

Return of Organization Exempt from Income Tax

2002

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

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

A For the 2002 calendar year, or tax year beginning 1/22, 2002, and ending 12/31, 2002

- B Check if applicable: Address change, Name change, Initial return (checked), Final return, Amended return, Application pending

KINDHEARTS FOR CHARITABLE HUMANITARIAN DEVELOPMENT, INC. 3450 W CENTRAL AVE #366 TOLEDO, OH 43606

D Employer identification number 02-0534702 E Telephone number 419-329-2929 F Accounting method: Cash, Accrual (checked), 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 (checked). 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 (checked).

G Web site: WWW.KIND-HEARTS.ORG

J Organization type: 501(c) 3 (checked)

K Check here if the organization's gross receipts are normally not more than \$25,000. Some states require a complete return.

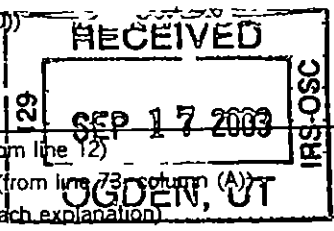
I Enter 4-digit GEN. M Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF) (checked).

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 3,025,507

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

Table with 21 rows and 4 columns: Description, Sub-description, Amount, Total. Includes lines 1-21 for revenue, expenses, and net assets.

SCANNED SEP 25 2003



Handwritten initials/signature

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) SEE STM 1 (cash \$ 940,937. non-cash \$)	22 940,937.	940,937.		
23 Specific assistance to individuals (att sch) ST 2	23 14,110	14,110.		
24 Benefits paid to or for members (att sch)	24			
25 Compensation of officers, directors, etc.	25 84,386	42,194	21,096.	21,096
26 Other salaries and wages	26 68,886	34,442	17,222.	17,222.
27 Pension plan contributions.	27			
28 Other employee benefits	28 12,124.	6,062	3,031	3,031.
29 Payroll taxes	29 11,441.	5,721.	2,860	2,860.
30 Professional fundraising fees	30 105,780.			105,780.
31 Accounting fees	31 17,406	8,703.	4,351.	4,352
32 Legal fees.	32 20,182	10,090	5,046.	5,046.
33 Supplies	33 94,800	42,218	21,109.	31,473.
34 Telephone.	34 12,956.	6,478	3,239	3,239.
35 Postage and shipping	35 13,892.	5,661.	2,830	5,401.
36 Occupancy	36 17,569.	8,435.	4,217.	4,917
37 Equipment rental and maintenance	37			
38 Printing and publications	38 29,013.	11,277	5,638.	12,098.
39 Travel	39 16,408.	8,204	4,102	4,102.
40 Conferences, conventions, and meetings	40 37,544.	18,772	9,386.	9,386.
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42 8,994	4,496.	2,249.	2,249.
43 Other expenses not covered above (itemize): a SEE STATEMENT 3	43a 324,129.	64,264	32,130	227,735.
b -----	43b			
c -----	43c			
d -----	43d			
e -----	43e			
44 Total functional expenses (add lines 22-43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44 1,830,557.	1,232,064.	138,506	459,987.

Joint Costs Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to program services \$ _____, (iii) the amount allocated to management and general \$ _____, and (iv) the amount allocated to fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? SEE STATEMENT 4

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

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

a SPONSORSHIP PROGRAM - ORPHAN SPONSORSHIP PROGRAM THAT PROVIDES ORPHANS WITH THE ESSENTIALS OF LIFE, SUCH AS FOOD, CLOTHING, SCHOOL SUPPLIES, MEDICAL CARE, AND HOUSING. (Grants and allocations \$ 131,765.)	169,576
b EMERGENCY & HEALTH PROGRAMS - PROVIDES EMERGENCY AND HEALTH SERVICES TO THOSE IN NEED. (Grants and allocations \$ 165,783)	213,373.
c EID & SEASONAL PROGRAMS - PROVIDES FOOD BASKETS AND CLOTHES TO THOSE IN NEED (Grants and allocations \$ 147,752.)	190,163
d EDUCATION & DEVELOPMENT PROGRAMS - PROVIDES FUNDRAISING SUPPORT TO ORGANIZATIONS FOR SCHOLARSHIPS, UNIFORMS, COMPUTERS, BOOKS, SUPPLIES, ETC. (Grants and allocations \$ 486,435)	628,933.
e Other program services SEE STATEMENT 5 (Grants and allocations \$ 23,312)	30,019.
f Total of Program Service Expenses (should equal line 44, column (B), program services)	1,232,064.

