

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2002****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

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

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

**A** For the 2002 calendar year, or tax year beginning 5/01

, 2002, and ending 4/30

, 20 03

**B** Check if applicable:☐ Address change☐ Name change☐ Initial return☐ Final return☒ Amended return☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization**Miracle Flights for Kids**

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

**2756 N Green Valley Parkway** **115**

City or town, state or country, and ZIP + 4

**Henderson NV 89014-2120****D** Employer identification number**88 0209952****E** Telephone number**( 702 ) 228-1869****F** Accounting method: ☐ Cash ☒ Accrual☐ Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**H** and **I** are not applicable to section 527 organizations.**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶**H(c)** Are all affiliates included? ☐ Yes ☐ No

(If "No," attach a list. See instructions.)

**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Enter 4-digit GEN ▶**G** Web site: ▶ **www.miracleflights.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.**M** Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **3,023,708****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 17 of the instructions.)

<b>1</b> Contributions, gifts, grants, and similar amounts received:			
<b>a</b> Direct public support	<b>1a</b>	<b>2,975,897</b>	
<b>b</b> Indirect public support	<b>1b</b>	<b>38,546</b>	
<b>c</b> Government contributions (grants)	<b>1c</b>		
<b>d</b> Total (add lines 1a through 1c) (cash \$ <b>2,936,917</b> noncash \$ <b>77,526</b> )	<b>1d</b>		<b>3,014,443</b>
<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>		
<b>3</b> Membership dues and assessments	<b>3</b>		
<b>4</b> Interest on savings and temporary cash investments	<b>4</b>		<b>8,695</b>
<b>5</b> Dividends and interest from securities	<b>5</b>		
<b>6a</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>8a</b> Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
<b>b</b> Less: cost or other basis and sales expenses	<b>8a</b>		
<b>c</b> Gain or (loss) (attach schedule)	<b>8b</b>		
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8c</b>		
<b>8d</b>			
<b>9</b> Special events and activities (attach schedule)			
<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>10a</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>		<b>570</b>
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>		<b>3,023,708</b>
<b>13</b> Program services (from line 44, column (B))	<b>13</b>		<b>2,072,427</b>
<b>14</b> Management and general (from line 44, column (C))	<b>14</b>		<b>86,373</b>
<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>		<b>831,253</b>
<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>		<b>2,990,053</b>
<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>		<b>33,655</b>
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		<b>593,236</b>
<b>20</b> Other changes in net assets or fund balances (attach explanation) See Stmt. 1	<b>20</b>		<b>-11,078</b>
<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>		<b>615,813</b>

**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. (See page 21 of the instructions.)

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				
26	Other salaries and wages	26				
27	Pension plan contributions	27				
28	Other employee benefits	28				
29	Payroll taxes	29				
30	Professional fundraising fees	30	1,678,202	1,017,687	660,515	
31	Accounting fees	31	8,355	6,691	573	
32	Legal fees	32				
33	Supplies	33	8,148	6,525	559	
34	Telephone	34	13,108	10,497	899	
35	Postage and shipping	35	368,255	257,001	109,764	
36	Occupancy	36	57,270	45,862	3,928	
37	Equipment rental and maintenance	37	750	601	51	
38	Printing and publications	38	65,964	46,365	18,905	
39	Travel	39				
40	Conferences, conventions, and meetings	40				
41	Interest	41				
42	Depreciation, depletion, etc. (attach schedule)	42	11,807	9,455	810	
43	Other expenses not covered above (itemize): a	43a				
b	See Statement 2	43b	778,194	671,743	35,249	
c		43c				
d		43d				
e		43e				
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	2,990,053	2,072,427	86,373	831,253

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 ☐ NoIf "Yes," enter (i) the aggregate amount of these joint costs \$ 2,095,696; (ii) the amount allocated to Program services \$ 1,307,660;(iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ 788,036**Part III** Statement of Program Service Accomplishments (See page 24 of the instructions.)What is the organization's primary exempt purpose? ☒ See Statement 3

