction 512, 513, or 514	(F)
Note: Ente otherwise	er gross amounts unless Indicated	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	(E) Related or exempt function income
93 Pro	ogram service revenue					
a			·			
				-	·	
c						
d						
e	edicare/Medicaid payments					
	s & contracts from government agencies					
~	embership dues and assessments					
	erest on savings & temporary cash invmnts			14	88.	
	vidends & interest from securities					
97 Net	rental income or (loss) from real estate	,	······································		*	, , ,
a del	bt-financed property					
b no	t debt-financed property					
98 Net	rental income or (loss) from pers prop					
	her investment income		·			
	nn or (loss) from sales of assets ner than inventory					
101 Net	income or (loss) from special events					
	ss profit or (loss) from sales of inventory					
	her revenue a			` > : .*	*	<u> </u>
b						
		<u> </u>	· · · · · · · · · · · · · · · · · ·			<u> </u>
d					-	
ee	ototal (add columns (B), (D), and (E))	A 4,	·		88.	
	tal (add line 104, columns (B), (D),	4 7 4.54	···		▶	88.
	e 105 plus line 1d. Part I, should eq	. ,,	t on line 12. Part I			
	Relationship of Activities			cempt Purpose	S (See instructions)	
Line No.		ch income is re	eported in column (E)	of Part VII contrib	outed importantly to the	ne accomplishment
N/A	<u> </u>				/	···
14/11	- 					
.				•		
Part IY	Information Regarding Tax	vable Subsi	diaries and Disre	garded Entitie	C (See instructions)	··
, , u	(A)	(B)		(C)	(D)	(E)
6.1				(0)		1
	, address, and EIN of corporation, rtnership, or disregarded entity	Percentage ownership in		of activities	Total income	End-of-year assets
N/A	, and a second country		%			
			00			
			8			
			%			
Part X	Information Regarding Tra	nsfers Ass	ociated with Pers	sonal Benefit C	ontracts (See insti	ructions)
a Did th	ne organization, during the year, receive any f	unds, directly or in	directly, to pay premiums	on a personal benefit co	ontract?	Yes X No
	the organization, during the year, p	-				Yes X No
	If 'Yes' to (b), file Form 8870 and F		•		·	
	Under penalties of perjury Volestare that I hat true, correct, and complete Declaration of p			ng schedules and statem	ents and to the best of my k	nowledge and belief it is
	true, correct, and complete Declaration of p	reparer (other than	officer) is based on all intori	mation of which preparer		
Please	Jansa D Fluid	<u>U</u>	•		11 12.09	
					Date	
			-			
				Date	Check if	Preparer's SSN or PTIN (see

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

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

ternal Revenue Service MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.

SUMNER (COUNTY CASA, INC.			62-1465336	
Part I	Compensation of the Five Higher (See instructions List each one If there	est Paid Employees Othe are none, enter 'None')	er Than Officers,	Directors, and	Trustees
(1	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 and deferred compensation	(e) Expense account and other allowances
NONE					
Total numbe over \$50,000	er of other employees paid		0	***	\$ * !
Part II	Compensation of the Five Higher (See instructions List each one (whether	est Paid Independent Co er individuals or firms) If there	ntractors for Pro are none, enter 'Non	fessional Servi e ')	ces
(a) Name	e and address of each independent contra	actor paid more than \$50,000	(b) Type (of service	(c) Compensation
NONE					
Total numbe \$50,000 for	er of others receiving over professional services		0	,	, ,

Schedule A (Form 990 or 990-EZ) 2003 SUMNER COUNTY CASA, INC. 62-14653	36	F	² age 2
Part III Statements About Activities (See Instructions)		Yes	No
During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities N/A (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)	1		Х
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 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	* *	ž Ž	
beneficiary? (If the answer to any question is 'Yes' attach a detailed statement explaining the transactions) a Sale, exchange, or leasing of property?	2 a		X
b Lending of money or other extension of credit?	2b		X
c Furnishing of goods, services, or facilities?	_2c		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		Х
e Transfer of any part of its income or assets?	2 e		Х
3a 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)	3a		Х
 b Do you have a section 403(b) annuity plan for your employees? 4 Did you maintain any separate account for participating donors where donors have the right to provide advice 	3b	-	X
on the use or distribution of funds?	4		X
Part IV Reason for Non-Private Foundation Status (See Instructions)			
The organization is not a private foundation because it is (Please check only ONE applicable box) A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i) A school Section 170(b)(1)(A)(ii) (Also complete Part V) A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii) A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v) A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital and state. 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section (Also complete the Support Schedule in Part IV-A.) 11a X An organization that normally receives a substantial part of its support from a governmental unit or from the gener. 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 from activities related to its charitable, etc, functions — subject to certain exceptions, and (2) no more than 33-1/3% from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquorganization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.) An organization that is not controlled by any disqualified persons (other than foundation managers) and supports of 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) section 509(a)(3).) Provide the following information about the supported organizations. (See instructions.)	on 170(i al public and gro 6 of its ired by	ss recuppo	A)(IV)
(a) Name(s) of supported organization(s)	(b) Li		
An organization organized and operated to test for public safety Section 509(a)(4) (See instructions)	fror	n abo	ove

