Short Form

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

For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year

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

OMB No 1545-1150 2003

Open to Public Inspection

		f the Treasury	► The	than \$250,000 at the end of the year organization may have to use a copy of this return to satisfy state repo		+	Inspection			
_		ue Service	5	, 20						
_	Check if a		Please	or tax year beginning , 2003, and endi			entification number			
$\bar{\Box}$	Address		use IRS	GASKOV CLERGE FOUNDATION	•	0389				
	Name ch	-	label or or print or							
	Initial retu Final retu		(lephone number)						
	Amended Application	p Exem oer .								
	• Secti	ethod. ▶	☑ Cash ☐ Accrual							
ı	Websit	te: ▶ <u>www</u>	V.GAS	KOV.ORG	H Check ► Is not required					
				ly one)— 🗹 501(c) () ◀ (insert no.) 🔲 4947(a)(1) or 🔲 527	Schedule B (F	orm 990	0, 990-EZ, or 990-PF)			
				on's gross receipts are normally not more than \$25,000. The organization of the mail, it should file a return without financial data.						
L	Add line			e 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead						
Р	art I	Revenue,	Expe	nses, and Changes in Net Assets or Fund Balances (S	ee page 37 of	the in	structions)			
	1	Contribution	ıs, gifts	, grants, and similar amounts received		1	4,375			
	2			evenue including government fees and contracts		2	0			
	3	_		and assessments		3	0			
Кечепие	4	Investment	incom	e _. . _.		4	17			
	5a	Gross amoi	unt fro	n sale of assets other than inventory 5a	0					
	b	Less cost	or othe	r basis and sales expenses	0		_			
	с	, (, (
	6	Special ever	nts and	activities (attach schedule). If any amount is from gaming, check	here ► 🗌					
	a	Gross rever	nue (no	t including \$ of contributions						
ž		reported or	line 1		20,883					
	b			ses other than fundraising expenses 6b	5,131	1 ''''1	4= ===			
	С	Net income	or (los	s) from special events and activities (line 6a less line 6b)		6c	15,752			
	7a			entory, less returns and allowances	0					
	b		-	ds sold	0					
	_	•		ss) from sales of inventory (line 7a less line 7b)		7c				
	8	Other rever		8	20,144					
· —	9	Total reven		9	0					
í	10	Grants and	sımılaı	amounts paid (attach schedule)		10	0			
٠,	11	Benefits pa	ıd to o	for members		11				
Şe	12	Salaries, ot	her co	npensation, and employee benefits		12	0			
5	13	Professiona	ıl tees	and other payments to independent contractor $S = Q / V / C / C$	DDB.		821			
Expenses	14	Occupancy,	, rent,	Itilities, and maintenance	MHES	15	880			
	15 16	Other exper	DIICAU	ins, postage, and snipping	· · · · · ·	16	2,205			
	17	Total exper	1562 (C	amounts paid (attach schedule) for members mpensation, and employee benefits and other payments to independent contractors outilities, and maintenance ins, postage, and shipping escribe ► Program & Services dd lines 10 through 16)	,	17	3,906			
	 	E	4-6-4	for the constitute of the form that the same		18	16,238			
Net Assets	18	Not contain	uenciy	for the year (line 9 less line 17)			70,200			
SS	19	net assets	or run	reported on prior year's return)	ist agree with	19	3,910			
, T	20			net assets or fund balances (attach explanation)		20	. 0			
Ž	21			balances at end of year (combine lines 18 through 20)	: : : : >	21	20,148			
Pa	art II			—If Total assets on line 25, column (B) are \$250,000 or more, f	ile Form 990 ins	<u> </u>				
				ee page 40 of the instructions)	(A) Beginning of		(B) End of year			
22	Cash	n, savings, ai			3,6	69 22	20,054			
23		l and buildin				0 23				
24	Othe	r assets (de	scribe	Furniture	2	41 24				
25					3,9	10 25	20,148			
26	Tota	I liabilities (d	lescrib	e ▶)		0 26				
27				ances (line 27 of column (B) must agree with line 21)	3.9	10 27				

