

Return of Organization Exempt from Income Tax

2004

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

Open to Public Inspection

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 2004 calendar year, or tax year beginning 7/01, 2004, and ending 6/30, 2005

- 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.

FAMILIES OF SPINAL MUSCULAR ATROPHY PO BOX 196 LIBERTYVILLE, IL 60048

D Employer Identification Number 36-3320440 E Telephone number 800-886-1762 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 (a) Is this a group return for affiliates? Yes No H (b) If 'Yes,' enter number of affiliates 21 H (c) Are all affiliates included? Yes No H (d) Is this a separate return filed by an organization covered by a group ruling? Yes No

G Web site: 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.

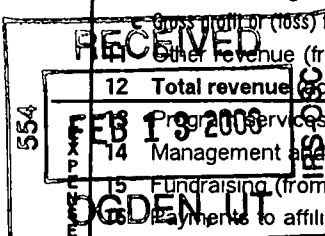
I Group Exemption Number M Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 4,516,223.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

Table with 12 columns for line numbers and 2 columns for amounts. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less: rental expenses; 6c Net rental income or (loss); 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less: cost or other basis and sales expenses; 8c Gain or (loss) (attach schedule); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less: direct expenses other than fundraising expenses; 9c Net income or (loss) from special events; 10a Gross sales of inventory, less returns and allowances; 10b Less: cost of goods sold; 10c Net gain or (loss) from sales of inventory; 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.

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

Table with 5 columns: Description, (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include: 22 Grants and allocations (att sch) See Stmt 4, 23 Specific assistance to individuals (att sch), 24 Benefits paid to or for members (att sch), 25 Compensation of officers, directors, etc, 26 Other salaries and wages, 27 Pension plan contributions, 28 Other employee benefits, 29 Payroll taxes, 30 Professional fundraising fees, 31 Accounting fees, 32 Legal fees, 33 Supplies, 34 Telephone, 35 Postage and shipping, 36 Occupancy, 37 Equipment rental and maintenance, 38 Printing and publications, 39 Travel, 40 Conferences, conventions, and meetings, 41 Interest, 42 Depreciation, depletion, etc (attach schedule), 43 Other expenses not covered above (itemize), 44 Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
If 'Yes,' enter (i) the aggregate amount of these joint costs \$; (ii) the amount allocated to Program services \$; (iii) the amount allocated to Management and general \$; and (iv) the amount allocated to Fundraising \$

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? SEE EXHIBIT "A"

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) & (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others.)

Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)

Table with 2 columns: Description, Program Service Expenses. Row a: FAMILIES OF SPINAL MUSCULAR ATROPHY RAISES MONEY FOR RESEARCH TO PROVIDE PATIENT SUPPORT AND PROMOTE PUBLIC AWARENESS OF SPECIFIC DISEASES. (Grants and allocations \$ 2,903,468.) 3,741,036. Row b: (Grants and allocations \$) Row c: (Grants and allocations \$) Row d: (Grants and allocations \$) Row e: Other program services (Grants and allocations \$)

f Total of Program Service Expenses (should equal line 44, column (B), Program services) 3,741,036.

Part IV Balance Sheets (See Instructions)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

