

**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)

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 2003 calendar year, or tax year beginning** **OCT 1, 2003** **and ending** **SEP 30, 2004**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C Name of organization</b> <b>JAARS, INC.</b>		<b>D Employer identification number</b> 56-0818833
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>P.O. BOX 248</b>		<b>E Telephone number</b> 704-843-6000
		City or town, state or country, and ZIP + 4 <b>WAXHAW, NC 28173-0248</b>		<b>F Accounting method:</b> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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).

Hand 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? **N/A**  Yes  No (If "No," attach a list.)

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

**G Website:** ▶ **WWW.JAARS.ORG**

**J Organization type** (check only one)  501(c) ( 3 ) (insert no.)  4947(a)(1) or  527

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

**I** Group Exemption Number ▶

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **7,659,961.**

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

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

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received:				
	<b>a</b> Direct public support	<b>1a</b>	3,452,404.		
	<b>b</b> Indirect public support	<b>1b</b>			
	<b>c</b> Government contributions (grants)	<b>1c</b>			
	<b>d</b> Total (add lines 1a through 1c) (cash \$ 3,167,079. noncash \$ 285,325. )	<b>1d</b>		3,452,404.	
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>		3,788,987.	
	<b>3</b> Membership dues and assessments	<b>3</b>			
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>		66,276.	
	<b>5</b> Dividends and interest from securities	<b>5</b>			
	<b>6 a</b> Gross rents	<b>6a</b>			
	<b>b</b> Less: rental expenses	<b>6b</b>			
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>			
<b>7</b> Other investment income (describe ▶ )	<b>7</b>				
<b>8 a</b> Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
	52,138.	<b>8a</b>	112,605.		
	45,180.	<b>8b</b>	5,689.		
	6,958.	<b>8c</b>	106,916.		
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8d</b>	STMT 2	STMT 3	113,874.	
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>					
<b>a</b> Gross revenue (not including \$ of contributions reported on line 1a)	<b>9a</b>				
<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>				
<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>				
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>				
	<b>b</b> Less: cost of goods sold	<b>10b</b>			
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>			
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>		187,551.		
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>		7,609,092.		
Expenses	<b>13</b> Program services (from line 44, column (B))	<b>13</b>		6,150,780.	
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>		990,515.	
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>		122,253.	
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>			
	<b>17</b> Total expenses (add lines 16 and 44, column (A))	<b>17</b>		7,263,548.	
Net Assets	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>		345,544.	
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		9,610,992.	
	<b>20</b> Other changes in net assets or fund balances (attach explanation) <b>SEE STATEMENT 4</b>	<b>20</b>		11,379.	
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>		9,967,915.	

**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 (attach schedule) .....				
	cash \$ _____ noncash \$ _____	22			
23	Specific assistance to individuals (attach schedule) .....	23			
24	Benefits paid to or for members (attach schedule) .....	24			
25	Compensation of officers, directors, etc. ....	25	0.	0.	0.
26	Other salaries and wages .....	26	279,041.	257,284.	20,724.
27	Pension plan contributions .....	27			1,033.
28	Other employee benefits .....	28	3,360.	3,098.	250.
29	Payroll taxes .....	29	6,539.	6,029.	486.
30	Professional fundraising fees .....	30			
31	Accounting fees .....	31	29,200.		29,200.
32	Legal fees .....	32	2,628.	35.	2,593.
33	Supplies .....	33	141,240.	104,675.	31,468.
34	Telephone .....	34	82,493.	72,258.	7,687.
35	Postage and shipping .....	35	391,098.	340,884.	35,490.
36	Occupancy .....	36	515,375.	397,626.	117,739.
37	Equipment rental and maintenance .....	37	601,873.	431,735.	169,876.
38	Printing and publications .....	38	135,693.	33,880.	85,382.
39	Travel .....	39	220,412.	136,512.	62,499.
40	Conferences, conventions, and meetings .....	40			
41	Interest .....	41			
42	Depreciation, depletion, etc. (attach schedule) .....	42	725,598.	541,916.	177,789.
43	Other expenses not covered above (itemize):				
a	_____	43a			
b	_____	43b			
c	_____	43c			
d	_____	43d			
e	<b>SEE STATEMENT 5</b>	43e	4,128,998.	3,824,848.	249,332.
44	<b>Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15</b>	44	7,263,548.	6,150,780.	990,515.