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 **(b)** 2001 Total beginning in) Gifts, grants, and contributions received (Do not include unusual grants See line 28) 114,404. 116,707. 110,304. 124,120. 465,535. 16 Membership fees received Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose 18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organ-321 576. 1,236. 1,386. 3,519. ization after June 30, 1975 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 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 7,276. 21,357. 19,928 48,561. capital assets SEE STMT 114,725. 124,559. 132,897. 145,434. 517,615. 23 Total of lines 15 through 22 114,725 124,559. 132,897. 145,434. 517,615 Line 23 minus line 17 1.147. 1,246. 1,329. 1,454. 25 Enter 1% of line 23 10,352. ▶ 26 a Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 **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 c Total support for section 509(a)(1) test Enter line 24, column (e) 26 c 517,6<u>15.</u> d Add Amounts from column (e) for lines 2 6 6 6 52,080 26 d 465,535. 26 e e Public support (line 26c minus line 26d total) f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) 89.94 % 26 f 27 Organizations described on line 12: N/A
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) ___ (bFor 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) ___ (2000) ___ (1999) ___ (c Add Amounts from column (e) for lines 15 16 20 27 c 27 d d Add Line 27a total and line 27b total 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) 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

aı	(To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/A		
			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?	29		
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?	30	* * * * * * * * * * * * * * * * * * * *	*
31	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)	- ;	*	**************************************
20			~	,
	Does the organization maintain the following a Records indicating the racial composition of the student body, faculty, and administrative staff?	32 a	1	İ
	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32 b		
	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? d Copies of all material used by the organization or on its behalf to solicit contributions?	32 c	 	
	Copies of all material used by the organization of ourits behalf to solicit contributions?	32 u	, ,	-
	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		* 4	* .
	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	-	
	e Educational policies?	33 e		
	f Use of facilities?	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)	,	* *	*
		_ , "		,
34	a Does the organization receive any financial aid or assistance from a governmental agency?	34 a		
	b Has the organization's right to such aid ever been revoked or suspended?	34 b		
	If you answered 'Yes' to either 34a or b, please explain using an attached statement	,	, ,	,
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		

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions) (To be completed ONLY by an eligible organization that filed Form 5768) if the organization belongs to an affiliated group If you checked 'a' and 'limited control' provisions apply Check ► Check ► **b** (a) (b) Limits on Lobbying Expenditures Affiliated group To be completed for ALL electing totals (The term 'expenditures' means amounts paid or incurred) organizations 36 Total lobbying expenditures to influence public opinion (grassroots lobbying) 36 37 Total lobbying expenditures to influence a legislative body (direct lobbying) 37 38 Total lobbying expenditures (add lines 36 and 37) 38 Other exempt purpose expenditures 39 40 Total exempt purpose expenditures (add lines 38 and 39) 40 Lobbying nontaxable amount. Enter the amount from the following table ž 1. If the amount on line 40 is -The lobbying nontaxable amount is -Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 41 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000 42 Grassroots nontaxable amount (enter 25% of line 41). 42 43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36 43 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38 44 Caution: If there is an amount on either line 43 or line 44 you must file Form 4720 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) Lobbying Expenditures During 4 - Year Averaging Period Calendar year (a) (b) (e) (c) (d) (or fiscal year 2003 2002 2001 2000 Total beginning in) > 45 Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) 46 Ü Total lobbying 47 expenditures 48 Grassroots nontaxable amount Ά, žių, 49 Grassroots ceiling amount (150% of line 48(e)) 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) N/A During the year, did the organization attempt to influence national, state or local legislation, including any Yes **Amount** attempt to influence public opinion on a legislative matter or referendum, through the use of b Paid staff or management (include compensation in expenses reported on lines c through h.) c Media advertisements d Mailings to members, legislators, or the public e Publications, or published or broadcast statements f Grants to other organizations for lobbying purposes g Direct contact with legislators, their staffs, government officials, or a legislative body h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means i Total lobbying expenditures (add lines c through h.) 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)