| | | (A) Beginning of year | | (B) End of year |
|--|---|---|------------|--------------------|
| ASSETS | 45 Cash – non-interest-bearing | 744,212. | 45 | 459,194. |
| | 46 Savings and temporary cash investments | 2,495,957. | 46 | 2,865,569. |
| | 47 a Accounts receivable | 47 a | | |
| | b Less: allowance for doubtful accounts | 47 b | | 47 c |
| | 48 a Pledges receivable | 48 a | | |
| | b Less: allowance for doubtful accounts | 48 b | | 48 c |
| | 49 Grants receivable | | 49 | |
| | 50 Receivables from officers, directors, trustees, and key employees (attach schedule) | | 50 | |
| | 51 a Other notes & loans receivable (attach sch) | 51 a | | |
| | b Less: allowance for doubtful accounts | 51 b | | 51 c |
| | 52 Inventories for sale or use | 68,853. | 52 | 31,591. |
| | 53 Prepaid expenses and deferred charges | 275. | 53 | 275. |
| | 54 Investments – securities (attach schedule) | <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV 1,458,528. | 54 | 1,458,528. |
| | 55 a Investments – land, buildings, & equipment: basis | 55 a | | |
| | b Less: accumulated depreciation (attach schedule) | 55 b | | 55 c |
| | 56 Investments – other (attach schedule) | | 56 | |
| | 57 a Land, buildings, and equipment: basis | 57 a 135,565. | | |
| | b Less: accumulated depreciation (attach schedule) | 57 b 76,597. | 36,343. | 57 c 58,968. |
| | 58 Other assets (describe ▶ See Statement 7) | 5,550. | 58 | 5,550. |
| 59 Total assets (add lines 45 through 58) (must equal line 74) | 4,809,718. | 59 | 4,879,675. | |
| LIABILITIES | 60 Accounts payable and accrued expenses | | 60 | |
| | 61 Grants payable | | 61 | |
| | 62 Deferred revenue | | 62 | |
| | 63 Loans from officers, directors, trustees, and key employees (attach schedule) | | 63 | |
| | 64 a Tax-exempt bond liabilities (attach schedule) | | 64 a | |
| | b Mortgages and other notes payable (attach schedule) | | 64 b | |
| | 65 Other liabilities (describe ▶ See Statement 8) | 4,535. | 65 | 1,640. |
| 66 Total liabilities (add lines 60 through 65) | 4,535. | 66 | 1,640. | |
| NET ASSETS OR FUND BALANCES | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74. | | | |
| | 67 Unrestricted | 4,805,183. | 67 | 4,878,035. |
| | 68 Temporarily restricted | | 68 | |
| | 69 Permanently restricted | | 69 | |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74. | | | |
| | 70 Capital stock, trust principal, or current funds | | 70 | |
| | 71 Paid-in or capital surplus, or land, building, and equipment fund | | 71 | |
| | 72 Retained earnings, endowment, accumulated income, or other funds | | 72 | |
| 73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21) | 4,805,183. | 73 | 4,878,035. | |
| 74 Total liabilities and net assets/fund balances (add lines 66 and 73) | 4,809,718. | 74 | 4,879,675. | |

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

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions.)

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

| | | |
|---|----------|------------|
| a Total revenue, gains, and other support per audited financial statements | a | 3,929,452. |
| b Amounts included on line a but not on line 12, Form 990: | | |
| (1) Net unrealized gains on investments \$ | | |
| (2) Donated services and use of facilities \$ | | |
| (3) Recoveries of prior year grants \$ | | |
| (4) Other (specify): | | |
| ----- \$ | | |
| Add amounts on lines (1) through (4) . | b | |
| c Line a minus line b . | c | 3,929,452. |
| d Amounts included on line 12, Form 990 but not on line a : | | |
| (1) Investment expenses not included on line 6b, Form 990 \$ | | |
| (2) Other (specify): | | |
| ----- \$ | | |
| Add amounts on lines (1) and (2) . | d | |
| e Total revenue per line 12, Form 990 (line c plus line d) | e | 3,929,452. |

| | | |
|---|----------|------------|
| a Total expenses and losses per audited financial statements | a | 3,856,600. |
| b Amounts included on line a but not on line 17, Form 990: | | |
| (1) Donated services and use of facilities \$ | | |
| (2) Prior year adjustments reported on line 20, Form 990 \$ | | |
| (3) Losses reported on line 20, Form 990 \$ | | |
| (4) Other (specify): | | |
| ----- \$ | | |
| Add amounts on lines (1) through (4) . | b | |
| c Line a minus line b . | c | 3,856,600. |
| d Amounts included on line 17, Form 990 but not on line a : | | |
| (1) Investment expenses not included on line 6b, Form 990 \$ | | |
| (2) Other (specify): | | |
| ----- \$ | | |
| Add amounts on lines (1) and (2) . | d | |
| e Total expenses per line 17, Form 990 (line c plus line d) | e | 3,856,600. |