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?

**SERVICE TO EXEMPT ORGANIZATIONS**

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

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

a	<b>SEE STATEMENT 6</b>				
			(Grants and allocations \$ _____)		2,062,604.
b	<b>SEE STATEMENT 7</b>				
			(Grants and allocations \$ _____)		1,196,644.
c	<b>SEE STATEMENT 8</b>				
			(Grants and allocations \$ _____)		1,484,151.
d	<b>SEE STATEMENT 9</b>				
			(Grants and allocations \$ _____)		847,425.
e	Other program services (attach schedule) <b>STATEMENT 10</b>		(Grants and allocations \$ _____)		559,956.
f	<b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)				6,150,780.

**Part IV Balance Sheets**

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

		(A) Beginning of year	(B) End of year
<b>Assets</b>	45 Cash - non-interest-bearing .....	207,930.	170,050.
	46 Savings and temporary cash investments .....	1,499,007.	1,791,060.
	47 a Accounts receivable .....	567,572.	
	b Less: allowance for doubtful accounts .....		
	48 a Pledges receivable .....		
	b Less: allowance for doubtful accounts .....		
	49 Grants receivable .....		
	50 Receivables from officers, directors, trustees, and key employees .....		
	51 a Other notes and loans receivable .....		
	b Less: allowance for doubtful accounts .....		
	52 Inventories for sale or use .....	713,705.	529,550.
	53 Prepaid expenses and deferred charges .....	74,340.	46,512.
	54 Investments - securities <b>STMT 11</b> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	170,271.	195,285.
	55 a Investments - land, buildings, and equipment: basis .....		
	b Less: accumulated depreciation .....		
56 Investments - other .....	SEE STATEMENT 12	14,432.	9,874.
57 a Land, buildings, and equipment: basis .....	14,084,181.		
b Less: accumulated depreciation .....	7,300,060.		
58 Other assets (describe <b>▶ SEE STATEMENT 13</b> )	176,063.		121,468.
<b>59 Total assets</b> (add lines 45 through 58) (must equal line 74)	<b>9,932,424.</b>	<b>59</b>	<b>10,215,492.</b>
<b>Liabilities</b>	60 Accounts payable and accrued expenses .....	307,933.	236,783.
	61 Grants payable .....		
	62 Deferred revenue .....	8,069.	8,594.
	63 Loans from officers, directors, trustees, and key employees .....		
	64 a Tax-exempt bond liabilities .....		
	b Mortgages and other notes payable .....		
	65 Other liabilities (describe <b>▶ DEPOSITS PAYABLE</b> )	5,430.	2,200.
<b>66 Total liabilities</b> (add lines 60 through 65)	<b>321,432.</b>	<b>66</b>	<b>247,577.</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/></b> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted .....	8,622,731.	8,460,379.
	68 Temporarily restricted .....	988,261.	1,507,536.
	69 Permanently restricted .....		
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/></b> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds .....		
	71 Paid-in or capital surplus, or land, building, and equipment fund .....		
	72 Retained earnings, endowment, accumulated income, or other funds .....		
<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	<b>9,610,992.</b>	<b>73</b>	<b>9,967,915.</b>
<b>74 Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	<b>9,932,424.</b>	<b>74</b>	<b>10,215,492.</b>