For Paperwork Reduction Act Notice, see the separate instructions.

	t III Statement of Program Service Accom		Expenses							
Wha	t is the organization's primary exempt purpose? 👤	Medical and education				quired for 501(c)(3) (4) organizations				
Desc	What is the organization's primary exempt purpose? Medical and education Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.									
			·		optio	onal for others)				
	Education: In 2003, scholarship were provided		of tuition and so	hool mater						
	materials in Les Cayes, Haiti. No Grants & alloca	ation were made.								
_			Grants \$	0)	28a	2,205				
29 .	Medical mission: Medical mission was not provi	ded in 2003 due to politic	al instability and	insecurity						
	in Haiti. Mission is planned for 2004.									
_		(0	Grants \$	0}	29a	0				
30										
_			Grants \$ Grants \$		30a					
_	Other program services (attach schedule)	31a								
	otal program service expenses (add lines 28a th	32								
Par	t IV List of Officers, Directors, Trustees, and Key			,		e instructions.)				
	(A) Name and address	(B) Title and average hours per week	(C) Compensation (If not paid,	(D) Contributio employee benefit		(E) Expense account and				
	ty name and decrease	devoted to position	enter -0-)	deferred comper	sation	other allowances				
Cos	sy C Joseph	President/ Various	0		0	0				
461	5 Mariners Cove Drive Wellington, fl 33467	Tresident Vanous								
Ple	rre-richard Jason	Treasurer/ Various	0		0	0				
	-53 262 PI, Rosedale, NY 11422	modelin rumous				•				
Eliz	abeth L. Joseph	Secretary/ Various	0		o	0				
Pai	t V Other Information (Note the attachme	<u>ent requirement in Gene</u>	ral Instruction V	, page 14.)		Yes No				
33	Did the organization engage in any activity not previously	reported to the IRS? If "Yes," a	attach a detailed des	cription of eac	h activ	ity				
34	Were any changes made to the organizing or governing docume	ents but not reported to the IRS? I	f "Yes," attach a confe	ormed copy of the	ne chan	ges				
35	If the organization had income from business activi	ities, such as those reported	f on lines 2, 6, and	d 7 (among o	thers),	. but ///////////////////////////////////				
	not reported on Form 990-T, attach a statement ex	plaining your reason for not	reporting the inco	me on Form	990-7	. <i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>				
а	Did the organization have unrelated business gross incom	ne of \$1,000 or more or 6033(e)	notice, reporting, an	d proxy tax req	uireme	ents?				
b	If "Yes," has it filed a tax return on Form 990-T for									
36	Was there a liquidation, dissolution, termination, or s				ateme	nt.)				
37a	Enter amount of political expenditures, direct or inc	direct, as described in the i	nstructions. 🕨 🚨	37a						
b	Did the organization file Form 1120-POL for this	year?								
38a	Did the organization borrow from, or make any lo	oans to, any officer, directo	r, trustee, or key	employee or	were	any ////////////////////////////////////				
	such loans made in a prior year and still unpaid a	it the start of the period co	vered by this retu	ırn?						
b	If "Yes," attach the schedule specified in the line 38 i		iouric introllogi.	88b		<i>\\\\\\\\\</i>				
39	501(c)(7) organizations Enter: a Initiation fees and	I capital contributions inclu	ded on line 9 📑	39a		<i>\\\\\\</i> \\\\\				
b	Gross receipts, included on line 9, for public use	of club facilities	🛚	89b		<i>\\\\\\\\</i>				
40a	501(c)(3) organizations. Enter: Amount of tax imposed o	n the organization during the y	year under:							
	section 4911 ▶; section 49	912 ▶	; section 4955	>						
b	501(c)(3) and (4) organizations. Did the organizatio									
	year or did it become aware of an excess benefit									
	Amount of tax imposed on organization managers or disc									
d	Enter Amount of tax on line 40c, above, reimburs									
41	List the states with which a copy of this return is file	ed. ▶								
42	The books are in care of ▶		Telep	hone no 🕨		<u>)</u>				
	Located at ►			ZIP + 4 ►	<u></u>					
43	Section 4947(a)(1) nonexempt charitable trupts ill	ng Form 990-EZ in lieu of	Form 1041—Che	ck here 🕨						
	and enter the amount of tax-exempt interest force	ived or accrued during the	tax year	P 43						
	Under penalties of perjury, I declare that have eleminand belief, it is true, correct, and complete peclarati	ned this return, including accompa ion of preparer (other than officer)	anying schedules and I is based on all inforn	statements, and nation of which i	to the l	best of my knowledge ir has anv knowledge				
Plea			1	10/2	,	. /				
	TVARE CO				<u> </u>					
			С	Date /	•					
		1-	Chock if							