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see 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 and deferred compensation | (E) Expense account and other allowances |
|----------------------|--|---|---|--|
| See Statement 9 | | | | |
| ----- | | 30,000. | 0. | 0. |
| ----- | | | | |
| ----- | | | | |
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| ----- | | | | |

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 instructions.

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 | | X |
| 77 | Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes. | | X |
| 78a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | | X |
| 78b | If 'Yes,' has it filed a tax return on Form 990-T for this year? | | N/A |
| 79 | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement. | | X |
| 80a | Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization? | | X |
| b If 'Yes,' enter the name of the organization <u>N/A</u> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt. | | | |
| 81a | Enter direct and indirect political expenditures. See line 81 instructions | 81a | 0. |
| 81b | Did the organization file Form 1120-POL for this year? | | X |
| 82a | 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? | | 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 |
| 83a | Did the organization comply with the public inspection requirements for returns and exemption applications? | 83a | X |
| 83b | Did the organization comply with the disclosure requirements relating to quid pro quo contributions? | 83b | X |
| 84a | 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 | 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? | 85a | N/A |
| 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 | N/A |
| 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 | 501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 12 | 86a | N/A |
| b Gross receipts, included on line 12, for public use of club facilities | | 86b | N/A |
| 87 | 501(c)(12) organizations Enter: a Gross income from members or shareholders | 87a | N/A |
| b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) | | 87b | N/A |
| 88 | At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX | 88 | X |
| 89a | 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u> | | |
| b 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction | | 89b | X |
| c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | | | 0. |
| d Enter: Amount of tax on line 89c, above, reimbursed by the organization | | | 0. |
| 90a | List the states with which a copy of this return is filed <u>VARIOUS</u> | | |
| b Number of employees employed in the pay period that includes March 12, 2004 (See instructions.) | | 90b | 4 |
| 91 | The books are in care of <u>AUDREY LEWIS</u> Telephone number <u>800-886-1762</u> Located at <u>LIBERTYVILLE, IL</u> ZIP + 4 <u>60048</u> | | |
| 92 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <u>92</u> | | N/A |

Part VII Analysis of Income-Producing Activities (See instructions.)

Note: Enter gross amounts unless otherwise indicated

Table with 5 columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include 93 Program service revenue, 94 Membership dues, 95 Interest on savings, 96 Dividends, 97 Net rental income, 98 Net rental income from pers prop, 99 Other investment income, 100 Gain or loss from sales of assets, 101 Net income from special events, 102 Gross profit from sales of inventory, 103 Other revenue, 104 Subtotal, 105 Total.

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See instructions.)

Table with 2 columns: Line No., Explain how each activity... ALL ACTIVITIES OF FAMILIES OF SPINAL MUSCULAR ATROPHY HELP TO RAISE MONEY FOR RESEARCH TO PROVIDE PATIENT SUPPORT AND PROMOTE PUBLIC AWARENESS OF SPECIFIC DISEASES.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions.)

Table with 5 columns: (A) Name, address, and EIN, (B) Percentage of ownership interest, (C) Nature of activities, (D) Total income, (E) End-of-year assets. Row 1: N/A, %, %.

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions.)

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

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

Please Sign Here: Under penalties of perjury, I declare that I have examined this return... Signature of officer: Andrew J. Lewis, Executive Director, Date: 2/2/06

Paid Preparer's Use Only: Preparer's signature: [Signature], Date: 1/2/06, Firm's name: Kohn, Roseth & Associates, LTD., 89 Lincolnwood Road, Highland Park, IL 60035, EIN: 36-3466709, Phone no: (847) 266-8590

SCHEDULE A
(Form 990 or 990-EZ)

**Organization Exempt Under
Section 501(c)(3)**

OMB No 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

2004

Supplementary Information — (See separate instructions.)