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



Part VI Other Information		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		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
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	X	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		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?	X	
b	If "Yes," enter the name of the organization <b>SEE STATEMENT 15</b> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a	Enter direct or indirect political expenditures. See line 81 instructions <b>81a</b> 0.		
b	Did the organization file Form 1120-POL for this year?		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?	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.) <b>82b</b> 8,800,126.		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible? <b>N/A</b>		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? <b>N/A</b>		
85	<b>501(c)(4), (5), or (6) organizations.</b> a Were substantially all dues nondeductible by members? <b>N/A</b>		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? <b>N/A</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 <b>85c</b> <b>N/A</b>		
d	Section 162(e) lobbying and political expenditures <b>85d</b> <b>N/A</b>		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices <b>85e</b> <b>N/A</b>		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) <b>85f</b> <b>N/A</b>		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? <b>N/A</b>		
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? <b>N/A</b>		
86	<b>501(c)(7) organizations.</b> Enter: a Initiation fees and capital contributions included on line 12 <b>86a</b> <b>N/A</b>		
b	Gross receipts, included on line 12, for public use of club facilities <b>86b</b> <b>N/A</b>		
87	<b>501(c)(12) organizations.</b> Enter: a Gross income from members or shareholders <b>87a</b> <b>N/A</b>		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) <b>87b</b> <b>N/A</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		X
89 a	<b>501(c)(3) organizations.</b> Enter: Amount of tax imposed on the organization during the year under: section 4911 <b>0.</b> ; section 4912 <b>0.</b> ; section 4955 <b>0.</b>		
b	<b>501(c)(3) and 501(c)(4) organizations.</b> 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 <b>0.</b>		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization <b>0.</b>		
90 a	List the states with which a copy of this return is filed <b>NONE</b>		
b	Number of employees employed in the pay period that includes March 12, 2003 <b>90b</b> 30		
91	The books are in care of <b>MR. KEVIN M. GOLDING</b> Telephone no. <b>704-843-6240</b>		
Located at <b>PO BOX 248 WAXHAW, NC</b> ZIP + 4 <b>28173-0248</b>			
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 <b>92</b> <b>N/A</b>		

**Part VII Analysis of Income-Producing Activities** (See page 33 of the 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) Exclu- sion code	(D) Amount	
<b>93</b> Program service revenue:					
<b>a</b> <b>SERVICES RENDERED</b>					3,754,478.
<b>b</b> <b>UNRELATED INCOME</b>	480000	34,509.			
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>f</b> Medicare/Medicaid payments					
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments					
<b>95</b> Interest on savings and temporary cash investments			14	66,276.	
<b>96</b> Dividends and interest from securities					
<b>97</b> Net rental income or (loss) from real estate:					
<b>a</b> debt-financed property					
<b>b</b> not debt-financed property					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory			18	113,874.	
<b>101</b> Net income or (loss) from special events					
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue:					
<b>a</b> <b>OTHER OPERATING REVENUE</b>					187,551.
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>104</b> Subtotal (add columns (B), (D), and (E))		34,509.		180,150.	3,942,029.
<b>105</b> Total (add line 104, columns (B), (D), and (E))					4,156,688.

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

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A	REIMBURSEMENTS FROM SUPPORTED EXEMPT ENTITIES FOR SERVICES PROVIDED
103A	OTHER OPERATING REVENUE TO SUPPORT THE EXEMPT PURPOSE OF THE MINISTRY

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of the instructions.)

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

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 34 of the instructions.)

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

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

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

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.

**Please Sign Here**

Signature of officer: \_\_\_\_\_ Date: \_\_\_\_\_ Type or print name and title: \_\_\_\_\_

**Paid Preparer's Use Only**

Preparer's signature: CAPIN CROUSE LLP  
720 EXECUTIVE PARK DRIVE  
GREENWOOD, IN 46143

Date: \_\_\_\_\_ Check if self-employed:  Preparer's SSN or PTIN: \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP + 4: CAPIN CROUSE LLP, 720 EXECUTIVE PARK DRIVE, GREENWOOD, IN 46143