Part IV Balance Sheets (See Instructions)

		(A)	(B)
		Beginning of year	End of year
ASSETS	45 Cash – non interest-bearing		45 1,069,688.
	46 Savings and temporary cash investments		46
	47a Accounts receivable	47a	
	b Less allowance for doubtful accounts	47b	47c
	48a Pledges receivable	48a 177,303	
	b Less allowance for doubtful accounts	48b	48c 177,303.
	49 Grants receivable		49
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50
	51a Other notes & loans receivable (attach sch.)	51a	
	b Less allowance for doubtful accounts	51b	51c
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges		53 114
	54 Investments – securities (attach schedule)	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV	54
	55a Investments – land, buildings, & equipment basis	55a	
	b Less accumulated depreciation (attach schedule)	55b	55c
	56 Investments – other (attach schedule)		56
	57a Land, buildings, and equipment basis	57a 61,239	
	b Less accumulated depreciation (attach schedule)	57b 7,127.	57c 54,112
	58 Other assets (describe ▶ <u>STATEMENT 6 SEE STATEMENT 7</u>)		58 12,600.
59 Total assets (add lines 45 through 58) (must equal line 74)	0.	59 1,313,817	
LIABILITIES	60 Accounts payable and accrued expenses		60 118,867
	61 Grants payable		61
	62 Deferred revenue		62
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63
	64a Tax-exempt bond liabilities (attach schedule)		64a
	b Mortgages and other notes payable (attach schedule)		64b
	65 Other liabilities (describe ▶ _____)		65
	66 Total liabilities (add lines 60 through 65)	0	66 118,867
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		67 -78,171
	68 Temporarily restricted		68 1,273,121
	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)	0.	73 1,194,950.	
74 Total liabilities and net assets/fund balances (add lines 66 and 73)	0.	74 1,313,817.	

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

BAA

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

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

a	Total revenue, gains, and other support per audited financial statements	a	3,035,507
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		10,000
(3)	Recoveries of prior year grants		
(4)	Other (specify)		
	Add amounts on lines (1) through (4)	b	10,000
c	Line a minus line b	c	3,025,507
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990		
(2)	Other (specify)		
	Add amounts on lines (1) and (2)	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	3,025,507

a	Total expenses and losses per audited financial statements	a	1,840,557
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities		10,000
(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	10,000
c	Line a minus line b	c	1,830,557
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	1,830,557

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 8		84,386	4,894	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		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
78b	If 'Yes,' has it filed a tax return on Form 990-T for this year?	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement.		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc. to any other exempt or nonexempt organization?		X
81a	Enter direct or indirect political expenditures. See line 81 instructions. b If 'Yes,' enter the name of the organization N/A and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt	81a	0.
81b	Did the organization file Form 1120-POL for this year?		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
82b	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	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85a	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	N/A	
85b	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	N/A	
85c	c Dues, assessments, and similar amounts from members	N/A	
85d	d Section 162(e) lobbying and political expenditures	N/A	
85e	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A	
85f	f Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	
85g	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
85h	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	
86a	86 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	N/A	
86b	b Gross receipts, included on line 12, for public use of club facilities	N/A	
87a	87 501(c)(12) organizations Enter a Gross income from members or shareholders	N/A	
87b	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	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		X
89a	89a 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		
89b	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		X
	c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
	d Enter Amount of tax on line 89c, above, reimbursed by the organization		0.
90a	90a List the states with which a copy of this return is filed SEE STATEMENT 9	90b	0
	b Number of employees employed in the pay period that includes March 12, 2002 (See instructions)		
91	91 The books are in care of ANAS M ALMASRI Telephone number (419) 329-2929 Located at 3450 WEST CENTRAL AVE #366, TOLEDO, OH ZIP + 4 43606		
92	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

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 _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash investments					
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					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a _____					
b MISCELLANEOUS			1	8,109	
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				8,109	
105 Total (add line 104 columns (B), (D), and (E))					8,109