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

FAMILIES OF SPINAL MUSCULAR ATROPHY

36-3320440

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See 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 and deferred compensation | (e) Expense account and other allowances |
|---|--|------------------|---|--|
| None | | | | |
| ----- | | | | |
| ----- | | | | |
| ----- | | | | |
| ----- | | | | |
| Total number of other employees paid over \$50,000 ▶ | 0 | | | |

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See instructions. List each one (whether individuals or firms). If there are none, enter 'None.')

| (a) Name and address of each independent contractor paid more than \$50,000 | (b) Type of service | (c) Compensation |
|---|---------------------|------------------|
| None | | |
| ----- | | |
| ----- | | |
| ----- | | |
| ----- | | |
| Total number of others receiving over \$50,000 for professional services ▶ | 0 | |

Part III Statements About Activities (See 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 **▶ \$ N/A**

1 X

(Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

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

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** X

b Do you have a section 403(b) annuity plan for your employees? **3b** X

4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? **4a** X

b Do you provide credit counseling, debt management, credit repair, or debt negotiation services? **4b** 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.)

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

Provide the following information about the supported organizations. (See 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 instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

| Calendar year (or fiscal year beginning in) | (a) 2003 | (b) 2002 | (c) 2001 | (d) 2000 | (e) Total |
|---|-------------|-------------|-------------|-------------|--------------|
| 15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) | 1,793,854. | 2,094,137. | 3,333,162. | 1,646,072. | 8,867,225. |
| 16 Membership fees received | 30,032. | 59,825. | 6,348. | 7,895. | 104,100. |
| 17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose | 1,659,376. | 1,623,367. | 1,420,884. | 817,703. | 5,521,330. |
| 18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 | 19,766. | 42,470. | 26,605. | 49,051. | 137,892. |
| 19 Net income from unrelated business activities not included in line 18 | | | | | |
| 20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf | | | | | |
| 21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge | | | | | |
| 22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets See Stmt 10 | 42,993. | 34,940. | 35,490. | 183,993. | 297,416. |
| 23 Total of lines 15 through 22 | 3,546,021. | 3,854,739. | 4,822,489. | 2,704,714. | 14,927,963. |
| 24 Line 23 minus line 17 | 1,886,645. | 2,231,372. | 3,401,605. | 1,887,011. | 9,406,633. |
| 25 Enter 1% of line 23 | 35,460. | 38,547. | 48,225. | 27,047. | |

| | | |
|--|-----|-------|
| 26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 | N/A | 26a |
| 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 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts | | 26b |
| c Total support for section 509(a)(1) test: Enter line 24, column (e) | | 26c |
| d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____ | | 26d |
| e Public support (line 26c minus line 26d total) | | 26e |
| f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) | | 26f % |

| | |
|---|-----------------|
| 27 Organizations described on line 12: | |
| a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year: (2003) _____ 0. (2002) _____ 0. (2001) _____ 0. (2000) _____ 0. | |
| 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: (2003) _____ 0. (2002) _____ 0. (2001) _____ 0. (2000) _____ 0. | |
| c Add: Amounts from column (e) for lines: 15 _____ 8,867,225. 16 _____ 104,100. 17 _____ 5,521,330. 20 _____ 21 _____ | 27c 14,492,655. |
| d Add: Line 27a total _____ 0. and line 27b total _____ 0. | 27d 0. |
| e Public support (line 27c total minus line 27d total) | 27e 14,492,655. |
| f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) | 27f 14,927,963. |
| g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) | 27g 97.08 % |
| h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) | 27h 0.92 % |

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, 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.

