

Return of Organization Exempt From Income Tax

2002

Department of the Treasury
Internal Revenue Service

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

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

Open to Public Inspection

A For the 2002 calendar year, or tax year period beginning **and ending**

<p>B Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Final return</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>Please use IRS label or print or type See Specific Instructions</p>	<p>C Name of organization NYS CARPENTERS LABOR MANAGEMENT COUNCIL</p> <p>Number and street (or P O box if mail is not delivered to street address) Room/suite 159 WEST FIRST STREET</p> <p>City or town, state or country, and ZIP + 4 OSWEGO, NY 13126</p>	<p>D Employer identification number 23-7160380</p> <p>E Telephone number (315) 343-9259</p> <p>F Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶</p>
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• 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 ▶

G Web site ▶ **N/A**

J Organization type (check only one) ▶ 501(c)(5) ◀ (insert no.) 4947(a)(1) or 527

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

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.

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

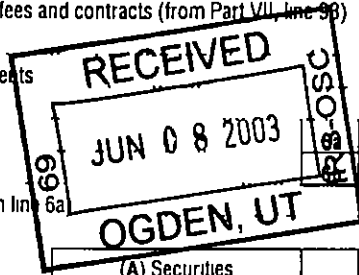
I Enter 4-digit GEN ▶

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **343,020.**

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

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

	<p>1 Contributions, gifts, grants, and similar amounts received</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">a Direct public support</td> <td style="width:10%;">1a</td> <td></td> </tr> <tr> <td>b Indirect public support</td> <td>1b</td> <td></td> </tr> <tr> <td>c Government contributions (grants)</td> <td>1c</td> <td></td> </tr> <tr> <td>d Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)</td> <td></td> <td>1d 0.</td> </tr> </table>	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.		
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 9b)	2	111,963.												
	3 Membership dues and assessments	3													
	4 Interest on savings and temporary cash investments	4	312.												
	5 Dividends and interest from securities	5	15,088.												
Revenue	6 a Gross rents														
	b Less rental expenses														
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c													
	7 Other investment income (describe ▶ _____)	7													
	8 a Gross amount from sale of assets other than inventory	(A) Securities 215,657. 8a	(B) Other												
	b Less cost or other basis and sales expenses 213,595. 8b														
	c Gain or (loss) (attach schedule) 2,062. 8c														
	d Net gain or (loss) (combine line 8c, columns (A) and (B)) \$TMT 1	8d	2,062.												
	9 Special events and activities (attach schedule)														
	a Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a													
	b Less direct expenses other than fundraising expenses	9b													
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c													
	10 a 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													
	11 Other revenue (from Part VII, line 103)	11													
	12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	129,425.												
Expenses	13 Program services (from line 44, column (B))	13													
	14 Management and general (from line 44, column (C))	14													
	15 Fundraising (from line 44, column (D))	15													
	16 Payments to affiliates (attach schedule)	16													
	17 Total expenses (add lines 16 and 44, column (A))	17	101,906.												
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	27,519.												
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	370,194.												
	20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 2	20	6,581.												
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	404,294.												