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	Miracle Flights for Kids provides no-cost flights to seriously ill children and their family members who must travel far from home to access the specialized medical care they so desperately need to get well. (Grants and allocations \$ _____)	2,072,427
b	 (Grants and allocations \$ _____)	
c	 (Grants and allocations \$ _____)	
d	 (Grants and allocations \$ _____)	
e	Other program services (attach schedule) (Grants and allocations \$ _____)	2,072,427
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	



**Part IV Balance Sheets** (See page 24 of the instructions.)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
45	Cash - non-interest-bearing .....	129,407	45	102,805
46	Savings and temporary cash investments .....	242,176	46	132,219
47a	Accounts receivable .....			
b	Less: allowance for doubtful accounts .....		47c	
48a	Pledges receivable .....	2,330		
b	Less: allowance for doubtful accounts .....		48c	2,330
49	Grants receivable .....		49	
50	Receivables from officers, directors, trustees, and key employees (attach schedule) .....		50	
51a	Other notes and loans receivable (attach schedule) .....			
b	Less: allowance for doubtful accounts .....		51c	
52	Inventories for sale or use .....		52	
53	Prepaid expenses and deferred charges .....	2,317	53	1,846
54	Investments-securities <b>See Stmt 4</b> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV .....	64,471	54	73,392
55a	Investments-land, buildings, and equipment: basis .....			
b	Less: accumulated depreciation (attach schedule) .....		55c	
56	Investments-other (attach schedule) .....	202,678	56	304,943
57a	Land, buildings, and equipment: basis .....	92,731		
b	Less: accumulated depreciation (attach schedule) <b>See Stmt 6</b> .....	73,296	57c	19,435
58	Other assets (describe <b>See Stmt 7</b> ) .....	99,010	58	99,010
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74) .....	779,639	59	735,980
60	Accounts payable and accrued expenses .....	186,403	60	120,167
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 <b>See Stmt 7</b> ) .....		65	
66	<b>Total liabilities</b> (add lines 60 through 65) .....	186,403	66	120,167
<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines</b> 67 through 69 and lines 73 and 74.				
67	Unrestricted .....	593,236	67	615,813
68	Temporarily restricted .....		68	
69	Permanently restricted .....		69	
<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and</b> 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	<b>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) .....	593,236	73	615,813
74	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73) .....	779,639	74	735,980

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.

Form 990 (2002)

**Miracle Flights For Kids****88-0209952**

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**Part IV-A****Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See page 26 of the instructions.)

a	Total revenue, gains, & other support per audited financial statements	a	<b>3,445,748</b>
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 \$ <b>433,118</b>		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify):		
	<b>See Stmt 8</b>		
	\$ <b>-11,078</b>		
	Add amounts on lines (1) through (4)	b	<b>422,040</b>
c	Line a minus line b	c	<b>3,023,708</b>
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	<b>3,023,708</b>

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

a	Total expenses and losses per audited financial statements	a	<b>3,423,171</b>
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities \$ <b>433,118</b>		
(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	<b>433,118</b>
c	Line a minus line b	c	<b>2,990,053</b>
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	<b>2,990,053</b>

**Part V****List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated; see page 26 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contrib. to employee benefit plans & deferred compensation	(E) Expense account and other allowances
<b>Ann McGee</b> <b>Henderson, NV 89014</b>	<b>President</b> <b>40</b>	<b>137,776</b>	<b>13,500</b>	<b>5,400</b>
<b>Larry Scheffler</b> <b>Henderson, NV 89014</b>	<b>Director</b> <b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Jeana Yeager</b> <b>Henderson, NV 89014</b>	<b>Director</b> <b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Robert Groesbeck</b> <b>Henderson, NV 89014</b>	<b>Director</b> <b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Michael McDonald</b> <b>Henderson, NV 89014</b>	<b>Director</b> <b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>

- 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 page 26 of the instructions.



