

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.

Department of the Treasury Internal Revenue Service

A For the 2003 calendar year, or tax year beginning Jul 1, 2003, and ending Jun 30, 2004

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

RESTON RAIDERS HOCKEY CLUB, INC.

Number and street (or P.O. box if mail is not delivered to street addr) Room/suite

P. O. BOX 3152

City, town or country

RESTON

State ZIP code + 4

VA 20195

D Employer Identification Number

54-1682189

E Telephone number

(703) 319-0000

F Accounting method:

- Cash
[X] 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

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) 501(c) 3 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.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12. 1,299,007.

I Group Exemption Number

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

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

Table with columns for Revenue, Expenses, and Assets. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 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); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less: direct expenses; 9c Net income or (loss); 10a Gross sales of inventory; 10b Less: cost of goods sold; 10c Gross profit or (loss); 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.

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (att sch) (cash \$ _____ non-cash \$ _____)	22			
23	Specific assistance to individuals (att sch)	23			
24	Benefits paid to or for members (att sch)	24			
25	Compensation of officers, directors, etc	25	0.	0.	0.
26	Other salaries and wages	26			
27	Pension plan contributions	27			
28	Other employee benefits	28			
29	Payroll taxes	29			
30	Professional fundraising fees	30			
31	Accounting fees	31	10,535.	0.	10,535.
32	Legal fees	32			
33	Supplies	33			
34	Telephone	34			
35	Postage and shipping	35			
36	Occupancy	36	929,355.	929,355.	0.
37	Equipment rental and maintenance	37			
38	Printing and publications	38			
39	Travel	39			
40	Conferences, conventions, and meetings	40			
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42	1,199.	0.	1,199.
43	Other expenses not covered above (itemize):				
a	<u>BANK CHARGES</u>	43 a	788.	0.	788.
b	<u>EQUIPMENT & SUPPLIES</u>	43 b	34,074.	34,074.	0.
c	<u>MARKETING & EVENTS</u>	43 c	5,719.	0.	5,719.
d	<u>PROFESSIONAL</u>	43 d	97,526.	97,526.	0.
e	See Other Expenses Stmt	43 e	194,478.	186,041.	8,437.
44	Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	1,273,674.	1,246,996.	20,959.

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? <input type="checkbox"/> SEE STATEMENT	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a <u>PROVIDE PROGRAMS AS DESCRIBED IN EXEMPT PURPOSE FOR APPROXIMATELY 950 CHILDREN.</u> (Grants and allocations \$ 0.)	1,246,996.
b _____ (Grants and allocations \$ _____)	
c _____ (Grants and allocations \$ _____)	
d _____ (Grants and allocations \$ _____)	
e Other program services (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	1,246,996.

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	100,758.	45	229,871.
	46 Savings and temporary cash investments	39,351.	46	53,829.
	47 a Accounts receivable	47 a 5,845.		
	b Less: allowance for doubtful accounts	47 b 0.	47 c	5,845.
	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	3,072.	52	
	53 Prepaid expenses and deferred charges	19,460.	53	0.
	54 Investments — securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
	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 9,814.			
b Less: accumulated depreciation (attach schedule)	57 b 7,069.	3,111.	57 c 2,745.	
58 Other assets (describe <input type="checkbox"/> _____)		58		
59 Total assets (add lines 45 through 58) (must equal line 74)	165,752.	59	292,290.	
LIABILITIES	60 Accounts payable and accrued expenses		60	34,290.
	61 Grants payable		61	
	62 Deferred revenue		62	97,608.
	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 <input type="checkbox"/> _____)		65	
	66 Total liabilities (add lines 60 through 65)	0.	66	131,898.
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	142,473.	67	126,328.
	68 Temporarily restricted	23,279.	68	34,064.
	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)	165,752.	73	160,392.	
74 Total liabilities and net assets/fund balances (add lines 66 and 73)	165,752.	74	292,290.	