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19 E1/2

Part IV Balance Sheets

Note		Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		(A) Beginning of year		(B) End of year	
Assets	45	Cash - non-interest-bearing			45		
	46	Savings and temporary cash investments		72,324.	46	29,799.	
	47 a	Accounts receivable	47a				
	b	Less allowance for doubtful accounts	47b		47c		
	48 a	Pledges receivable	48a				
	b	Less allowance for doubtful accounts	48b		48c		
	49	Grants receivable			49		
	50	Receivables from officers, directors, trustees, and key employees			50		
	51 a	Other notes and loans receivable	51a				
	b	Less allowance for doubtful accounts	51b		51c		
	52	Inventories for sale or use			52		
	53	Prepaid expenses and deferred charges			53		
	54	Investments - securities <input checked="" type="checkbox"/> STMT 4 <input type="checkbox"/> STMT 5 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV			295,136.	54	338,083.
	55 a	Investments - land, buildings, and equipment basis	55a				
	b	Less accumulated depreciation	55b			55c	
56	Investments - other				56		
57 a	Land, buildings, and equipment basis	57a	97,340.				
b	Less accumulated depreciation	57b	64,040.		57c	33,300.	
58	Other assets (describe ► ACCRUED INTEREST)			2,734.	58	3,112.	
59	Total assets (add lines 45 through 58) (must equal line 74)			370,194.	59	404,294.	
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			63		
	64 a	Tax-exempt bond liabilities			64a		
	b	Mortgages and other notes payable			64b		
	65	Other liabilities (describe ►)				65	
66	Total liabilities (add lines 60 through 65)			0.	66	0.	
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		370,194.	67	404,294.	
	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)			370,194.	73	404,294.	
74	Total liabilities and net assets / fund balances (add lines 66 and 73)			370,194.	74	404,294.	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part VI Other Information		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	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 Form 990-T for this year? N/A	78b	
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 or indirect political expenditures. See line 81 instructions 81a 0.		
b	Did the organization file Form 1120-POL for this year?	81b	X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III) 82b 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? N/A	84b	
85	501(c)(4), (5), or (6) organizations		
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? N/A	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A	85h	
86	501(c)(7) organizations		
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		
a	Gross income from members or shareholders 87a N/A		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 87b N/A		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations		
	Enter Amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> N/A, section 4912 <input type="checkbox"/> N/A, section 4955 <input type="checkbox"/> N/A		
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 N/A	89b	
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 N/A		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization N/A		
90 a	List the states with which a copy of this return is filed <input type="checkbox"/> NONE		
b	Number of employees employed in the pay period that includes March 12, 2002 90b 0		
91	The books are in care of <input type="checkbox"/> JOHN J. SIMMONS Telephone no <input type="checkbox"/> (315) 343-9259		
Located at <input type="checkbox"/> 159 WEST FIRST STREET OSWEGO NY ZIP + 4 <input type="checkbox"/> 13126			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A		

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Part VII Analysis of Income-Producing Activities (See page 31 of the instructions)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
Note Enter gross amounts unless otherwise indicated					
93 Program service revenue					
a CONTRACTOR CONTRIBUTION					111,963.
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	312.	
96 Dividends and interest from securities			14	15,088.	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	2,062.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		17,462.	111,963.
105 Total (add line 104, columns (B), (D), and (E))					129,425.

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 32 of the instructions)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93A	TO PROMOTE THE CARPENTRY TRADE IN NEW YORK STATE AND ESTABLISH RELATIONSHIPS WITH CONTACTORS.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 of the instructions)

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

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 33 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)

Please Sign Here: 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 and correct. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: *John J. Simmons* Date: *6/2/03* Type or print name and title: *JOHN J. SIMMONS - TREASURER*

Paid Preparer's Use Only: Preparer's signature: *Mark E. McLean CPA-PFS* Date: *5/2/03* Check if self-employed: Preparer's SSN or PTIN: _____

Firm name (or yours if self-employed), address and ZIP + 4: **FAGLIARONE GROUP CPAS, PC**
650 JAMES STREET
SYRACUSE, NEW YORK 13203

EIN: _____ Phone no: **(315) 471-2777**

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 1

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
COMMON STOCKS	1,589.	1,695.	0.	<106.>
CLOSED END MUTUAL FUNDS	2,364.	3,217.	0.	<853.>
CORPORATE BONDS	10,792.	10,253.	0.	539.
US GOVERNMENT SECURITIES	200,912.	198,430.	0.	2,482.
TO FORM 990, PART I, LINE 8	215,657.	213,595.	0.	2,062.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 2

DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INVESTMENTS	6,581.
TOTAL TO FORM 990, PART I, LINE 20	6,581.

FORM 990 OTHER EXPENSES STATEMENT 3

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
CONSULTANTS	12,000.			
PROFESSIONAL FEES	1,209.			
CARPENTERS EXHIBITION	15,675.			
COUNSEL PER DIEM	750.			
LEGISLATIVE RECEPTION	20,322.			
TRUSTEE PER DIEM	17,750.			
CONSTRUCTION DATE REPORT	5,934.			
MISCELLANEOUS	320.			
TOTAL TO FM 990, LN 43	73,960.			