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)
N/A	

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

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

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

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Date 9.9.03
President & CEO

SCHEDULE A
(Form 990 or 990-EZ)

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

OMB No 1545-0047

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

2002

Supplementary Information — (See separate instructions)

Department of the Treasury
Internal Revenue Service

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

Name of the organization **KINDHEARTS FOR CHARITABLE HUMANITARIAN
DEVELOPMENT, INC.**

Employer identification number
02-0534702

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See instructions List each one If there are none, enter 'None')

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000	0			

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

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

Part III Statements About Activities (See instructions)

	Yes	No
<p>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 ▶ \$ <u>N/A</u></p> <p>(Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)</p> <p>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</p>		X
<p>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)</p> <p style="text-align: center;">SEE STATEMENT 10</p> <p>a Sale, exchange, or leasing of property?</p>		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?	X	
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
e Transfer of any part of its income or assets?		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below)		X
4 Do you have a section 403(b) annuity plan for your employees?		X

Note: Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs 'qualify' to receive payments

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 An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc, functions - subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)
 - 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

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

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See instructions)

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

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

Calendar year (or fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)					
16 Membership fees received					
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					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 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					
24 Line 23 minus line 17					
25 Enter 1% of line 23					

26 Organizations described on lines 10 or 11. a Enter 2% of amount in column (e), line 24

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 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts

c Total support for section 509(a)(1) test. Enter line 24, column (e)

d Add: Amounts from column (e) for lines 18 _____ 19 _____
 22 _____ 26b _____

e Public support (line 26c minus line 26d total)

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** 0 %

27 Organizations described on line 12. N/A

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

(2001) _____ (2000) _____ (1999) _____ (1998) _____

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

(2001) _____ (2000) _____ (1999) _____ (1998) _____

c Add: Amounts from column (e) for lines 15 _____ 16 _____
 17 _____ 20 _____ 21 _____

d Add: Line 27a total _____ and line 27b total _____

e Public support (line 27c total minus line 27d total)

f Total support for section 509(a)(2) test. Enter amount from line 23, column (e) 27f _____

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** %

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, 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

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
29		

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		
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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		
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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?

32 a		
-------------	--	--

b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?

32 b		
-------------	--	--

c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?

32 c		
-------------	--	--

d Copies of all material used by the organization or on its behalf to solicit contributions?

32 d		
-------------	--	--

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?

33 a		
-------------	--	--

b Admissions policies?

33 b		
-------------	--	--

c Employment of faculty or administrative staff?

33 c		
-------------	--	--

d Scholarships or other financial assistance?

33 d		
-------------	--	--

e Educational policies?

33 e		
-------------	--	--

f Use of facilities?

33 f		
-------------	--	--

g Athletic programs?

33 g		
-------------	--	--

h Other extracurricular activities?

33 h		
-------------	--	--

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?

34 a		
-------------	--	--

b Has the organization's right to such aid ever been revoked or suspended?

34 b		
-------------	--	--

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

35		
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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		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term 'expenditures' means amounts paid or incurred)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount Enter the amount from the following table –		
	If the amount on line 40 is –	The lobbying nontaxable amount is –	
	Not over \$500,000	20% of the amount on line 40	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
	Over \$17,000,000	\$1,000,000	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	
Caution: If there is an amount on either line 43 or line 44, you must file Form 4720			

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
 See the instructions for lines 45 through 50)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4 -Year Averaging Period				
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots non-taxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	Grassroots lobbying expenditures				

Part VI-B Lobbying Activity by Nonelecting Public Charities
 (For reporting only by organizations that did not complete Part VI-A) (See instructions)

N/A

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

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (add lines c through h)

Yes	No	Amount

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

Part VII. Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of

	Yes	No
51 a (i)		X
a (ii)		X
b (i)		X
b (ii)		X
b (iii)		X
b (iv)		X
b (v)		X
b (vi)		X
c		X

(i) Cash

(ii) Other assets

b Other transactions

(i) Sales or exchanges of assets with a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ Yes No

b If 'Yes,' complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

CLIENT 33540

KINDHEARTS FOR CHARITABLE HUMANITARIAN
DEVELOPMENT, INC.