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 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	N/A
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	
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	

a	Total expenses and losses per audited financial statements ▶	a	N/A
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	
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	

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
JEFF SCHLAGENHAUF FAIRFAX, VA	PRESIDENT 25	0.	0.	0.
SCOTT MCLAUGHLIN MCLEAN, VA	TREASURER 10	0.	0.	0.
SHERI YOUNG ASHBURN, VA	SECRETARY 15	0.	0.	0.

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	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?	78 a	X
b	If 'Yes,' has it filed a tax return on Form 990-T for this year?	78 b	
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?	80 a	X
b	If 'Yes,' enter the name of the organization ▶ _____ 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 81 a 0.		
b	Did the organization file Form 1120-POL for this year?	81 b	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?	82 a	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.) 82 b		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83 a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83 b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84 a	X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84 b	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85 a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85 b	
	If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members 85 c		
d	Section 162(e) lobbying and political expenditures 85 d		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices. 85 e		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e). 85 f		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? 85 g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? 85 h		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 86 a		
b	Gross receipts, included on line 12, for public use of club facilities 86 b		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders. 87 a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87 b		
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 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0 .		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction 89 b		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 ▶		
90 a	List the states with which a copy of this return is filed ▶ <u>VIRGINIA</u>		
b	Number of employees employed in the pay period that includes March 12, 2003 (See instructions.) 90 b 0		
91	The books are in care of ▶ <u>SCOTT MCLAUGHLIN</u> Telephone number ▶ <u>(703) 761-2702</u> Located at ▶ <u>1578 FORREST VILLA LANE, MCLEAN VA</u> ZIP + 4 ▶ <u>22101</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 ▶ 92		

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a HOCKEY ACTIVITY					58,729.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					1,199,285.
95 Interest on savings & temporary cash invmnts.			14	203.	
96 Dividends & interest from securities					
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 pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			03	238.	
102 Gross profit or (loss) from sales of inventory	451110	2,165.			
103 Other revenue: a					
b Miscellaneous					7,018.
c Ice rental sublet					10,069.
d					
e					
104 Subtotal (add columns (B), (D), and (E))		2,165.		441.	1,275,101.
105 Total (add line 104, columns (B), (D), and (E))					1,277,707.

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.)

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, 94	TO PROMOTE AN INTEREST IN SUPPORTING AND DEVELOPING AMATEUR
103B, C	ATHLETICS FOR NATIONAL AND INTERNATIONAL SPORTS COMPETITION

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

(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
	%			
	%			
	%			
	%			

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
- 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, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer _____ Date _____

Type or print name and title _____

Paid Preparer's Use Only

Preparer's signature _____ Date 05/16/05

Check if self-employed

Preparer's SSN or PTIN (see General Instruction W) _____

Firm's name (or yours if self-employed) **GILLILAND & ASSOCIATES, P.C.**

address, and ZIP + 4 **7700 LEESBURG PIKE, SUITE 402B**

FALLS CHURCH VA 22043

EIN _____

Phone no. **(703) 448-9121**

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under
Section 501(c)(3)

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

Supplementary Information — (See separate instructions.)

2003

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

RESTON RAIDERS HOCKEY CLUB, INC.

Employer identification number

54-1682189

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 ▶	NONE			

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 ▶	NONE	

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 \$ _____ (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? 2 a X

b Lending of money or other extension of credit? 2 b X

c Furnishing of goods, services, or facilities? 2 c X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? 2 d X

e Transfer of any part of its income or assets? 2 e 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.) 3 a X

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

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.)

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 [X] 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.)

Table with 2 columns: (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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	24,303.	13,127.	31,850.	30,429.	99,709.
16 Membership fees received	1,053,849.	1,055,441.	1,010,137.	761,902.	3,881,329.
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	129,068.	45,420.	8,293.	78,010.	260,791.
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	3,872.	5,685.	13,986.	10,703.	34,246.
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.					
23 Total of lines 15 through 22.	1,211,092.	1,119,673.	1,064,266.	881,044.	4,276,075.
24 Line 23 minus line 17.	1,082,024.	1,074,253.	1,055,973.	803,034.	4,015,284.
25 Enter 1% of line 23.	12,111.	11,197.	10,643.	8,810.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ▶ 26 a					
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts. ▶ 26 b					
c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶ 26 c					
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26 b _____ ▶ 26 d					
e Public support (line 26c minus line 26d total) ▶ 26 e					
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)). ▶ 26 f					%
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: (2002) _____ (2001) _____ (2000) _____ (1999) _____					
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) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ ▶ 27 c					4,241,829.
d Add: Line 27a total and line 27b total ▶ 27 d					
e Public support (line 27c total minus line 27d total). ▶ 27 e					4,241,829.
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶ 27 f				4,276,075.	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶ 27 g					99.20 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)). ▶ 27 h					0.80 %
28 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.					

