

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2003

Department of the Treasury  
Internal Revenue Service

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

Education Equal Opportunity Group

Number and street (or P.O. box if mail is not delivered to street address)

P.O. Box 24056

Room/suite

City or town

State or country

ZIP + 4

Nashville

TN

37202-4056

## D Employer identification number

62-1860835

## E Telephone number

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?

☐ Yes☐ No

(If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling?

☐ Yes☒ No

I Group Exemption Number ▶

G Website: ▶ N/A

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

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

28,309

## Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

1 Contributions, gifts, grants, and similar amounts received:				
a	Direct public support	1a		
b	Indirect public support	1b		
c	Government contributions (grants)	1c		
d	Total (add lines 1a through 1c) (cash \$ noncash \$ )	1d		0
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		28,309
3	Membership dues and assessments	3		0
4	Interest on savings and temporary cash investments	4		0
5	Dividends and interest from securities	5		0
6a	Gross rents	6a		
b	Less: rental expenses	6b		
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c		0
7	Other investment income (describe )	7		0
8a	Gross amount from sales of assets other than inventory	(A) Securities	8a	0
b	Less: cost or other basis and sales expenses	(B) Other	8b	0
c	Gain or (loss) (attach schedule)	8c		0
d	Net gain or (loss) (combine line 8c and column (B))	8d		0
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
a	Gross revenue (including \$ 0 of contributions reported on line 1a)	9a		0
b	Less: direct expenses other than fundraising expenses	9b		0
c	Net income or (loss) (subtract line 9b from line 9a)	9c		0
10a	Gross sales of inventory, less returns and allowances	10a		
b	Less: cost of goods sold	10b		
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		0
11	Other revenue (from Part VII, line 103)	11		0
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		28,309
13	Program services (from line 44, column (B))	13		29,770
14	Management and general (from line 44, column (C))	14		0
15	Fundraising (from line 44, column (D))	15		777
16	Payments to affiliates (attach schedule)	16		0
17	Total expenses (add lines 16 and 44, column (A))	17		30,547
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18		-2,238
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		0
20	Other changes in net assets or fund balances (attach explanation)	20		0
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		-2,238

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2003)

**Statement of**

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. (See page 22 of the instructions.)

**Functional Expenses**

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
<b>22</b> Grants and allocations (attach schedule) . . . . . (cash \$ <u>0</u> noncash \$ <u>0</u> )	<b>22</b> 0	0		
<b>23</b> Specific assistance to individuals (attach schedule) . . . . .	<b>23</b> 0			
<b>24</b> Benefits paid to or for members (attach schedule) . . . . .	<b>24</b> 0			
<b>25</b> Compensation of officers, directors, etc. . . . .	<b>25</b> 0			
<b>26</b> Other salaries and wages . . . . .	<b>26</b> 0			
<b>27</b> Pension plan contributions . . . . .	<b>27</b> 0			
<b>28</b> Other employee benefits . . . . .	<b>28</b> 0			
<b>29</b> Payroll taxes . . . . .	<b>29</b> 0			
<b>30</b> Professional fundraising fees . . . . .	<b>30</b> 0			
<b>31</b> Accounting fees . . . . .	<b>31</b> 0			
<b>32</b> Legal fees . . . . .	<b>32</b> 0			
<b>33</b> Supplies . . . . .	<b>33</b> 0			
<b>34</b> Telephone . . . . .	<b>34</b> 1,670	1,670		
<b>35</b> Postage and shipping . . . . .	<b>35</b> 36	36		
<b>36</b> Occupancy . . . . .	<b>36</b> 3,067	3,067		
<b>37</b> Equipment rental and maintenance . . . . .	<b>37</b> 0			
<b>38</b> Printing and publications . . . . .	<b>38</b> 0			
<b>39</b> Travel . . . . .	<b>39</b> 903	903		
<b>40</b> Conferences, conventions, and meetings . . . . .	<b>40</b> 11,548	11,548		
<b>41</b> Interest . . . . .	<b>41</b> 0			
<b>42</b> Depreciation, depletion, etc. (attach schedule) . . . . .	<b>42</b> 0			
<b>43</b> Other expenses not covered above (itemize): <b>a</b> bank charges	<b>43a</b> 87	87		
<b>b</b> Consultant fees	<b>43b</b> 10,947	10,947		
<b>c</b> Office expenses	<b>43c</b> 1,407	1,407		
<b>d</b> fundraising	<b>43d</b> 777			777
<b>e</b> licenses	<b>43e</b> 105	105		
<b>f</b>	<b>43f</b> 0			
<b>44</b> Total functional expenses (add lines 22 through 43) <i>Organizations completing columns (B)-(D), carry these totals to lines 13-15</i>	<b>44</b> 30,547	29,770	0	777