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) Noneyempt Charitable Trust

501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

2003

OMB No 1545-0047

Depy tment of the Treasury Internal Revenue Service

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

Employer identification number Name of the organization **GGASKOV CLERGE FOUNDATION** 51:0389906 Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I (See page 1 of the instructions. List each one. If there are none, enter "None.") (d) Contributions to employee benefit plans & (e) Expense account and other (b) Title and average hours (a) Name and address of each employee paid more (c) Compensation than \$50,000 per week devoted to position deferred compensation allowances N/A N/A N/A N/A N/A Total number of other employees paid over \$50,000 . . Compensation of the Five Highest Paid Independent Contractors for Professional Services Part II (See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None.") (c) Compensation (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service N/A N/A

Total number of others receiving over \$50,000 for professional services ▶

Sche	dule	A (Form 990 or 990-EZ) 2003		F	age 2
Pa	rt li	Statements About Activities (See page 2 of the instructions.)		Yes	No
1•	att or Pa	ering the year, has the organization attempted to influence national, state, or local legislation, including any empt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid incurred in connection with the lobbying activities \$	1		√
	org	ganizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other ganizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of elobbying activities			
2	sul wit ow	ring the year, has the organization, either directly or indirectly, engaged in any of the following acts with any obstantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or the any taxable organization with which any such person is affiliated as an officer, director, trustee, majority oner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the insactions)			
а	Sa	le, exchange, or leasing of property?	2a		✓
b		nding of money or other extension of credit?	2b	-	√
С		rnishing of goods, services, or facilities?	2c	-	/
d		yment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d 2e	 	√
e		ansfer of any part of its income or assets?	26		
3a		you make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how u determine that recipients qualify to receive payments)	3a		✓
b		you have a section 403(b) annuity plan for your employees?	3b	_	✓
4		d you maintain any separate account for participating donors where donors have the right to provide advice the use or distribution of funds?	4		✓
Pa	rt I\	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)			
The	orga	anization 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		• • • • • • • • • • • • • • • • • • • •			
9	Ц	A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hosp and state ▶	oital's	name 	, city,
10		An organization operated for the benefit of a college or university owned or operated by a governmental unit Section (Also complete the Support Schedule in Part IV-A.)	on 17	O(b)(1)	(A)(ıv)
	_	An organization that normally receives a substantial part of its support from a governmental unit or from the Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A)	ne ger	ieral p	ublic.
11b	\vdash				
12		An organization that normally receives (1) more than 331/1% of its support from contributions, membership receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no moits support from gross investment income and unrelated business taxable income (less section 511 tax) from but by the organization after June 30, 1975. See section 509(a)(2) (Also complete the Support Schedule in Part I	re tha siness	n 33½	% of
13		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)(3))	on 50		
		Provide the following information about the supported organizations (See page 5 of the instructions			
		(a) Name(s) of supported organization(s) (b) Line from	numt abov		
4.6		An annual and analysis of the section of the sectio			
14	\Box	An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instruct	10112)		