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:		
	a Records indicating the racial composition of the student body, faculty, and administrative staff?		
	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
	d Copies of all material used by the organization or on its behalf to solicit contributions? 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:		
	a Students' rights or privileges?		
	b Admissions policies?		
	c Employment of faculty or administrative staff?		
	d Scholarships or other financial assistance?		
	e Educational policies?		
	f Use of facilities?		
	g Athletic programs?		
	h Other extracurricular activities? If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
	b 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.)

Table with 3 columns: Line number, Description, (a) Affiliated group totals, (b) To be completed for ALL electing organizations. Rows 36-44 include lobbying expenditures and nontaxable amounts.

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.)

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2003, (b) 2002, (c) 2001, (d) 2000, (e) Total. Rows 45-50 include lobbying nontaxable amount, ceiling amount, total lobbying expenditures, grassroots nontaxable amount, grassroots ceiling amount, and 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.)

Table with 3 columns: Yes, No, Amount. Rows corresponding to items a-i.

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

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No. 1545-0047

2003

Name of organization

RESTON RAIDERS HOCKEY CLUB, INC.

Employer identification number

54-1682189

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (**Note:** Only a section 501(c)(7), (8), or (10) organization can check box(es) for both the General Rule and a Special Rule – see instructions.)

General Rule –

- For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules –

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Paperwork Reduction Act Notice, see the instructions for Form 990 and Form 990-EZ.

Schedule B (Form 990, 990-EZ, or 990-PF) (2003)

Name of organization RESTON RAIDERS HOCKEY CLUB, INC.	Employer identification number 54-1682189
---	---

Part I Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	EXXON MOBILE CORPORATION ----- 3225 GALLOWS ROAD ----- FAIRFAX VA 22037 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

**Depreciation and Amortization
(Including Information on Listed Property)**

▶ See separate instructions.
▶ Attach to your tax return.

2003

67

Name(s) shown on return

RESTON RAIDERS HOCKEY CLUB, INC.

Identifying number

54-1682189

Business or activity to which this form relates

Form 990 / Form 990EZ

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See instructions for a higher limit for certain businesses	1	\$100,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	\$400,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2002 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2004. Add lines 9 and 10, less line 12. ▶	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election (see instructions)	15	
16	Other depreciation (including ACRS) (see instructions)	16	469.

Part III MACRS Depreciation (Do not include listed property.) (See instructions)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2003.	17	730.
18	If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ <input type="checkbox"/>		

Section B – Assets Placed in Service During 2003 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	

Section C – Assets Placed in Service During 2003 Tax Year Using the Alternative Depreciation System

20 a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (see instructions)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions	22	1,199.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See instructions for limits for passenger automobiles.)

Table with 9 main columns (a-i) and rows 24a through 29. Row 24a asks for evidence of business use. Row 25 asks for special depreciation allowance. Row 26 asks for property used more than 50% in business. Row 27 asks for property used 50% or less in business. Row 28 and 29 are summary rows for columns (h) and (i) respectively.

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table with 6 main columns (a-f) and rows 30 through 36. Rows 30-33 track miles driven for different purposes. Rows 34-36 are yes/no questions about vehicle availability and use.

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

Table with 2 main columns (Yes/No) and rows 37 through 41. Rows 37-41 are yes/no questions about written policies and information retention.

Part VI Amortization

Table with 6 main columns (a-f) and rows 42 through 44. Row 42 asks for amortization starting in 2003. Row 43 asks for amortization starting before 2003. Row 44 is a total row for column (f).