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 ☐ NoIf "Yes," enter (i) the aggregate amount of these joint costs \$ 0; (ii) the amount allocated to Program services \$ \_\_\_\_\_, (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_**Statement of Program Service Accomplishments** (See page 25 of the instructions.)What is the organization's primary exempt purpose? ☐

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

	Program Service Expenses Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others
<b>a</b> C _____ _____ _____ (Grants and allocations \$ _____)	29,770
<b>b</b> _____ _____ _____ (Grants and allocations \$ _____)	
<b>c</b> _____ _____ _____ (Grants and allocations \$ _____)	
<b>d</b> _____ _____ _____ (Grants and allocations \$ _____)	
<b>e</b> Other program services (attach schedule) (Grants and allocations \$ _____)	
<b>f</b> Total of Program Service Expenses (should equal line 44, column (B), Program services)	29,770

**Balance Sheets** (See page 25 of the instructions.)

<b>Note:</b> 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	<b>45</b>	Cash—non-interest-bearing . . . . .	<b>45</b>	-388
	<b>46</b>	Savings and temporary cash investments . . . . .	<b>46</b>	
	<b>47 a</b>	Accounts receivable . . . . . <span style="float: right; border: 1px solid black; padding: 0 5px;">47a</span> 0		
	<b>b</b>	Less: allowance for doubtful accounts . . . . . <span style="float: right; border: 1px solid black; padding: 0 5px;">47b</span> 0	0	<span style="float: right; border: 1px solid black; padding: 0 5px;">47c</span> 0
	<b>48 a</b>	Pledges receivable . . . . . <span style="float: right; border: 1px solid black; padding: 0 5px;">48a</span> 0		
	<b>b</b>	Less: allowance for doubtful accounts . . . . . <span style="float: right; border: 1px solid black; padding: 0 5px;">48b</span> 0	0	<span style="float: right; border: 1px solid black; padding: 0 5px;">48c</span> 0
	<b>49</b>	Grants receivable . . . . .	<b>49</b>	
	<b>50</b>	Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .	0	<b>50</b> 0
	<b>51 a</b>	Other notes and loans receivable (attach schedule) . . . . . <span style="float: right; border: 1px solid black; padding: 0 5px;">51a</span> 0		
	<b>b</b>	Less: allowance for doubtful accounts . . . . . <span style="float: right; border: 1px solid black; padding: 0 5px;">51b</span> 0	0	<span style="float: right; border: 1px solid black; padding: 0 5px;">51c</span> 0
	<b>52</b>	Inventories for sale or use . . . . .	<b>52</b>	
	<b>53</b>	Prepaid expenses and deferred charges . . . . .	<b>53</b>	
	<b>54</b>	Investments—securities (attach schedule) . . . . . <span style="float: right;">▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV</span>	0	<b>54</b> 0
	<b>55 a</b>	Investments—land, buildings, and equipment: basis . . . . . <span style="float: right; border: 1px solid black; padding: 0 5px;">55a</span> 0		
	<b>b</b>	Less: accumulated depreciation (attach schedule) . . . . . <span style="float: right; border: 1px solid black; padding: 0 5px;">55b</span> 0	0	<span style="float: right; border: 1px solid black; padding: 0 5px;">55c</span> 0
<b>56</b>	Investments—other (attach schedule) . . . . .	0	<b>56</b> 0	
<b>57 a</b>	Land, buildings, and equipment: basis . . . . . <span style="float: right; border: 1px solid black; padding: 0 5px;">57a</span> 0			
<b>b</b>	Less: accumulated depreciation (attach schedule) . . . . . <span style="float: right; border: 1px solid black; padding: 0 5px;">57b</span> 0	0	<span style="float: right; border: 1px solid black; padding: 0 5px;">57c</span> 0	
<b>58</b>	Other assets (describe <span style="float: right;">▶ _____</span> )	0	<b>58</b> 0	
<b>59</b>	<b>Total assets</b> (add lines 45 through 58) (must equal line 74) . . . . .	0	<b>59</b> -388	
Liabilities	<b>60</b>	Accounts payable and accrued expenses . . . . .	<b>60</b>	
	<b>61</b>	Grants payable . . . . .	<b>61</b>	
	<b>62</b>	Deferred revenue . . . . .	<b>62</b>	
	<b>63</b>	Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .	0	<b>63</b> 0
	<b>64 a</b>	Tax-exempt bond liabilities (attach schedule) . . . . .	0	<span style="float: right; border: 1px solid black; padding: 0 5px;">64a</span> 0
	<b>b</b>	Mortgages and other notes payable (attach schedule) . . . . .	0	<span style="float: right; border: 1px solid black; padding: 0 5px;">64b</span> 0
	<b>65</b>	Other liabilities (describe <span style="float: right;">▶ loans payable</span> )	0	<b>65</b> 1,850
<b>66</b>	<b>Total liabilities</b> (add lines 60 through 65) . . . . .	0	<b>66</b> 1,850	
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here</b> <span style="float: right;">▶ <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</span>			
	<b>67</b>	Unrestricted . . . . .	<b>67</b>	-2,238
	<b>68</b>	Temporarily restricted . . . . .	<b>68</b>	
	<b>69</b>	Permanently restricted . . . . .	<b>69</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <span style="float: right;">▶ <input type="checkbox"/> and complete lines 70 through 74.</span>			
	<b>70</b>	Capital stock, trust principal, or current funds . . . . .	<b>70</b>	
	<b>71</b>	Paid-in or capital surplus, or land, building, and equipment fund . . . . .	<b>71</b>	
	<b>72</b>	Retained earnings, endowment, accumulated income, or other funds . . . . .	<b>72</b>	
	<b>73</b>	<b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21) . . . . .	0	<b>73</b> -2,238
	<b>74</b>	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	0	<b>74</b> -388