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**Part VI Other Information** (See page 27 of the instructions.)

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	<b>X</b>
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	<b>X</b>
78a	Did the organization have unrelated business gross inc. of \$1,000 or more during the year covered by this return?	78a	<b>X</b>
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	<b>X</b>
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?	80a	<b>X</b>
b	If "Yes," enter the name of the organization <input type="checkbox"/> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81a	Enter direct or indirect political expenditures. See line 81 instr.	81a	
b	Did the organization file Form 1120-POL for this year?	N/A	81b
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?	82a	<b>X</b>
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.)	See Stmt 9	82b 433,117
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	<b>X</b>
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	N/A	83b
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	<b>X</b>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	84b
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	N/A	85a
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	85b
c	Dues, assessments, and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	N/A	85g
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	85h
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	<b>X</b>
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0</u> ; section 4912 <u>0</u> ; section 4955 <u>0</u>		
b	501(c)(3) and 501(c)(4) orgs. 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	89b	<b>X</b>
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	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, 2002 (See instructions.)	90b	
91	The books are in care of <b>Organization</b> Telephone no. <b>702-261-0494</b> Located at <b>Las Vegas, NV</b> ZIP + 4 <b>89120</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 <u>92</u>		

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Miracle Flights for Kids

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**Part VII Analysis of Income-Producing Activities** (See page 31 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) Exclusion code	(D) Amount	
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	8,695	
96 Dividends and 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 personal property					
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			2	570	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				9,265	0
105 Total (add line 104, columns (B), (D), and (E))				9,265	9,265

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

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

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
N/A	

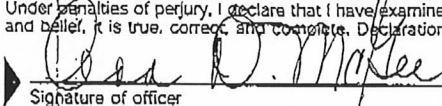
**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 32 of the instructions.)

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

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 33 of the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No
- Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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:  Date: 10/28/03

Signature of officer: Ann D. McGee, President

Type or print name and title.

Paid Preparer's Use Only: Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check if self-employed: ☐ Preparer's SSN or PTIN (See Gen. Inst. W): \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP + 4: \_\_\_\_\_ EIN: \_\_\_\_\_ Phone no.: ( ) \_\_\_\_\_

Form 990 (2002)

TOTAL P.02

**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

**2002**

Name of the organization

**Miracle Flights for Kids**

Employer identification number

**88 : 0209952**

**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
None				
Total number of other employees paid over \$50,000 . . . . . ▶				

**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
Tele-Response Center, Inc 2824 Cottman Avenue, Philadelphia, PA 19149	Program Service & FR (Replaces contract with Reese Brothers)	946,365
Team America 130 E Wilson Bridge Rd, Ste 25, Worthington, OH 43085	Staff Leasing (staff salaries, taxes, health insurance and other human resource costs. Fee to vendor only 1.7%)	480,281
Reese Brothers 825 Penn Avenue, 6th Floor, Pittsburgh, PA	Program Service & FR (Contract not renewed - some delayed fees overlap with replacement contract)	384,156
Newport Creative Communications 33 Railroad Avenue, Duxbury, MA 0232	FR	369,064
Barton Cotton 1405 Parker Road, Baltimore, MD 21227	Program Service & FR	349,367
Total number of others receiving over \$50,000 for professional services . . . . . ▶		



**Part III** Statements About Activities (See page 2 of the instructions.)

Yes No

- 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities **\$** \_\_\_\_\_ (Must equal amount on line 38, Part VI-A, or line i of Part VI-B.)

1

X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

- 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)

a Sale, exchange, or leasing of property? .....

2a

X

b Lending of money or other extension of credit? .....

2b

X

c Furnishing of goods, services, or facilities? .....

2c

X

d Payment of compensation (or payment or reimbursement of exp. if more than \$1,000)? .....

2d

X

e Transfer of any part of its income or assets? .....

2e

X

- 3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below.) .....

3

X

- 4 Do you have a section 403(b) annuity plan for your employees? .....