Part V Private School Questionnaire (See instructions.)
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

| | | N/A | |
|-----|--|-----|----|
| | | Yes | No |
| 29 | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? | | |
| 30 | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? | | |
| 31 | Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? ... If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.) ----- ----- ----- | | |
| 32 | Does the organization maintain the following: | | |
| 32a | a Records indicating the racial composition of the student body, faculty, and administrative staff? | | |
| 32b | b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? | | |
| 32c | c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? | | |
| 32d | d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- ----- | | |
| 33 | Does the organization discriminate by race in any way with respect to: | | |
| 33a | a Students' rights or privileges? | | |
| 33b | b Admissions policies? | | |
| 33c | c Employment of faculty or administrative staff? | | |
| 33d | d Scholarships or other financial assistance? | | |
| 33e | e Educational policies? | | |
| 33f | f Use of facilities? | | |
| 33g | g Athletic programs? | | |
| 33h | h Other extracurricular activities? If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- ----- | | |
| 34a | Does the organization receive any financial aid or assistance from a governmental agency? | | |
| 34b | Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b, please explain using an attached statement. | | |
| 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. | | |

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

N/A

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked 'a' and 'limited control' provisions apply.

Limits on Lobbying Expenditures

(The term 'expenditures' means amounts paid or incurred.)

| | | (a) Affiliated group totals | (b) To be completed for ALL electing 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 | | |
| 39 Other exempt purpose expenditures | 39 | | |
| 40 Total exempt purpose expenditures (add lines 38 and 39) | 40 | | |
| 41 Lobbying nontaxable amount. Enter the amount from the following table – | | | |
| If the amount on line 40 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 | | |
| 44 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.)

| Calendar year (or fiscal year beginning in) ▶ | Lobbying Expenditures During 4-Year Averaging Period | | | | |
|---|--|-------------|-------------|-------------|--------------|
| | (a) 2004 | (b) 2003 | (c) 2002 | (d) 2001 | (e) Total |
| 45 Lobbying nontaxable amount | | | | | |
| 46 Lobbying ceiling amount (150% of line 45(e)) | | | | | |
| 47 Total lobbying expenditures | | | | | |
| 48 Grassroots non-taxable amount | | | | | |
| 49 Grassroots ceiling amount (150% of line 48(e)) | | | | | |
| 50 Grassroots lobbying expenditures | | | | | |

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a** Volunteers
- 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**.)

| Yes | No | Amount |
|-----|----|--------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Application for Extension of Time to File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ 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 **X**
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

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

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

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6-months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile

| | | | |
|--|--|-------|--------------------------------|
| Type or print File by the due date for filing your return. See instructions. | Name of Exempt Organization | | Employer identification number |
| | FAMILIES OF SPINAL MUSCULAR ATROPHY | | 36-3320440 |
| | Number, street, and room or suite number. If a P O box, see instructions | | |
| | PO BOX 196 | | |
| City, town or post office. For a foreign address, see instructions | | state | ZIP code |
| LIBERTYVILLE, IL 60048 | | | |

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 (section 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 |

• The books are in the care of ▶ AUDREY LEWIS -----

Telephone No. ▶ 800-886-1762 ----- FAX No. ▶ -----

- 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 **X**. 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-months for a **Form 990-T corporation**) extension of time until 2/15, 20 06, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year 20 ____ or

▶ tax year beginning 7/01, 20 04, and ending 6/30, 20 05.

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

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

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Client F1

FAMILIES OF SPINAL MUSCULAR ATROPHY

36-3320440

1/18/06

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Statement 1
Form 990, Part I, Line 8
Net Gain (Loss) from Noninventory Sales

Publicly Traded Securities

Gross Sales Price: 9,481.
 Cost or Other Basis: 9,058.

Total Gain (Loss) Publicly Traded Securities \$ 423.

Total Net Gain (Loss) From Noninventory Sales \$ 423.