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.

**Reconciliation of Revenue per Audited  
Financial Statements with Revenue per  
Return (See page 27 of the instructions.)**
**Reconciliation of Expenses per Audited  
Financial Statements with Expenses per  
Return**

<b>a</b> Total revenue, gains, and other support per audited financial statements <span style="float:right">▶</span> <b>a</b>					<b>a</b> Total expenses and losses per audited financial statements <span style="float:right">▶</span> <b>a</b>				
<b>b</b> Amounts included on line a but not on line 12, Form 990: <b>(1)</b> Net unrealized gains on investments \$ <b>(2)</b> Donated services and use of facilities \$ <b>(3)</b> Recoveries of prior year grants \$ <b>(4)</b> Other (specify): \$ \$ Add amounts on lines (1) through (4) <span style="float:right">▶</span> <b>b</b>					<b>b</b> Amounts included on line a but not on line 17, Form 990: <b>(1)</b> Donated services and use of facilities \$ <b>(2)</b> Prior year adjustments reported on line 20, Form 990 \$ <b>(3)</b> Losses reported on line 20, Form 990 \$ <b>(4)</b> Other (specify): \$ \$ Add amounts on lines (1) through (4) <span style="float:right">▶</span> <b>b</b>				
				0					0
<b>c</b> Line a minus line b <span style="float:right">▶</span> <b>c</b>				0	<b>c</b> Line a minus line b <span style="float:right">▶</span> <b>c</b>				0
<b>d</b> Amounts included on line 12, Form 990 but not on line a: <b>(1)</b> Investment expenses not included on line 6b, Form 990 \$ <b>(2)</b> Other (specify): \$ \$ Add amounts on lines (1) and (2) <span style="float:right">▶</span> <b>d</b>					<b>d</b> Amounts included on line 17, Form 990 but not on line a: <b>(1)</b> Investment expenses not included on line 6b, Form 990 \$ <b>(2)</b> Other (specify): \$ \$ Add amounts on lines (1) and (2) <span style="float:right">▶</span> <b>d</b>				
				0					0
<b>e</b> Total revenue per line 12, Form 990 (line c plus line d) <span style="float:right">▶</span> <b>e</b>				0	<b>e</b> Total expenses per line 17, Form 990 (line c plus line d) <span style="float:right">▶</span> <b>e</b>				0