4

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 pages 3 through 5 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

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 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.

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.)	4,163,171	4,114,976	3,283,148	3,969,167	15,530,462
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 inc. from int., dividends, amounts received from pymt. on securities loans (section 512(a)(5)), rents, royalties, & unrelated busn. taxable inc. (less sec. 511 taxes) from businesses acquired by the organization after June 30, 1975	27,688	14,752	9,137	6,199	57,776
19 Net income from unrelated business activities not included in line 18					
20 Tax revn. levied for the organization's ben. & either paid to it or expended on its behalf					
21 The value of serv. or fac. furnished to the org. by a governmental unit without charge. Do not incl. the value of serv. or fac. generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of cap. assets <b>Stmt 10</b>	350	526	50	6,045	6,971
23 Total of lines 15 through 22	4,191,209	4,130,254	3,292,335	3,981,411	15,595,209
24 Line 23 minus line 17	4,191,209	4,130,254	3,292,335	3,981,411	15,595,209
25 Enter 1% of line 23	41,912	41,303	32,923	39,814	
26 Organizations described on lines 10 or 11:					
a Enter 2% of amount in column (e), line 24					311,904
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					24,965
c Total support for section 509(a)(1) test: Enter line 24, column (e)					15,595,209
d Add: Amounts from column (e) for lines:					
18 57,776 19					
22 6,971 26b 24,965					
e Public support (line 26c minus line 26d total)					15,505,497
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					99.4247%
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:					N/A
(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:					N/A
(2001) (2000) (1999) (1998)					
c Add: Amounts from column (e) for lines:					
15 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 on line 23, column (e)					
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 page 7 of the instructions.)(To be completed **ONLY** by schools that checked the box on line 6 in Part IV)

	N/A	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	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		
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.)	31		
32 Does the organization maintain the following:			
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33 Does the organization discriminate by race in any way with respect to:			
a Students' rights or privileges?	33a		
b Admissions policies?	33b		
c Employment of faculty or administrative staff?	33c		
d Scholarships or other financial assistance?	33d		
e Educational policies?	33e		
f Use of facilities?	33f		
g Athletic programs?	33g		
h Other extracurricular activities?	33h		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34a Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b		
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		



**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.**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
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 .....	41	
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 on page 11 of the instructions.)

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 nontaxable 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 page 11 of the instr.)

**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
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.) .....			

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 page 12 of the instructions.)	88-0209952
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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:

(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:

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

[illegible]

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?

b If "Yes," complete the following schedule:

▶ ☐ Yes ☒ No

[illegible]

## Depreciation and Amortization

OMB No. 1545-0172

Form **4562**

(Including Information on Listed Property)

**2002**Department of the Treasury  
Internal Revenue Service

▶ See separate instructions.

▶ Attach to your tax return.

Attachment  
Sequence No. **67**Name(s) shown on return **Miracle Flights For Kids**Identifying number  
**88-0209952**

Business or activity to which this form relates

**Indirect Depreciation****Part I Election To Expense Certain Tangible Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See page 2 of the instructions for a higher limit for certain businesses .....	1	<b>24,000</b>
2	Total cost of section 179 property placed in service (see page 2 of the instructions) .....	2	
3	Threshold cost of section 179 property before reduction in limitation .....	3	<b>200,000</b>
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- .....	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see pg. 2 of the instr. ....	5	

(a) Description of property	(b) Cost (business use only)	(c) Elected cost	
6			
7	Listed property. Enter the amount from line 29 .....	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 .....	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8 .....	9	
10	Carryover of disallowed deduction from line 13 of your 2001 Form 4562 .....	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) .....	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 .....	12	
13	Carryover of disallowed deduction to 2003. Add lines 9 and 10, less line 12 .....	13	

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)**

14	Special depreciation allowance for qualified prop. (other than listed prop.) placed in service during the tax year (see pg. 3 of the instr.) .....	14	
15	Property subject to section 168(f)(1) election (see page 4 of the instructions) .....	15	
16	Other depreciation (including ACRS) (see page 4 of the instructions) .....	16	<b>11,807</b>

**Part III MACRS Depreciation (Do not include listed property.) (See page 4 of the instructions.)****Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2002 .....	17	
18	If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> .....		