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
- 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 File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	RESTON RAIDERS HOCKEY CLUB, INC.	54-1682189
	Number, street, and room or suite number. If a P.O. box, see instructions	
	P. O. BOX 3152,	
	City, town or post office. For a foreign address, see instructions.	state ZIP code
	RESTON	VA 20195

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

- 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 Feb 15, 20 05, 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 Jul 1, 20 03, and ending Jun 30, 20 04.

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. \$ _____

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. \$ _____

Signature and Verification

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, and that I am authorized to prepare this form.

Signature ▶ Title ▶ Date ▶

BAA For Paperwork Reduction Act Notice, see instructions.

Form **8868** (12-2000)

• If you are filing for an **Additional (not automatic) 3-Month Extension, complete only Part II** and check this box **X**

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time – Must File Original and One Copy.

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization <u>RESTON RAIDERS HOCKEY CLUB, INC.</u>		Employer identification number <u>54-1682189</u>
	Number, street, and room or suite number. If a P.O. box, see instructions. <u>P. O. BOX 3152,</u>		For IRS Use Only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <u>RESTON VA 20195</u>		

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

Form 990
 Form 990-EZ
 Form 990-T (Section 401(a) or 408(a) trust)
 Form 1041-A
 Form 5227
 Form 8870
 Form 990-BL
 Form 990-PF
 Form 990-T (trust other than above)
 Form 4720
 Form 6069

Stop: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• 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 organizations four digit Group Exemption Number (GEN) If this is for the **whole** group, check this box . If it is **part** of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until May 16, 20 05.

5 For calendar year _____, or other tax year beginning Jul 1, 20 03 and ending Jun 30, 20 04.

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

7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO GATHER THE INFORMATION NEEDED TO PREPARE A COMPLETE AND ACCURATE TAX RETURN.

8 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 \$ _____

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____

c Balance due. Subtract line 8b from line 8a. 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 \$ _____

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 _____ Date _____

Notice to Applicant – To be Completed by the IRS

We **have** approved this application. Please attach this form to the organization's return.

We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely filed return. Please attach this form to the organization's return.

We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.

We **cannot consider** this application because it was filed after the due date of the return for which an extension was requested.

Other: _____

Director _____ By: _____ Date _____

Alternate Mailing Address – Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name <u>DANIEL G. GILLILAND, CPA</u>
	Number and street (include suite, room, or apartment number) or a P.O. box number <u>7700 LEESBURG PIKE, SUITE 402B</u>
	City or town, province or state, and country (including postal or ZIP code) <u>FALLS CHURCH VA 22043</u>

**990-EZ, 990, 990-T and 990-PF
Information Worksheet**

2003

Part I – Identifying Information

Employer Identification Number . . . 54-1682189

Name RESTON RAIDERS HOCKEY CLUB, INC.

Address P. O. BOX 3152 Room/Suite . . . _____

City RESTON State . VA ZIP Code . . . 20195

Telephone Number (703) 319-0000 Extension . . . _____

Fax _____ E-Mail Address . . info@restonraiders.com

Part II – Type of Return

- | | |
|--|---|
| <input type="checkbox"/> Form 990-EZ only | <input type="checkbox"/> Form 990-EZ with Form 990-T |
| <input checked="" type="checkbox"/> Form 990 only | <input type="checkbox"/> Form 990 with Form 990-T |
| <input type="checkbox"/> Form 990-PF only | <input type="checkbox"/> Form 990-PF with Form 990-T |
| <input type="checkbox"/> Form 990-T only | |
- QuickBooks Import Users:** Check if you're filing 990-EZ & want 990 imported data copied to 990-EZ

Part III – Type of Organization

- | | |
|--|---|
| <input checked="" type="checkbox"/> 501(c) Corporation _____ 3 (subsection number) | <input type="checkbox"/> 220(d) Trust |
| <input type="checkbox"/> 501(c) Trust _____ (subsection number) | <input type="checkbox"/> 408A Trust |
| <input type="checkbox"/> 4947(a)(1) Trust | <input type="checkbox"/> 529(a) Corporation |
| <input type="checkbox"/> 408 Trust | <input type="checkbox"/> 529(a) Trust |
| <input type="checkbox"/> 401(a) Trust | <input type="checkbox"/> 530(a) Trust |
| <input type="checkbox"/> Other _____ (describe) | <input type="checkbox"/> 527 Organization |