EIN: \_\_\_\_\_ Phone no.: (317) 885-2620

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**2003**

Name of the organization

**JAARS, INC.**

Employer identification number

**56 0818833**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 of the 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 & deferred compensation	(e) Expense account and other allowances
<b>NONE</b> -----				
 -----				
 -----				
 -----				
 -----				
Total number of other employees paid over \$50,000 ▶	0			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the 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
<b>NONE</b> -----		
 -----		
 -----		
 -----		
 -----		
Total number of others receiving over \$50,000 for professional services ▶	0	

<b>Part III Statements About Activities</b> (See page 2 of the instructions.)		Yes	No
<b>1</b>	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.) 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.		<b>X</b>
<b>2</b>	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.) <b>SEE STATEMENT 16</b>		
<b>a</b>	Sale, exchange, or leasing of property? .....		<b>X</b>
<b>b</b>	Lending of money or other extension of credit? .....		<b>X</b>
<b>c</b>	Furnishing of goods, services, or facilities? .....	<b>X</b>	
<b>d</b>	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? .....		<b>X</b>
<b>e</b>	Transfer of any part of its income or assets? .....		<b>X</b>
<b>3 a</b>	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.) .....	<b>X</b>	
<b>3 b</b>	Do you have a section 403(b) annuity plan for your employees? .....		<b>X</b>
<b>4</b>	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? .....		<b>X</b>

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions.)

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

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above
<b>SUMMER INSTITUTE OF LINGUISTICS, INC.</b>	<b>11A</b>
<b>WYCLIFFE BIBLE TRANSLATORS, INC.</b>	<b>5</b>

**14**  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.** N/A  
 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.)					
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	0.	0.	0.	0.	0.
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	▶	26a	N/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	▶	26b	N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e)	▶	26c	N/A
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____	▶	26d	N/A
e Public support (line 26c minus line 26d total)	▶	26e	N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	▶	26f	N/A %

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 _____	▶	27c	N/A
d Add: Line 27a total _____ and line 27b total _____	▶	27d	N/A
e Public support (line 27c total minus line 27d total)	▶	27e	N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)	▶	27f	N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	▶	27g	N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	▶	27h	N/A %

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 page 7 of the instructions.)

N/A

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		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 page 9 of the 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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		<b>N/A</b>	
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	<b>36</b>		
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....	<b>37</b>		
<b>38</b> Total lobbying expenditures (add lines 36 and 37) .....	<b>38</b>		
<b>39</b> Other exempt purpose expenditures .....	<b>39</b>		
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39) .....	<b>40</b>		
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table -			
<b>If the amount on line 40 is -</b>	<b>The lobbying nontaxable amount is -</b>		
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 .....	<b>41</b>	
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 .....		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41) .....	<b>42</b>		
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....	<b>43</b>		
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....	<b>44</b>		

**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 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
<b>45</b> Lobbying nontaxable amount .....					0.
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) .....					0.
<b>47</b> Total lobbying expenditures .....					0.
<b>48</b> Grassroots nontaxable amount .....					0.
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) .....					0.
<b>50</b> Grassroots lobbying expenditures .....					0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the 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:	Yes	No	Amount
<b>a</b> Volunteers .....			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines <b>c</b> through <b>h</b> .) .....			
<b>c</b> Media advertisements .....			
<b>d</b> Mailings to members, legislators, or the public .....			
<b>e</b> Publications, or published or broadcast statements .....			
<b>f</b> Grants to other organizations for lobbying purposes .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....			
<b>i</b> Total lobbying expenditures (Add lines <b>c</b> through <b>h</b> .) .....			0.

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



## FOOTNOTES

STATEMENT 1

FORM 990, PART IV, LINE 57A, 57B, AND 57C  
 LAND BUILDINGS AND EQUIPMENT CONSISTS OF:

LAND AND LAND IMPROVEMENTS	1,287,578.
BUILDINGS AND IMPROVEMENTS	8,435,386.
EQUIPMENT	1,524,845.
VEHICLES	796,960.
AIRCRAFT	1,975,291.
CONSTRUCTION IN PROGRESS	64,121.
TOTAL BASIS, LAND BUILDINGS AND EQUIPMENT - LINE 57A -->	14,084,181.
LESS ACCUMULATED DEPRECIATION - LINE 57B -->	<7,300,060.>
BOOK VALUE, LAND BUILDINGS AND EQUIPMENT - LINE 57C -->	6,784,121.
FORM 990, PART II, LINE 42 CONSISTS OF ; DEPRECIATION EXPENSE	725,598.