	rt IV-A Support Schedule (Complete onle: You may use the worksheet in the instructions					accounting.
Cale	ndar 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).	5,905	5,170	3,015	2,790	16,880
16	Membership fees received	0	0	0	0	0
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.	14,042	14,491	18,824	14,290	61,647
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	48	115	50	40	253
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	19,995	19,776	21,889	17,120	78780
24	Line 23 minus line 17	5,953	5,285	3,065	2,830	17,133
25	Enter 1% of line 23	200	198	219	171	
26	Organizations described on lines 10 or 11:	a Enter 2% of	amount in colum	n (e), line 24	▶ 26a	343
b	Prepare a list for your records to show the nar governmental unit or publicly supported organizamount shown in line 26a. Do not file this list w	zation) whose tota	l gifts for 1999 th	rough 2002 exce	eded the nounts ▶ 26b	
С	Total support for section 509(a)(1) test Enter I				▶ 26c	17,133
d	Add. Amounts from column (e) for lines 18	253	19			
		0		<u> </u>		253
e	Public support (line 26c minus line 26d total)		,			16,880 98.52 %
	Public support percentage (line 26e (numera				▶ 26f	
27	Organizations described on line 12: a For person," prepare a list for your records to show Do not file this list with your return. Enter the	the name of, and	total amounts rec	eived in each yea	vere received froi ir from, each "disc	m a "disqualified qualified person '
	(2002)		(2000)		. (1999)	
b	For any amount included in line 17 that was receishow the name of, and amount received for each (Include in the list organizations described in lines the difference between the amount received and amounts) for each year: (2002)	year, that was mo 5 through 11, as w the larger amount	re than the larger rell as individuals.) described in (1)	of (1) the amount Do not file this lis or (2), enter the so	on line 25 for the st with your return um of these differ	year or (2) \$5,000 n. After computing ences (the excess
С	Add Amounts from column (e) for lines. 15				▶ 27c	1
A		and line 27b tota				
d e	Public support (line 27c total minus line 27d to					
f	Total support for section 509(a)(2) test: Enter a	mount from line 2	23, column (e).	▶ <u>27f</u>		
g	Public support percentage (line 27e (numera	tor) divided by I	ne 27f (denomin	nator))	1	
	Investment income percentage (line 18, colu					%

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

7	(To be completed ONLY by schools that checked the box on line 6 in Part IV)
Part V	Private School Questionnaire (See page 7 of the instructions.)
Schedule A (Fo	orm 990 or 990-EZ) 2003
	-1

	,	
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?	Yes No
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30
31	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?	31
	If "Yes," please describe; if "No," please explain (If you need more space, attach a separate statement)	
32	Does the organization maintain the following	
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d
	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.	
а	Students' rights or privileges?	33a
b	Admissions policies?	33b
С	Employment of faculty or administrative staff?	33c
d	Scholarships or other financial assistance?	33d
e	Educational policies?	33e
f	Use of facilities?	33f
g	Athletic programs?	33g
h	Other extracurricular activities?	33h
	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?	34a
b	Has the organization's right to such aid ever been revoked or suspended?	34b
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4.05 of Rev. Proc. 75-50, 1975-2 C B. 587, covering racial nondiscrimination? If "No," attach an explanation	35