Part IV – Tax Year Information

- Calendar year
- Fiscal year — Ending month _____ 6
- Short year — Beginning date _____
- Ending date _____

Part V – 2003 Estimated Taxes Paid

Check this box if the organization is a private foundation

Voucher number	Due Date	Form 990-T		Form 990-PF	
		Actual Date Paid	Amount Paid	Actual Date Paid	Amount Paid
1	<u>10/15/03</u>				
2	<u>12/15/03</u>				

3	03/15/04				
4	06/15/04				
Overpayment from prior year					
Additional Payments		Actual Date Paid	Amount Paid	Actual Date Paid	Amount Paid
1					
2					
3					
4					

Part VI – Information for Client Letter

	Form 990-EZ or Form 990	Form 990-PF	Form 990-T
Extended Due Date ▶	05/16/05		

Letter Salutation. ▶ Scott

Check this box if the organization is enrolled in the Electronic Federal Tax Payment System (EFTPS)

Federal 990 Depreciation Report
Regular Tax

Activity Form 990 / Form 990EZ - 2003

Total cost of goods sold _____

Description	In Service	Cost	Land	Bus %	Type	Class	Conv	Depr
Cost of Goods Sold	Disposed	Basis	Sec. 179	Listed	Mthd	Life	Year	Prior
FIXTURES	11/01/93	292.		100.00	MACRS	7	HY	0.
		292.			200DB	7.00	11	292.
EQUIP SHED	07/01/94	543.		100.00	MACRS	7	HY	0.
		543.			200DB	7.00	10	543.
SPONSOR BOARD	07/01/94	1,500.		100.00	MACRS	7	HY	0.
		1,500.			200DB	7.00	10	1,500.
COPIER	07/01/95	805.		100.00	MACRS	5	HY	0.
		805.			200DB	5.00	9	805.
COMPUTER	06/27/01	3,255.		100.00	NP		NA	469.
		3,255.			200DB	5.00	4	2,083.
DIGITAL CAMERA	10/19/02	689.		100.00	MACRS	7	HY	118.
		482.			200DB	7.00	2	69.
LAPTOP	01/22/03	2,730.		100.00	MACRS	5	HY	612.
		1,911.			200DB	5.00	2	382.
Total		<u>9,814.</u>						<u>1,199.</u>
		<u>8,788.</u>						<u>5,674.</u>

Federal 990 Depreciation Report
Alternative Minimum Tax

Activity Form 990 / Form 990EZ - 2003

Passive adjustment. _____ Passive preference _____

Description	Real	Passive	AMT Cost	AMT Life	AMT Depr	AMT Adj
			AMT Basis	AMT Mthd	AMT Prior	AMT Pref
FIXTURES	<input type="checkbox"/>	<input type="checkbox"/>	292.	10.00	13.	-13.
			292.	150DB		
EQUIP SHED	<input type="checkbox"/>	<input type="checkbox"/>	543.	10.00	47.	-47.
			543.	150DB		
SPONSOR BOARD	<input type="checkbox"/>	<input type="checkbox"/>	1,500.	10.00	131.	-131.
			1,500.	150DB		
COPIER	<input type="checkbox"/>	<input type="checkbox"/>	805.	6.00	0.	0.
			805.	150DB		
COMPUTER	<input type="checkbox"/>	<input type="checkbox"/>	3,255.			
				SL		
DIGITAL CAMERA	<input type="checkbox"/>	<input type="checkbox"/>	689.	7.00	118.	0.
			482.	200DB	69.	
LAPTOP	<input type="checkbox"/>	<input type="checkbox"/>	2,730.	5.00	612.	0.
			1,911.	200DB	382.	
Total			<u>9,814.</u>		<u>921.</u>	<u>-191.</u>
			<u>5,533.</u>		<u>451.</u>	