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 4

SECURITY DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
COMMON STOCKS	4,373.				4,373.
CLOSED END MUTUAL FUNDS				22,698.	22,698.
CORPORATE BONDS		11,113.			11,113.
TO 990, LN 54 COL B	4,373.	11,113.		22,698.	38,184.

FORM 990 GOVERNMENT SECURITIES STATEMENT 5

DESCRIPTION	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
GOVERNMENT SECURITIES	299,899.		299,899.
TOTAL TO FORM 990, LINE 54, COL B	299,899.		299,899.

FORM 990

PART V - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 6

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
MICHAEL FORDE NEW YORK, NY	CHAIRMAN 0.	0.	0.	0.
JAMES BRADT DELMAR, NY	VICE-CHAIRMAN 0.	0.	0.	0.
JOHN SIMMONS OSWEGO, NY	TREASURER 0.	0.	0.	0.
JOHN FUCHS HAUPPAUGE, NY	TRUSTEE 0.	0.	0.	0.
GORDON KNAPP LOCKPORT, NY	TRUSTEE 0.	0.	0.	0.
RICHARD COLONNA MOUNT VERNON, NY	TRUSTEE 0.	0.	0.	0.
DAVID MEBERG BROOKLYN, NY	TRUSTEE 0.	0.	0.	0.
RICHARD O'BEIRNE WALLKILL, NY	SECRETARY 0.	0.	0.	0.
MARLIN POTTER ROCHESTER, NY	TRUSTEE 0.	0.	0.	0.
MICHAEL DYE JAMESTOWN, NY	TRUSTEE 0.	0.	0.	0.
KEVIN HICKS ALBANY, NY	TRUSTEE 0.	0.	0.	0.

WILLIAM MACCHIONE	TRUSTEE	0.	0.	0.	0.
HAUPPAUGE, NY					
PETER THOMASSEN	TRUSTEE	0.	0.	0.	0.
NEW YORK, NY					
JOSEPH OLIVERI	TRUSTEE	0.	0.	0.	0.
JERICHO, NY					
ROSS PEPE	TRUSTEE	0.	0.	0.	0.
TARRYTOWN, NY					
TOTALS INCLUDED ON FORM 990, PART V		<u>0.</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>

Comprehensive Depreciation [Depreciation]
GAAP
For the Period January 1, 2002 to December 31, 2002

Class	Selected Drives			Asset Balances			Depreciable Basis			Current & Accum Depreciation					Net Book Value
	Beginning	Additions	Deletions	Ending	Book Cost	ITC Reduction Amount	Net §179A & APTD	Prior Reported Depreciation	Depreciable Basis	Beginning Accum Depr	Current Depr & APTD	Net Sec 179/179A	Net Additions	Deletions	
COMPUTER	0	33,300	0	33,300	33,300	0	0	0	33,300	0	0	0	0	0	0
Office Furniture and Equipment	64,040	0	0	64,040	64,040	0	0	64,040	64,040	64,040	0	0	0	0	64,040
Grand Total	64,040	33,300	0	97,340	97,340	0	0	64,040	97,340	64,040	0	0	0	0	64,040
															33,300

Note: There may be differences due to rounding

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545 1709

▶ File a separate application for each return

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

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

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

Type or print	Name of Exempt Organization NYS CARPENTERS LABOR MANAGEMENT COUNCIL	Employer identification number 23-7160380
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 159 WEST FIRST STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions OSWEGO, NY 13126	

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

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

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

1 I request an automatic 3-month (6 month, for 990-T corporation) extension of time until **AUGUST 15, 2003** to file the exempt organization return for the organization named above. The extension is for the organization's return for calendar year **2002** or tax year beginning _____, and ending _____

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

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

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

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

Signature and Verification

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

Signature ▶ *Karen A. Nassimi* Title ▶ *CPA* Date ▶ *5/18/03*
 LHA For Paperwork Reduction Act Notice, see instruction Form 8868 (12-2000)