FORM 990                      GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES                      STATEMENT      2

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
SALE OF SECURITIES	52,138.	45,180.	0.	6,958.
TO FORM 990, PART I, LINE 8	52,138.	45,180.	0.	6,958.

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FORM 990	GAIN (LOSS) FROM SALE OF OTHER ASSETS	STATEMENT	3
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DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
SALE OF FIXED ASSETS	VARIOUS	VARIOUS	DONATED	
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC
NET GAIN OR (LOSS)				
VARIOUS INDIVIDUALS	112,605.	5,689.	0.	0.
TO FM 990, PART I, LN 8	112,605.	5,689.	0.	0.

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FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	4
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DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INVESTMENTS	11,379.
TOTAL TO FORM 990, PART I, LINE 20	11,379.

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FORM 990	OTHER EXPENSES	STATEMENT	5
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
DUES/SUBSCRIPTIONS	26,715.	20,852.	4,680.	1,183.
GENERAL EXPENSES	201,995.	68,810.	125,651.	7,534.
OUTSIDE SERVICES	27,047.	27,047.		
VEHICLE EXPENSES	529,806.	506,506.	14,880.	8,420.
TRAINING	83,598.	49,168.	18,685.	15,745.
PROJECT EXPENSE	1,464,970.	1,414,154.	28,880.	21,936.
DIRECT COST OF GOODS AND SERVICES	1,794,867.	1,738,311.	56,556.	
TOTAL TO FM 990, LN 43	4,128,998.	3,824,848.	249,332.	54,818.

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FORM 990                      STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS                      STATEMENT      6

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DESCRIPTION OF PROGRAM SERVICE ONE

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AVIATION: JAARS ORIENTS AVIATION PERSONNEL AND PROVIDES EQUIPMENT TO SERVE AVIATION PROGRAMS. THEY PROVIDE INFORMATION AND LOGISTICS THAT THOSE FIELD AVIATION PROGRAMS NEED TO FUNCTION. THE TOTAL NUMBER OF PASSINGERS CARRIED IN IN 2004 WAS 25,865 AND OVER 2 MILLION POUNDS OF CARGO. WITH SHORT TERM GOALS MET, LONG TERM GOALS OF EXPANDED SERVICE TO CENTRAL AFRICA WERE APPROACHED.

	GRANTS	EXPENSES
	<hr/>	<hr/>
TO FORM 990, PART III, LINE A		2,062,604.
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FORM 990                      STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS                      STATEMENT      7

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DESCRIPTION OF PROGRAM SERVICE TWO

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LOGISTICS: JAARS PROVIDES PURCHASING AND SHIPPING SERVICES TO ALL OVERSEAS ENTITIES OF ITS PARTNER ORGANIZATIONS, SIL AND WYCLIFF BIBLE TRANSLATORS. JAARS PROVIDES WAREHOUSING THROUGH EQUIPMENT AND SAFETY TRAINING. DOMESTIC MOVING SERVICE. IN 2004, 946 SHIPMENTS WERE MADE FOR 65 PARTNERS. DOMESTICALLY, ANOTHER 681 ORDERS WERE HANDLED. JAARS SUPPORTS LAND AND WATER TRANSPORTATION NEEDS THROUGH EQUIPMENT AND SAFTY TRAINING.