02-0534702

9/09/03

11 34AM

STATEMENT 1
FORM 990, PART II, LINE 22
GRANTS AND ALLOCATIONSCASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY:	GENERAL SADAQAH	
DONEE'S NAME:	FOUNDATION FOR CHILDREN	
DONEE'S ADDRESS:	300 EAST MAIN STREET #B COLUMBUS, OH 43509	
AMOUNT GIVEN:		\$ 100
CLASS OF ACTIVITY:	GENERAL SADAQAH	
DONEE'S NAME:	ISLAMIC CENTER OF DETROIT	
DONEE'S ADDRESS:	14350 TIREMAN DETROIT, MI 48228	
AMOUNT GIVEN:		6,971.
CLASS OF ACTIVITY:	EDUCATION AND DEVELOPMENT	
DONEE'S NAME:	VARIOUS U.S HOSPITALS	
AMOUNT GIVEN:		10,000.
CLASS OF ACTIVITY:	EDUCATION AND DEVELOPMENT	
DONEE'S NAME:	TOLEDO ISLAMIC ACADEMY	
DONEE'S ADDRESS:	4404 SECOR ROAD TOLEDO, OH 43623	
AMOUNT GIVEN:		10,000
CLASS OF ACTIVITY:	EMERGENCY AND HEALTH	
DONEE'S NAME:	KINDER USA	
DONEE'S ADDRESS:	6757 ARAPAHO #711 DALLAS, TX 75248	
AMOUNT GIVEN:		20,000
CLASS OF ACTIVITY:	EMERGENCY AND HEALTH	
DONEE'S NAME:	NATIONAL ARAB AMERICAN MEDICAL	
DONEE'S ADDRESS:	801 SOUTH ADAMS # 208 BIRMINGHAM, MI 48009	
AMOUNT GIVEN:		7,500.
CLASS OF ACTIVITY:	EMERGENCY AND HEALTH	
DONEE'S NAME:	ALBAIR ISLAMIC ASSOCIATION	
DONEE'S ADDRESS:	ORLANDO, FL	
AMOUNT GIVEN:		2,000.
CLASS OF ACTIVITY:	EMERGENCY AND HEALTH	
DONEE'S NAME:	MAZBOOD CHARITABLE CLINIC	
DONEE'S ADDRESS:	MAZBOOD VILLAGE IKLEEM AL KHAROOB-LEBANON	
AMOUNT GIVEN:		19,000
CLASS OF ACTIVITY:	EDUCATION AND DEVELOPMENT	
DONEE'S NAME:	UNIVERSITY OF PORT ELIZABETH	
DONEE'S ADDRESS:	1600 PORT ELIZABETH 6000 SOUTH AFRICA	
AMOUNT GIVEN:		2,800.
CLASS OF ACTIVITY:	SPONSORSHIP	
DONEE'S NAME:	KINDHEARTS GAZA - PALESTINE	
DONEE'S ADDRESS:	P O BOX 1248 GAZA, PALESTINE	

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KINDHEARTS FOR CHARITABLE HUMANITARIAN
DEVELOPMENT, INC.

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STATEMENT 1 (CONTINUED)
FORM 990, PART II, LINE 22
GRANTS AND ALLOCATIONSCASH GRANTS AND ALLOCATIONS