Form 4562

Special Depreciation Allowance ReportActivity: Form 990 / Form 990EZ - 2003

Description	In Service	AMT Cost	AMT Basis	AMT SDA	Cost	SDA Basis	SDA
<u>FIXTURES</u>	<u>11/01/93</u>	<u>292.</u>			<u>292.</u>		
<u>EQUIP SHED</u>	<u>07/01/94</u>	<u>543.</u>			<u>543.</u>		
<u>SPONSOR BOARD</u>	<u>07/01/94</u>	<u>1,500.</u>			<u>1,500.</u>		
<u>COPIER</u>	<u>07/01/95</u>	<u>805.</u>			<u>805.</u>		
<u>COMPUTER</u>	<u>06/27/01</u>	<u>3,255.</u>			<u>3,255.</u>		
<u>DIGITAL CAMERA</u>	<u>10/19/02</u>	<u>689.</u>		<u>207.</u>	<u>689.</u>		<u>207.</u>
<u>LAPTOP</u>	<u>01/22/03</u>	<u>2,730.</u>		<u>819.</u>	<u>2,730.</u>		<u>819.</u>
Total		<u><u>9,814.</u></u>		<u><u>1,026.</u></u>	<u><u>9,814.</u></u>		<u><u>1,026.</u></u>

Federal 990 Depreciation Report
Regular Tax

Activity Form 990 All Returns - 2003

Total cost of goods sold _____

Description	In Service	Cost	Land	Bus %	Type	Class	Conv	Depr
Cost of Goods Sold	Disposed	Basis	Sec. 179	Listed	Mthd	Life	Year	Prior
Form 990								
FIXTURES	11/01/93	292.		100.00	MACRS	7	HY	0.
		292.			200DB	7.00	11	292.
EQUIP SHED	07/01/94	543.		100.00	MACRS	7	HY	0.
		543.			200DB	7.00	10	543.
SPONSOR BOARD	07/01/94	1,500.		100.00	MACRS	7	HY	0.
		1,500.			200DB	7.00	10	1,500.
COPIER	07/01/95	805.		100.00	MACRS	5	HY	0.
		805.			200DB	5.00	9	805.
COMPUTER	06/27/01	3,255.		100.00	NP		NA	469.
		3,255.			200DB	5.00	4	2,083.
DIGITAL CAMERA	10/19/02	689.		100.00	MACRS	7	HY	118.
		482.			200DB	7.00	2	69.
LAPTOP	01/22/03	2,730.		100.00	MACRS	5	HY	612.
		1,911.			200DB	5.00	2	382.
Total		<u>9,814.</u>						<u>1,199.</u>
		<u>8,788.</u>						<u>5,674.</u>

Federal 990 Depreciation Report
Alternative Minimum Tax

Activity Form 990 All Returns - 2003

Passive adjustment. _____ Passive preference _____

Description	Real	Passive	AMT Cost	AMT Life	AMT Depr	AMT Adj
			AMT Basis	AMT Mthd	AMT Prior	AMT Pref
Form 990	<input type="checkbox"/>	<input type="checkbox"/>				
FIXTURES	<input type="checkbox"/>	<input type="checkbox"/>	292.	10.00	13.	-13.
			292.	150DB		
EQUIP SHED	<input type="checkbox"/>	<input type="checkbox"/>	543.	10.00	47.	-47.
			543.	150DB		
SPONSOR BOARD	<input type="checkbox"/>	<input type="checkbox"/>	1,500.	10.00	131.	-131.
			1,500.	150DB		
COPIER	<input type="checkbox"/>	<input type="checkbox"/>	805.	6.00	0.	0.
			805.	150DB		
COMPUTER	<input type="checkbox"/>	<input type="checkbox"/>	3,255.			
				SL		
DIGITAL CAMERA	<input type="checkbox"/>	<input type="checkbox"/>	689.	7.00	118.	0.
			482.	200DB	69.	
LAPTOP	<input type="checkbox"/>	<input type="checkbox"/>	2,730.	5.00	612.	0.
			1,911.	200DB	382.	