	GRANTS	EXPENSES
	<hr/>	<hr/>
TO FORM 990, PART III, LINE B		1,196,644.
	<hr/> <hr/>	<hr/> <hr/>

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 8

DESCRIPTION OF PROGRAM SERVICE THREE

COMPUTING AND COMMUNICATIONS: JARRS SUPPORTS THE LANGUAGE DEVELOPMENT AND BIBLE TRANSLATION GOALS OF ITS PARTNER ORGANIZATIONS, THROUGH SOFTWARE DEVELOPMENT, COMPUTER HARDWARE AND INFRASTRUCTURE SUPPORT, TRAINING, E-MAIL SUPPORT AND HF RADIO AND SATELLITE PHONE SERVICE. IN 2004, OVER 1300 PEOPLE RECIEVED UPDATED SOFTWARE AND TRAINING MATERIALS AND NEARLY 100,000 E-MAIL MESSAGES WERE PROCESSED DAILY. LONG TERM GOALS OF COMPUTER SUPPORT ARE IN PLACE.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE C	<u>                    </u>	<u>1,484,151.</u>

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 9

DESCRIPTION OF PROGRAM SERVICE FOUR

SERVICE TO MISSIONARIES: JAARS PROVIDES SERVICE TO WYCLIFFE AND OTHER MISSIONARIES ASSIGNED TO NORTH CAROLINA AND TO MISSIONARIES ON FURLOUGH. THIS INCLUDES TEMPORARY HOUSING, DINING ROOM SERVICES, HEALTH SERVICES, CHILD CARE, AND DISTRIBUTION OF DONATED GOODS. HOUSING WAS PROVIDED FOR 3,754 PEOPLE IN 2004. JAARS HOSTED 18 EVENTS FOR WYCLIFFE, SIL AND PARTNER ORGANIZATIONS, AS WELL AS YEAR ROUND OFFICE FACILITES FOR 23 STAFF MEMBERS.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE D	<u>                    </u>	<u>847,425.</u>

FORM 990 OTHER PROGRAM SERVICES STATEMENT 10

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
VERNACULAR MEDIA SERVICES:		423,814.
OTHER SERVICES:		136,142.
TOTAL TO FORM 990, PART III, LINE E		<u>559,956.</u>

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FORM 990	NON-GOVERNMENT SECURITIES	STATEMENT 11
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SECURITY DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
MUTUAL FUNDS			195,285.		195,285.
TO 990, LN 54 COL B			195,285.		195,285.

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FORM 990	OTHER INVESTMENTS	STATEMENT 12
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DESCRIPTION	VALUATION METHOD	AMOUNT
ANNUITIES	COST	9,874.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		9,874.

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FORM 990	OTHER ASSETS	STATEMENT 13
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DESCRIPTION	AMOUNT
SPECIALIZED AIRCRAFT PARTS	116,819.
ANNUITY RECEIVABLE	4,649.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	121,468.

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FORM 990

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

STATEMENT 14

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE	
			BEN PLAN CONTRIB	EXPENSE ACCOUNT
JIM AKOVENKO P.O. BOX 248 WAXHAW, NC 28173	PRESIDENT VOLUNTARY	0.	0.	0.
DENNIS STEENWYK P.O. BOX 248 WAXHAW, NC 28173	SENIOR V.P. VOLUNTARY	0.	0.	0.
PHIL MCBRIDE P.O. BOX 248 WAXHAW, NC 28173	SENIOR V.P. VOLUNTARY	0.	0.	0.
PATSY IMMEL P.O. BOX 248 WAXHAW, NC 28173	CORPORATE SECRETARY VOLUNTARY	0.	0.	0.
KEVIN GOLDING P.O. BOX 248 WAXHAW, NC 28173	V.P. VOLUNTARY	0.	0.	0.
JOHN HUTCHINSON P.O. BOX 248 WAXHAW, NC 28173	ASSISTANT SECRETARY VOLUNTARY	0.	0.	0.
DAVID BOTHWELL P.O. BOX 248 WAXHAW, NC 28173	SENIOR V.P. VOLUNTARY	0.	0.	0.
ELEANOR HATFIELD P.O. BOX 248 WAXHAW, NC 28173	ASSISTANT SECRETARY VOLUNTARY	0.	0.	0.
RAY BERRY P.O. BOX 248 WAXHAW, NC 28173	BOARD MEMBER VOLUNTARY	0.	0.	0.
DR. TONY CHAN P.O. BOX 248 WAXHAW, NC 28173	BOARD MEMBER VOLUNTARY	0.	0.	0.
REV. R. TOM CHEELY P.O. BOX 248 WAXHAW, NC 28173	BOARD MEMBER VOLUNTARY	0.	0.	0.