AMOUNT GIVEN:		\$ 131,765.
CLASS OF ACTIVITY	GENERAL SADAQAH	
DONEE'S NAME:	KINDHEARTS GAZA - PALESTINE	
DONEE'S ADDRESS:	P O BOX 1248 GAZA, PALESTINE	
AMOUNT GIVEN:		16,241.
CLASS OF ACTIVITY:	EMERGENCY AND HEALTH	
DONEE'S NAME:	KINDHEARTS GAZA - PALESTINE	
DONEE'S ADDRESS:	P.O. BOX 1248 GAZA, PALESTINE	
AMOUNT GIVEN:		108,783.
CLASS OF ACTIVITY	EID AND SEASONAL	
DONEE'S NAME:	KINDHEARTS GAZA - PALESTINE	
DONEE'S ADDRESS:	P.O BOX 1248 GAZA, PALESTINE	
AMOUNT GIVEN:		49,642.
CLASS OF ACTIVITY:	EID AND SEASONAL	
DONEE'S NAME:	SANABIL ASSOCIATION FOR RELIEF	
DONEE'S ADDRESS:	BDAIR BLDG 3RD FLOOR SAIDA, LEBANON	
AMOUNT GIVEN:		85,000.
CLASS OF ACTIVITY	EDUCATION AND DEVELOPMENT	
DONEE'S NAME:	SANABIL ASSOCIATION FOR RELIEF	
DONEE'S ADDRESS:	BDAIR BLDG 3RD FLOOR SAIDA, LEBANON	
AMOUNT GIVEN:		15,000.
CLASS OF ACTIVITY:	EMERGENCY AND HEALTH	
DONEE'S NAME:	ISLAMIC CENTER OF DETROIT	
DONEE'S ADDRESS:	14350 TIREMAN DETROIT, MI 48228	
AMOUNT GIVEN:		7,500.
DONEE'S NAME	MOSQUES/SCHOOLS IN THIS REGION	
DONEE'S ADDRESS:	NORTHEAST REGION	
AMOUNT GIVEN:		253,935.
DONEE'S NAME:	MOSQUES/SCHOOLS IN THIS REGION	
DONEE'S ADDRESS:	WEST REGION	
AMOUNT GIVEN:		136,950.
DONEE'S NAME:	MOSQUES/SCHOOLS IN THIS REGION	
DONEE'S ADDRESS:	SOUTHEAST REGION	
AMOUNT GIVEN:		57,750.

TOTAL GRANTS AND ALLOCATIONS \$ 940,937.

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KINDHEARTS FOR CHARITABLE HUMANITARIAN
DEVELOPMENT, INC.

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**STATEMENT 2
FORM 990, PART II, LINE 23
SPECIFIC ASSISTANCE TO INDIVIDUALS**

FOOD, SHELTER AND CLOTHING	\$	13,110.
MEDICAL, DENTAL AND HOSPITAL EXPENSES		1,000.
TOTAL	\$	<u>14,110.</u>

**STATEMENT 3
FORM 990, PART II, LINE 43
OTHER EXPENSES**

	(A) <u>TOTAL</u>	(B) <u>PROGRAM SERVICES</u>	(C) <u>MANAGEMENT & GENERAL</u>	(D) <u>FUNDRAISING</u>
ADVERTISING	103,152.	17,544.	8,772.	76,836.
PERMITS AND LICENSES	2,315.			2,315.
BANK CHARGES	8,913.	4,457.	2,228.	2,228.
MISCELLANEOUS	13,970	6,999.	3,500.	3,471.
CONTRACT LABOR	55,625.	27,813.	13,906.	13,906.
DIRECT MAIL CAMPAIGN COSTS	83,378			83,378.
OTHER PROFESSIONAL FEES	14,900	7,451	3,724.	3,725
FUNDRAISING DINNERS	41,876			41,876
TOTAL	<u>\$ 324,129.</u>	<u>\$ 64,264</u>	<u>\$ 32,130.</u>	<u>\$ 227,735</u>

**STATEMENT 4
FORM 990, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

THE PURPOSE OF KINDHEARTS IS STRICTLY FOR CHARITABLE PROCUREMENT AND DISTRIBUTION OF FUNDS AND/OR DONATIONS, DEVELOPMENT, RELIEF, AND CREATING EMPLOYMENT OPPORTUNITIES AT HOME AND ABROAD. KINDHEARTS IS PRIMARILY INVOLVED IN PROVIDING EMERGENCY RELIEF TO DEVASTATED PALESTINIANS IN THE WEST BANK, GAZA STRIP, AND SURROUNDING AREAS.

**STATEMENT 5
FORM 990, PART III, LINE E
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

<u>DESCRIPTION</u>	<u>GRANTS AND ALLOCATIONS</u>	<u>PROGRAM SERVICE EXPENSES</u>
GENERAL SADAQAH PROGRAMS - PROVIDES FOR THOSE IN NEED THROUGH VARIOUS PROGRAMS WHERE MOST NEEDED.	23,312.	30,019.
TOTAL	<u>\$ 23,312.</u>	<u>\$ 30,019.</u>

KINDHEARTS FOR CHARITABLE HUMANITARIAN
DEVELOPMENT, INC.