Statement 2
Form 990, Part I, Line 9
Net Income (Loss) from Special Events

| <u>Special Events</u> | <u>Gross Receipts</u> | <u>Less Contributions</u> | <u>Gross Revenue</u> | <u>Less Direct Expenses</u> | <u>Net Income (Loss)</u> |
|------------------------|-----------------------|---------------------------|----------------------|-----------------------------|--------------------------|
| VARIOUS SPECIAL EVENTS | 1,382,187. | 0. | 1,382,187. | 433,411. | 948,776. |
| Total | <u>\$ 1,382,187.</u> | <u>\$ 0.</u> | <u>\$ 1,382,187.</u> | <u>\$ 433,411.</u> | <u>\$ 948,776.</u> |

Statement 3
Form 990, Part I, Line 10
Gross Profit (Loss) From Sales Of Inventory

| | |
|--------------------------------------|------------------|
| INVENTORY | \$ 147,632. |
| Gross Sales | \$ 147,632. |
| Less Returns & Allowances | 0. |
| Net Sales | \$ 147,632. |
| Less Cost Of Goods Sold | 144,302. |
| Gross Profit From Sales Of Inventory | <u>\$ 3,330.</u> |

Statement 4
Form 990, Part II, Line 22
Grants and Allocations

Cash Grants and Allocations

| | | |
|------------------------|-------------------------|-------------|
| Class of Activity: | RESEARCH | |
| Donee's Name: | OHIO STATE UNIVERSITY | |
| | COLUMBUS, OH 43210 | |
| Relationship of Donee: | NONE | |
| Amount Given: | | \$ 151,103. |
| Class of Activity: | RESEARCH | |
| Donee's Name: | JOHN HOPKINS UNIVERSITY | |
| | BALTIMORE, MD | |
| Relationship of Donee: | NONE | |

Client F1

FAMILIES OF SPINAL MUSCULAR ATROPHY

36-3320440

1/18/06

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Statement 4 (continued)
Form 990, Part II, Line 22
Grants and Allocations

Cash Grants and Allocations

| | | | |
|------------------------|--------------------------------|----|------------|
| Amount Given: | | \$ | 51,060. |
| Class of Activity: | RESEARCH | | |
| Donee's Name: | COLUMBIA UNIVERSITY | | |
| Relationship of Donee: | NONE | | |
| Amount Given: | | | 66,222. |
| Class of Activity: | RESEARCH | | |
| Donee's Name: | NORTH EAST WALES UNIVERSITY | | |
| Relationship of Donee: | NONE | | |
| Amount Given: | | | 24,992. |
| Class of Activity: | RESEARCH | | |
| Donee's Name: | INSTITUTE OF HUMAN GENETICS | | |
| Amount Given: | | | 57,625. |
| Class of Activity: | RESEARCH | | |
| Donee's Name: | UNIVERSITY OF UTAH | | |
| Relationship of Donee: | NONE | | |
| Amount Given: | | | 50,234. |
| Class of Activity: | RESEARCH | | |
| Donee's Name: | INSERM | | |
| Amount Given: | | | 49,725. |
| Class of Activity: | RESEARCH | | |
| Donee's Name: | UNIVERSITY OF MASSACHUSETTS | | |
| Amount Given: | | | 182,542. |
| Class of Activity: | RESEARCH | | |
| Donee's Name: | UNIV. OF MISSOURI-COLUMBIA | | |
| Amount Given: | | | 63,128. |
| Class of Activity: | RESEARCH | | |
| Donee's Name: | UNIV. OF CATTOLICA DEL SACRO | | |
| Amount Given: | | | 7,858. |
| Class of Activity: | RESEARCH | | |
| Donee's Name: | UNIV OF CALIFORNIA - IRVINE | | |
| | IRVINE, CA | | |
| Amount Given: | | | 56,049. |
| Class of Activity: | RESEARCH | | |
| Donee's Name: | MEDICHEM LIFE SCIENCE | | |
| Amount Given: | | | 1,590,000. |
| Class of Activity: | RESEARCH | | |
| Donee's Name: | CHILDRENS HOSPITAL OF PHILADEL | | |
| | PHILADELPHIA, PA | | |
| Amount Given: | | | 91,088. |
| Class of Activity: | RESEARCH | | |
| Donee's Name: | CHILDRENS MEMORIAL INSTITUTE | | |