JUDY BOYD P.O. BOX 248 WAXHAW, NC 28173	BOARD MEMBER VOLUNTARY	0.	0.	0.
DUANE JOHNSON P.O. BOX 248 WAXHAW, NC 28173	BOARD MEMBER VOLUNTARY	0.	0.	0.
TOM MATLOCK P.O. BOX 248 WAXHAW, NC 28173	BOARD MEMBER VOLUNTARY	0.	0.	0.
ORVILLE ROGERS P.O. BOX 248 WAXHAW, NC 28173	BOARD MEMBER VOLUNTARY	0.	0.	0.
JOHN WATTERS P.O. BOX 248 WAXHAW, NC 28173	BOARD MEMBER VOLUNTARY	0.	0.	0.
ROGER OWENS P.O. BOX 248 WAXHAW, NC 28173	BOARD MEMBER VOLUNTARY	0.	0.	0.
ED LAUBER P.O. BOX 248 WAXHAW, NC 28173	BOARD MEMBER VOLUNTARY	0.	0.	0.
GEOFFREY HUNT P.O. BOX 248 WAXHAW, NC 28173	BOARD MEMBER VOLUNTARY	0.	0.	0.
CAROLYN MILLER P.O. BOX 248 WAXHAW, NC 28173	BOARD MEMBER VOLUNTARY	0.	0.	0.
GEOFFREY HUNT P.O. BOX 248 WAXHAW, NC 28173	BOARD MEMBER VOLUNTARY	0.	0.	0.
LYLE REFFEY P.O. BOX 248 WAXHAW, NC 28173	BOARD MEMBER VOLUNTARY	0.	0.	0.
STEVE LYNIP P.O. BOX 248 WAXHAW, NC 28173	BOARD MEMBER VOLUNTARY	0.	0.	0.
BRIAN CHAPAITIS P.O. BOX 248 WAXHAW, NC 28173	BOARD MEMBER VOLUNTARY	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		0.	0.	0.

FORM 990

IDENTIFICATION OF RELATED ORGANIZATIONS  
PART VI, LINE 80B

STATEMENT 15

NAME OF ORGANIZATION

EXEMPT

NONEXEMPT

SUMMER INSTITUTE OF LINGUISTICS

X

WYCLIFFE BIBLE TRANSLATORS

X

SCHEDULE A

STATEMENT REGARDING ACTIVITIES WITH  
SUBSTANTIAL CONTRIBUTORS, TRUSTEES, DIRECTORS,  
CREATORS, KEY EMPLOYEES, ETC.,  
PART III, LINE 2

STATEMENT 16

JAARS HAS A SECURITY ALARM MAINTENANCE AGREEMENT WITH A FIRM THAT IS OWNED BY A BOARD MEMBER. PAYMENTS MADE ARE AT FAIR-MARKET VALUE.

SCHEDULE A

EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS  
PART III, LINE 3

STATEMENT 17

THE "ETHEL G. ADAMS SCHOLARSHIP" IS DESIGNED TO ASSIST HIGH SCHOOL GRADUATES IN THEIR PURSUIT OF A HIGHER EDUCATION OR TRAINING FOR A SPECIFIC CAREER. CANDIDATES WILL BE SELECTED BASED UPON THEIR DEMONSTRATION OF A CLEAR EDUCATIONAL PURPOSE, SUPERIORITY OF GRADES, AND FINANCIAL NEED.