Federal 990 Depreciation Report
Alternative Minimum Tax

Continued

Activity Form 990 All Returns - 2003

Passive adjustment _____ Passive preference _____

Description	Real	Passive	AMT Cost	AMT Life	AMT Depr	AMT Adj
			AMT Basis	AMT Mthd	AMT Prior	AMT Pref
Total			<u>9,814.</u>		<u>921.</u>	<u>-191.</u>
			<u>5,533.</u>		<u>451.</u>	

Form 4562

Special Depreciation Allowance Report

Activity: Form 990 All Returns - 2003

Description	In Service	AMT Cost	AMT Basis	AMT SDA	Cost	SDA Basis	SDA
<u>Form 990</u>							
<u>FIXTURES</u>	<u>11/01/93</u>	<u>292.</u>			<u>292.</u>		
<u>EQUIP SHED</u>	<u>07/01/94</u>	<u>543.</u>			<u>543.</u>		
<u>SPONSOR BOARD</u>	<u>07/01/94</u>	<u>1,500.</u>			<u>1,500.</u>		
<u>COPIER</u>	<u>07/01/95</u>	<u>805.</u>			<u>805.</u>		
<u>COMPUTER</u>	<u>06/27/01</u>	<u>3,255.</u>			<u>3,255.</u>		
<u>DIGITAL CAMERA</u>	<u>10/19/02</u>	<u>689.</u>		<u>207.</u>	<u>689.</u>		<u>207.</u>
<u>LAPTOP</u>	<u>01/22/03</u>	<u>2,730.</u>		<u>819.</u>	<u>2,730.</u>		<u>819.</u>
Total		<u>9,814.</u>		<u>1,026.</u>	<u>9,814.</u>		<u>1,026.</u>

Form 990, Page 1, Part I, Line 9

Special Events and Activities Statement

List of Three Largest Events and Type and Number of Others	Gross Receipts	Less Contributions	Gross Revenue	Less Direct Expenses	Net Income (Loss)
Hockey swap	1,254.	0.	1,254.	1,016.	238.
Total	<u>1,254.</u>	<u>0.</u>	<u>1,254.</u>	<u>1,016.</u>	<u>238.</u>

Form 990, Page 1, Part I, Line 10

Gross Sales of Inventory Statement

Description	Gross Sales Less: Returns and Allowances	Less: Cost of Goods Sold	Gross Profit (Loss)
MERCHANDISE SALES	2,165.	0.	2,165.
Total	<u>2,165.</u>	<u>0.</u>	<u>2,165.</u>

Form 990, Page 2, Part II, Line 43

Other Expenses Stmt

Other expenses not covered above (itemize):	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
REFEREES AND OFFICIALS	82,372.	82,372.	0.	0.
REGISTRATION COSTS	60,347.	60,347.	0.	0.
TRAINING/CLINICS	4,707.	4,707.	0.	0.
STORAGE	2,192.	0.	2,192.	0.
TAXES AND LICENSES	25.	0.	25.	0.
CAPITALS TICKETS	6,800.	6,800.	0.	0.
CHRISTMAS TOURNAMENT EXPENSES	5,075.	5,075.	0.	0.
TOURNAMENTS-OTHER	19,190.	19,190.	0.	0.
DONATIONS-PASS THROUGH	7,550.	7,550.	0.	0.
OFFICE EXPENSES	4,885.	0.	4,885.	0.
MISCELLANEOUS	1,335.	0.	1,335.	0.
Total	<u>194,478.</u>	<u>186,041.</u>	<u>8,437.</u>	<u>0.</u>

Sch. B-Part I (Copy 1): Contributors

General Information Smart Worksheet

A Description for this copy of Schedule B, Part I. Copy 1

8868 p1- 990: Application for Extension of Time to File (1st Ext) -990/990-EZ

Filing Address Smart Worksheet

Send Form 8868 to: Internal Revenue Service Center
Ogden, UT 84201-0012

8868 p2- 990: Application for Extension of Time to File (2nd Ext) - 990/990-EZ

Filing Address Smart Worksheet

Send Form 8868 to: Internal Revenue Service Center
Ogden, UT 84201-0012