Client F1

FAMILIES OF SPINAL MUSCULAR ATROPHY

36-3320440

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**Statement 4 (continued)
Form 990, Part II, Line 22
Grants and Allocations**

Cash Grants and Allocations

| | | |
|------------------------------|---|----------------------|
| Amount Given: | | \$ 49,240. |
| Class of Activity: | RESEARCH | |
| Donee's Name: | PROJECT CURE | |
| Amount Given: | | 309,210. |
| Class of Activity: | RESEARCH | |
| Donee's Name: | YALE UNIVERSITY NEW HAVEN, CONNETICUT | |
| Relationship of Donee: | NONE | |
| Amount Given: | | 12,500. |
| Class of Activity: | RESEARCH | |
| Donee's Name: | ALBERT EINSTEIN COLLEGE | |
| Donee's Address: | 1300 MORRIS PARK AVE BRONX, NY | |
| Relationship of Donee: | NONE | |
| Amount Given: | | 37,500. |
| Class of Activity: | RESEARCH | |
| Donee's Name: | ASSOCIATION IMAGE | |
| Relationship of Donee: | NONE | |
| Amount Given: | | 7,500. |
| Class of Activity: | RESEARCH | |
| Donee's Name: | COLD SPRING HARBOR LABORATORY COLD SPRING HARBOR, NY 11724 | |
| Amount Given: | | 20,000. |
| Class of Activity: | RESEARCH | |
| Donee's Name: | INDIANA UNIVERSITY | |
| Amount Given: | | 3,392. |
| Class of Activity: | RESEARCH | |
| Donee's Name: | UNIVERSITY OF WURZBURG | |
| Amount Given: | | 22,500. |
| Total Grants and Allocations | | <u>\$ 2,903,468.</u> |

**Statement 5
Form 990, Part II, Line 43
Other Expenses**

| | (A) <u>Total</u> | (B) <u>Program Services</u> | (C) <u>Management & General</u> | (D) <u>Fundraising</u> |
|-------------------|---------------------|------------------------------------|--|---------------------------|
| ADVERTISING | 18,729. | 10,045. | 8,684. | |
| BANK CHARGES | 2,091. | | 2,091. | |
| CHAPTER STARTUPS | 3,000. | | 3,000. | |
| CREDIT CARD COSTS | 14,304. | 4,871. | 9,433. | |

Client F1

FAMILIES OF SPINAL MUSCULAR ATROPHY

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**Statement 5 (continued)
Form 990, Part II, Line 43
Other Expenses**

| | (A) <u>Total</u> | (B) <u>Program Services</u> | (C) <u>Management & General</u> | (D) <u>Fundraising</u> |
|--------------------------------|---------------------|------------------------------------|--|---------------------------|
| DUES & SUBSCRIPTIONS | 784. | | 784. | |
| GRANT WRITER | 7,050. | 7,050. | | |
| INDIRECT RESEARCH | 313,022. | 313,022. | | |
| INSURANCE | 8,050. | 4,356. | 3,694. | |
| INTERNET & WEBSITE | 1,327. | 1,062. | 265. | |
| LICENSE FEES | 2,121. | 2,121. | | |
| MISCELLANEOUS PATIENT SERVICES | 37,126. | 37,126. | | |
| OFFICE EXPENSES | 16,195. | 13,811. | 2,384. | |
| OUTSIDE SERVICES | 61,620. | 49,296. | 12,324. | |
| PUBLIC RELATIONS | 57,198. | 28,599. | 28,599. | |
| RENT | 19,390. | 15,512. | 3,878. | |
| UTILITIES | 1,694. | 1,355. | 339. | |
| Total | \$ 563,701. | \$ 488,226. | \$ 75,475. | \$ 0. |