chedule	Δ	(Form	qqn	٥r	ggn.	.F71	2003

Pa	To be completed ONLY by an				e instruct	ions.)		
Chę	ck ▶ a ☐ if the organization belongs to an affilia	<u></u>		you checked "a" a	and "limited	control"	provisions apply.	
	Limits on Lobbyi	•		(a Affiliated tota	group	(b) To be completed for ALL electing organizations		
36	Total lobbying expenditures to influence public			36	 		- Service -	
37	Total lobbying expenditures to influence a legis			37				
38	Total lobbying expenditures (add lines 36 and			38				
39	Other exempt purpose expenditures						· · · · · · · · · · · · · · · · · · ·	
40	Total exempt purpose expenditures (add lines			40				
41	Lobbying nontaxable amount Enter the amour		~					
		obbying nontaxa		. V/////				
	Not over \$500,000							
	Over \$1,000,000 but not over \$1,500,000 \$175,0	1 1 44						
	Over \$1,500,000 but not over \$17,000,000 . \$225,0	•						
	Over \$17,000,000 \$1,000							
42	Grassroots nontaxable amount (enter 25% of I	ine 41)	.		-			
43	Subtract line 42 from line 36 Enter -0- if line 4			مما	+			
44	Subtract line 41 from line 38. Enter -0- if line 4	1 is more than lir	ne 38					
	Caution: If there is an amount on either line 43	3 or line 44, you r	nust file Form 47	720				
	4-Year Ave	eraging Period	d Under Secti	ion 501(h)				
	(Some organizations that made a section See the instructions for	n 501(h) election	do not have to	complete all of th		ımns be	elow	
		Lob	bying Expendit	ures During 4-Ye	ear Avera	ging Pe	riod	
	Calendar year (or fiscal year beginning in) ▶	(a) 2003	(b) 2002	(c) 2001	(d 200		(e) Total	
45	Lobbying nontaxable amount					,,,,,,,,,,		
46	Lobbying ceiling amount (150% of line 45(e)).							
47	Total lobbying expenditures							
48	Grassroots nontaxable amount							
49	Grassroots ceiling amount (150% of line 48(e))							
50	Grassroots lobbying expenditures							
Pa	rt VI-B Lobbying Activity by Nonelec	ting Public Cl	narities					
	(For reporting only by organiza	tions that did i	not complete I	Part VI-A) (See	page 12	of the	instructions.)	
	ng the year, did the organization attempt to influmpt to influmpt to influence public opinion on a legislative m				any Ye	s No	Amount	
а	Volunteers							
þ	Paid staff or management (Include compensati	on in expenses re	eported on lines	c through h.) .		1		
C	Media advertisements							
d	Mailings to members, legislators, or the public				· ·	+		
e f	Publications, or published or broadcast statem Grants to other organizations for lobbying purp				· ·			
g	Direct contact with legislators, their staffs, government			oody .				
h	Rallies, demonstrations, seminars, conventions							
	,							
Ī	Total lobbying expenditures (Add lines c through "Yes" to any of the above, also attach a state	gh h.)			/////			

J . · ·

Sche	dule /	A (Form 990 or 990-EZ)	2003						F	age 6
Pa	rt V	Information Exempt Or	n Regarding To ganizations (Se	ransfers To and Trans e page 12 of the instruct	actions and ions.)	Relationships	With	Nonc	harit	able
51 ,				indirectly engage in any of the transfer of th					d in s	ection
а		• • • • • • • • • • • • • • • • • • • •		to a noncharitable exempt or					Yes	No
_		•	• •		-			51a(i)		✓
	(ii)	Other assets						_a(ii)		1
b		ner transactions.								1
	(i)	Sales or exchange	es of assets with a	noncharitable exempt organi.	zation			b(i)	<u> </u>	<u> </u>
		•		itable exempt organization .				b(ii)	<u> </u>	1
	(iii)	Rental of facilities	s, equipment, or oth	ner assets				b(iii)		✓
	(iv)	Reimbursement a	rrangements					b(iv)		1
	(v)	Loans or loan gua	arantees					b(v)		1
	(vı)	Performance of se	ervices or members	ship or fundraising solicitation	s			b(vi)		✓
				sts, other assets, or paid emp				С	l	/
d	aoc	ods, other assets, o	r services given by	complete the following schedule the reporting organization. If a column (d) the value of the go	the organization	received less tha	n fair r	market narket v	value value i	of the n any
(4	a)	(b)		(c)		(d)				
Line	no	Amount involved	Name of nonc	charitable exempt organization	Description o	f transfers, transaction	s, and sh	naring arra	angeme	ents
						<u>.</u>				
						12 112				
							<u>-</u>			
		-				· · · ·				
	des	•	01(c) of the Code (affiliated with, or related to, other than section 501(c)(3)) o				☐ Yes		No No
		Name of organiz	ration	Type of organization		Description of rel	ationship)		
						·				
				<u> </u>						
			- " "							
		,		⊕	<u> </u>	Schedule	A (Forn	990 or	990-EZ	2003