51 Did the	ne reporting organization • Code (other than section	directly or in n 501(c)(3) d	idirectly engage in a organizations) or in	any of the followi section 527, relat	ng with any other organization ting to political organizations?	described in sec	tion 501(c)
	sfers from the reporting o		=		•		Yes No
(1) C	' *	3		, 3		51 a (i)	X
	ther assets					a (ii)	X
	transactions						
(i)S	ales or exchanges of ass	sets with a ni	oncharitable exemp	t organization		b (i)	X
• • • • • • • • • • • • • • • • • • • •	urchases of assets from			-		b (ii)	X
` '	Rental of facilities, equipm					b (iii	
` '	leimbursement arrangem					b (ıv	
	oans or loan guarantees					b (v)	
` `	erformance of services of	r membersh	in or fundraising so	licitations		b (vi	
` `	ng of facilities, equipmen					C	X
d If the	answer to any of the abo	ove is 'Yes.'	complete the follow	ing schedule Co	lumn (b) should always show t	he fair market va	
the g	oods, other assets, or se ransaction or sharing arra	rvices given angement, si	by the reporting or how in column (d) f	gañization If the he value of the d	olumn (b) should always show to organization received less that oods, other assets, or services	n fair market valu received	ie in
(a) Line no	(b) Amount involved		(c) noncharitable exem		Description of transfers, transac	d)	
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52 a Is the	e organization directly or	indirectly aff	iliated with, or related	ed to, one or mo	re tax-exempt organizations	► □ v	[V] N.
	ribed in section 501(c) of	•	ther than section 5	01(c)(3)) or in sec	ction 52/7	- [] Y	es X No
b If 'Ye	es,' complete the following	g schedule					
	(a) Name of organization		(b) Type of org) Janization	Description of	c) if relationship	
			7,900 01 01		2000		
N/A							
		_					
							
				·			
			·		C also also la	• .=	000 = 7\ 000

2003	FEDERAL	STATEM	ENTS		PAGE 1
	SUMNER CO	OUNTY CASA	, INC.		62-1465336
STATEMENT 1 FORM 990, PART II, LINE 43 OTHER EXPENSES					
		(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT <u>& GENERAL</u>	(D) <u>FUNDRAISING</u>
ADVERTISING BOARD EXPENSES CLEANING SERVICE DUES AND SUBSCRIPTIONS FUNDRAISING INSURANCE LICENSE AND FEES REPAIRS AND MAINTENANCE TRAINING VOLUNTEER RECOGNITION		1,231. 132. 1,200. 451. 4,677. 2,005. 200. 1,924. 1,883. 1,447.	1,231. 338. 1,504. 1,443. 1,883.	132. 1,200. 113. 501. 200. 481.	4,677.
STATEMENT 2 FORM 990 , PART III ORGANIZATION'S PRIMARY ADVOCACY FOR ABUSED AND CHILDREN		\$ 15,150.	\$ 0,399.	2 4,074.	4,011.
FORM 990 , PART III ORGANIZATION'S PRIMARY ADVOCACY FOR ABUSED AND	EXEMPT PURPOSE NEGLECTED		\$ 0,399.	2 4,074.	4,0/7.
FORM 990 , PART III ORGANIZATION'S PRIMARY ADVOCACY FOR ABUSED AND CHILDREN STATEMENT 3 FORM 990, PART III, LINE A	EXEMPT PURPOSE NEGLECTED		\$ 0,399.	GRANTS AND ALLOCATIONS	PROGRAM SERVICE

STATEMENT 4 FORM 990, PART IV, LINE 57 LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
MACHINERY AND EQUIPMENT TOTAL	\$ 15,319	9. \$ 13,104.	\$ 2,215.
	\$ 15,319	9. \$ 13,104.	\$ 2,215.

2003

FEDERAL STATEMENTS

PAGE 2

SUMNER COUNTY CASA, INC.

62-1465336

STATEMENT 5 SCHEDULE A, PART IV-A, LINE 22 OTHER INCOME

DESCRIPTION (A) 2002 (B) 2001 (C) 2000 (D) 1999 (E) TOTAL

SPECIAL EVENTS AND ACTIVITIES

TOTAL \$ 0. \$ 7,276. \$ 21,357. \$ 19,928. \$ 48,561. \$ 0. \$ 7,276. \$ 21,357. \$ 19,928. \$ 48,561.