**Statement 6
Form 990, Part IV, Line 57
Land, Buildings, and Equipment**

| <u>Category</u> | <u>Basis</u> | <u>Accum. Deprec.</u> | <u>Book Value</u> |
|-------------------------|--------------------|---------------------------|-----------------------|
| Machinery and Equipment | \$ 135,565. | \$ 76,597. | \$ 58,968. |
| Total | \$ 135,565. | \$ 76,597. | \$ 58,968. |

**Statement 7
Form 990, Part IV, Line 58
Other Assets**

| | | | |
|-----------------------|--|--|------------------|
| SECURITY DEPOSIT RENT | | | \$ 5,550. |
| Total | | | \$ 5,550. |

**Statement 8
Form 990, Part IV, Line 65
Other Liabilities**

| | | | |
|--------------------|--|--|------------------|
| EQUIPMENT DEPOSITS | | | \$ 1,640. |
| Total | | | \$ 1,640. |

Client F1

FAMILIES OF SPINAL MUSCULAR ATROPHY

36-3320440

1/18/06

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**Statement 9
Form 990, Part V
List of Officers, Directors, Trustees, and Key Employees**

| <u>Name and Address</u> | <u>Title and Average Hours Per Week Devoted</u> | <u>Compen- sation</u> | <u>Contri- bution to EBP & DC</u> | <u>Expense Account/ Other</u> |
|--|---|-----------------------|---------------------------------------|-------------------------------|
| ADI RAPPOPORT 7642 OAK GROVE CIRCLE LAKE WORTH, FL 33467 | Director 1 | \$ 0. | \$ 0. | \$ 0. |
| AUDREY LEWIS 28865 FOREST LAKE LANE GREEN OAKS, IL 60048 | Executive Direc 40 | 30,000. | 0. | 0. |
| JEFF MARTINEAU 2565 NORTSHORE DRIVE WAYZATA, MN 55391 | Director 1 | 0. | 0. | 0. |
| BARBARA TRAINOR 5 MANSEL DRIVE REISTERSTOWN, MD 21136 | Director 1 | 0. | 0. | 0. |
| RICHARD GROSSMAN 135 S. LASALLE #1540 CHICAGO, IL 60603 | DIRECTOR 1 | 0. | 0. | 0. |
| GENE TRAINOR 5 MANSEL DRIVE REISTERSTOWN, MD 21136 | Director 1 | 0. | 0. | 0. |
| KAREN BURTON 602 W 1100N WHEATFIELD, IN 46392 | Director 1 | 0. | 0. | 0. |
| SANDY WIMSATT 920 OLIVECREST DRIVE ENCINITAS, CA 92024 | Treasurer 20 | 0. | 0. | 0. |
| ARTEMIS JOUKOWSKY 197 LAKE ST. SHERBORN, MA 01770 | Director 1 | 0. | 0. | 0. |
| Total | | <u>\$ 30,000.</u> | <u>\$ 0.</u> | <u>\$ 0.</u> |

**Statement 10
Schedule A, Part IV-A, Line 22
Other Income**

| <u>Description</u> | <u>(a) 2003</u> | <u>(b) 2002</u> | <u>(c) 2001</u> | <u>(d) 2000</u> | <u>(e) Total</u> |
|--------------------|-------------------|-------------------|-------------------|--------------------|--------------------|
| Total | <u>\$ 42,993.</u> | <u>\$ 34,940.</u> | <u>\$ 35,490.</u> | <u>\$ 183,993.</u> | <u>\$ 297,416.</u> |