**List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see page 27 of the instructions.)**

(A) Name and address			(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Name	George Thomas	Str PO Box 24056	Title President			
City	Nashville	ST TN ZIP 37202	Hr/WK	0	0	0
Name		Str	Title			
City		ST ZIP	Hr/WK			
Name		Str	Title			
City		ST ZIP	Hr/WK			
Name		Str	Title			
City		ST ZIP	Hr/WK			
Name		Str	Title			
City		ST ZIP	Hr/WK			
Name		Str	Title			
City		ST ZIP	Hr/WK			
Name		Str	Title			
City		ST ZIP	Hr/WK			
Name		Str	Title			
City		ST ZIP	Hr/WK			

**75** Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ▶ ☐ Yes ☐ No

If "Yes," attach schedule—see page 28 of the instructions

Other Information (See page 28 of the 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	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.	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	78a	X
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	78b	N/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?	80a	X
b	If "Yes," enter the name of the organization <input type="checkbox"/> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a	Enter direct and indirect political expenditures. See line 81 instructions . . . . .	81a	0
b	Did the organization file <b>Form 1120-POL</b> 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	N/A
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? . . . . .	84b	N/A
85	<b>501(c)(4), (5), or (6) organizations.</b> a Were substantially all dues nondeductible by members? . . . . .	85a	X
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? . . . . . 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.	85b	X
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? . . . . .	85g	N/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? . . . . .	85h	N/A
86	<b>501(c)(7) orgs.</b> Enter: a Initiation fees and capital contributions included on line 12 . . . . .	86a	
b	Gross receipts, included on line 12, for public use of club facilities . . . . .	86b	
87	<b>501(c)(12) orgs.</b> 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.) . . . . .	87b	
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	<b>501(c)(3) organizations.</b> Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> NA ; section 4912 <input type="checkbox"/> NA ; section 4955 <input type="checkbox"/> NA		
b	<b>501(c)(3) and 501(c)(4) orgs.</b> 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 . . . . .		NA
90 a	List the states with which a copy of this return is filed <input type="checkbox"/>		
b	Number of employees employed in the pay period that includes March 12, 2003 (See instructions.)	90b	0
91	The books are in care of <input type="checkbox"/> Name George Thomas Telephone no <input type="checkbox"/> 615-400-7357 Located at <input type="checkbox"/> P.O. Box 24056 City Nashville ST TN Zip + 4 <input type="checkbox"/> 37202-4506		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b> — Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . .	92	N/A

**Analysis of Income-Producing Activities** (See page 33 of the instructions.)**Note:** Enter gross amounts unless otherwise indicated.

		Unrelated business income		Excluded by section 512, 513, or 514		(E)
		(A)	(B)	(C)	(D)	Related or exempt
		Business code	Amount	Exclusion code	Amount	function income
<b>93</b>	Program service revenue					
a	Conference fees					28,309
b						
c						
d						
e						
f	Medicare/Medicaid payments					
g	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					
<b>97</b>	Net rental income or (loss) from real estate:					
a	debt-financed property					
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 a					
b						
c						
d						
e						
<b>104</b>	Subtotal (add columns (B), (D), and (E))		0		0	28,309
<b>105</b>	Total (add line 104, columns (B), (D), and (E))					28,309

**Note:** Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.**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).
▼	funds use to hold conferences helping students.

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

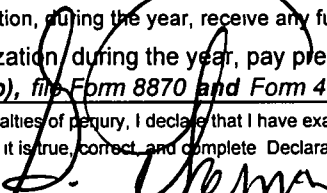
(A)	(B)	(C)	(D)	(E)
Name, address, and EIN of corporation, partnership, or disregarded entity	Percentage of ownership interest	Nature of activities	Total income	End-of-year assets
N/A	%		0	0
	%		0	0
	%		0	0
	%		0	0

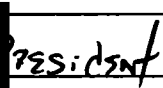
**Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 34 of the instructions.)