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STATEMENT 6
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
AUTOMOBILES / TRANSPORTATION EQUIPMENT	\$ 14,235	\$ 1,186.	\$ 13,049
FURNITURE AND FIXTURES	8,055	681	7,374.
MACHINERY AND EQUIPMENT	38,949.	5,260	33,689.
TOTAL	<u>\$ 61,239.</u>	<u>\$ 7,127.</u>	<u>\$ 54,112.</u>

STATEMENT 7
FORM 990, PART IV, LINE 58
OTHER ASSETS

DEPOSITS	\$ 3,267.
NET INTANGIBLE ASSETS	9,333.
TOTAL	<u>\$ 12,600</u>

STATEMENT 8
FORM 990, PART V
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
KHALED SMAILI 3450 W. CENTRAL AVE. STE 366 TOLEDO, OH 43606	PRESIDENT & CEO 40+	\$ 62,476.	\$ 2,547.	\$ 0
HATEM ELHADY 3450 W. CENTRAL AVE. STE. 366 TOLEDO, OH 43606	CHAIRMAN 5	0	0.	0.
JIHAD SMAILI 3450 W. CENTRAL AVE STE. 366 TOLEDO, OH 43606	TRUSTEE .5	0.	0.	0.
ABDELRAHMAN QATISHAT 3450 W. CENTRAL AVE. STE 366 TOLEDO, OH 43606	TRUSTEE .5	0.	0.	0
ABDURAHMAM HAMDAN 3450 W. CENTRAL AVE. STE. 366 TOLEDO, OH 43606	TREASURER .5	0.	0.	0.
YASSINE YASSINE 3450 W. CENTRAL AVE. STE. 366 TOLEDO, OH 43606	TRUSTEE .5	0.	0.	0.

CLIENT 33540

KINDHEARTS FOR CHARITABLE HUMANITARIAN
DEVELOPMENT, INC.

02-0534702

9/09/03

11 34AM

STATEMENT 8 (CONTINUED)
FORM 990, PART V
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
NIDAL ABUSHAIB 3450 W. CENTRAL AVE. STE 366 TOLEDO, OH 43606	SECRETARY 40	\$ 21,910.	\$ 2,347.	\$ 0
DAVID BARTOS 3450 W CENTRAL AVE. STE. 366 TOLEDO, OH 43606	TRUSTEE .5	0.	0.	0
	TOTAL	\$ 84,386	\$ 4,894.	\$ 0

STATEMENT 9
FORM 990, PART VI, LINE 90A
LIST OF STATES WHICH THIS RETURN IS FILED

AL, AK, CT, FL, IL, KS, ME, MD, MA, MN, MS, MO, NJ, NM, NY, OH, OR, PA, SC, TN,
UT, WA, WV

STATEMENT 10
SCHEDULE A, PART III, LINE 2
TRANSACTIONS WITH TRUSTEES, DIRECTORS, ETC.

KINDHEARTS LEGAL COUNSEL IS A MEMBER OF THE BOARD OF TRUSTEES PROFESSIONAL FEES
PAID FOR THESE SERVICES IN 2002 WERE \$18,530

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

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 KINDHEARTS	Employer identification number 02-0534702
	Number, street, and room or suite number. If a P.O. box, see instructions 3450 W CENTRAL AVE #366	For IRS Use Only
	City, town, or post office, state, and ZIP code. For a foreign address, see instructions TOLEDO, OH 43606	

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 organization's 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 11/15, 2003

5 For calendar year 2002, or other tax year beginning _____, 20____ and ending _____, 20____

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 TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN

8a 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 *Richard DeBore* Title CPA Date 8/11/03

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 GILMORE, JASION & MAHLER, LTD
	Number and street (include suite, room, or apartment number) or a P.O. box number ONE SEAGATE, STE 610
	City or town, province or state, and country (including postal or ZIP code) TOLEDO, OH 43604

Application for Extension of Time To File an Exempt Organization Return

▶ 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 KINDHEARTS	Employer identification number 02-0534702
	Number, street, and room or suite no. If a PO box, see instructions PO BOX 23310	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions TOLEDO OH 43623-0310	

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, 20 03, to file the exempt organization return for the organization named above. The extension is for the organization's return for

▶ calendar year 20 02 or

▶ tax year beginning _____, 20 _____, and ending _____, 20 _____

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 \$ _____

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 ▶ Mark McDoyle, CPA Title ▶ CPA Date ▶ 5/6/2003