- (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.

Please  Date 8/4/04

 President

Date \_\_\_\_\_ Check if \_\_\_\_\_ Preparer's SSN or PTIN (See Gen. Inst. W)

**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.)**

OMB No 1545-0047

**2003**

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

Name of the organization

Employer identification number

Education Equal Opportunity Group

62-1860835

**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
Name N/A Str City ST Zip Country	Title Avg hr/wk			
Name Str City ST Zip Country	Title Avg hr/wk			
Name Str City ST Zip Country	Title Avg hr/wk			
Name Str City ST Zip Country	Title Avg hr/wk			
Name Str City ST Zip Country	Title Avg hr/wk			
Total number of other employees paid over \$50,000 ▶				

**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
Name Check here if a business <input type="checkbox"/> Str City ST ZIP Country		
Name Check here if a business <input type="checkbox"/> Str City ST ZIP Country		
Name Check here if a business <input type="checkbox"/> Str City ST ZIP Country		
Name Check here if a business <input type="checkbox"/> Str City ST ZIP Country		
Name Check here if a business <input type="checkbox"/> Str City ST ZIP Country		
Total number of others receiving over \$50,000 for professional services ▶		

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 ► \$ _____ 0 (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) . . . . .	1	X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
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? . . . . .	2a	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	X
e	Transfer of any part of its income or assets? . . . . .	2e	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.) . . . . .	3a	X
b	Do you have a section 403(b) annuity plan for your employees? . . . . .	3b	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? . . . . .	4	X

Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

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 City ST Country

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.)

11 a

☐

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.)

11 b

☐

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.)



**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
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)					0
<b>16</b> Membership fees received					0
<b>17</b> 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					0
<b>18</b> 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					0
<b>19</b> Net income from unrelated business activities not included in line 18					0
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
<b>21</b> 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					0
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					0
<b>23</b> Total of lines 15 through 22	0	0	0	0	0
<b>24</b> Line 23 minus line 17	0	0	0	0	0
<b>25</b> Enter 1% of line 23	0	0	0	0	0
<b>26</b> Organizations described on lines 10 or 11: <b>a</b> Enter 2% of amount in column (e), line 24					<b>26a</b> 0
<b>b</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					<b>26b</b>
<b>c</b> Total support for section 509(a)(1) test: Enter line 24, column (e)					<b>26c</b> 0
<b>d</b> Add: Amounts from column (e) for lines: 18 0 19 0					<b>26d</b> 0
22 0 26b 0					<b>26e</b> 0
<b>e</b> Public support (line 26c minus line 26d total)					<b>26f</b> 0.00%
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
<b>27</b> Organizations described on line 12: <b>a</b> 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) 0	(2001) 0	(2000)	(1999)	
<b>b</b> For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:	(2002)	(2001)	(2000)	(1999)	
<b>c</b> Add: Amounts from column (e) for lines: 15 0 16 0					<b>27c</b> 0
17 0 20 0 21 0					<b>27d</b> 0
<b>d</b> Add: Line 27a total 0 and line 27b total 0					<b>27e</b> 0
<b>e</b> Public support (line 27c total minus line 27d total)					<b>27f</b> 0
<b>f</b> Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					<b>27g</b> 0.00%
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))					<b>27h</b> 0.00%
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					
<b>28</b> 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.					

# 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.**

## 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 Education Equal Opportunity Group	<b>Employer identification number</b> 62-1860835
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 P.O. Box 24056	
	City, town or post office, state, and ZIP code For a foreign address, see instructions. Nashville, TN 37202-4056	

**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.

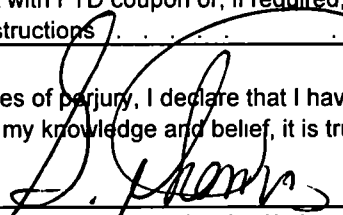
- 1** I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until 8/15/2004 to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☒ calendar year 2003 or
- ☐ tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

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

- 3 a** 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 \$ 0
- 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 \$ 0
- 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 \$ 0

## 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 ►  Title ► President Date ► 5/15/2004

(HTA) For Paperwork Reduction Act Notice, see Instruction Form **8868** (12-2000)