**Section B-Assets Placed in Service During 2002 Tax Year Using the General Depreciation System**

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

**Section C-Assets Placed in Service During 2002 Tax Year Using the Alternative Depreciation System**

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

**Part IV Summary (see page 6 of the instructions)**

21	Listed property. Enter amount from line 28 .....	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations-see instr. ....	22	<b>11,807</b>
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs .....	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2002)

DAA

**There are no amounts for Page 2**



## Federal Statements

### Form 990 - General Footnote

The list of states receiving copy of return are all states except:  
CO, DE, IA, MT, SD, TX, and WY.

**Federal Statements****Statement 1 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances**

<u>Description</u>	<u>Amount</u>
Unrealized loss on investments	\$ <u>-11,078</u>
Total	\$ <u><u>-11,078</u></u>

**Federal Statements****Statement 2 - Form 990, Part II, Line 43 - Other Functional Expenses**

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
Expenses				
Dues and fees	2,774		2,774	
Insurance	13,421	10,748	1,753	920
Miscellaneous	878	300	578	
Travel resources	257,028	257,028		
Vehicle expense	10,312	8,258	1,347	707
Staff leasing	493,781	395,409	64,750	33,622
Total	\$ 778,194	\$ 671,743	\$ 71,202	\$ 35,249

**Statement 3 - Form 990, Part III - Organization's Primary Exempt Purpose**

Miracle Flights for Kids provides no-cost flights to seriously ill children and their family members who must travel far from home to access the specialized medical care they desperately need to get well.

To date, Miracle Flights has coordinated more than 30,000 flights, providing more than 12.5 million miles of access to specialized medical care, with flights in and out every state across our nation as well as 15 other countries. During the fiscal year ending April 30, 2003, Miracle Flights coordinated 3,311 flights, a significant increase over the prior year.

The children assisted by Miracle Flights suffer with cancer, cerebral palsy, autism, heart and lung disorders, and a myriad of other illnesses and injuries. Although the focus of Miracle Flights is primarily on children (83% of flights are for patients under the age of 18), no eligible patient is turned away because of age. The patients assisted by Miracle Flights generally come from low to moderate income families and cross all racial and ethnic lines. Miracle Flights does not differentiate on the basis of gender, race, or ethnic background.

Miracle Flights uses a variety of resources to acquire flights including purchasing commercial airline tickets, obtaining donated airline tickets, and calling upon volunteer private plane owners and aircraft. Tickets are purchased when the distance that must be covered is greater than what a private pilot can safely fly, no private pilot is available, when time constraints demand it, or when all other resources are exhausted. Private pilots are used to bring patients from rural areas to larger cities for treatment, or to access larger hub airports where better commercial fares can be obtained.

Miracle Flights relies heavily on outreach to ensure that every parent of a sick child who needs our services will hear about us. The organization also works closely with doctors, hospital personnel, social workers, and other health organizations to reach families faced with the crisis of having to access distant medical treatment. These professionals are a tremendous front-line resource to the families of seriously ill children. By collaborating with them, Miracle Flights has been able to provide even more families with free flights helping them access the specialized medical care that they would otherwise be unable to reach.

Miracle Flights is pleased to have reduced operating expenses this year while increasing the amount of program service provided, despite facing many obstacles.



**Federal Statements****Statement 4 - Form 990, Part IV, Line 54 - Investments in Securities**

Description	Beginning of Year	End of Year	Basis of Valuation
Corporate Stock			
120 sh AIG	8,294	6,954	Market
20 sh IBM	1,675	1,698	Market
22 sh AIG	1,521	1,275	Market
100 sh AIG	6,912	5,795	Market
166 sh AIG	11,474	9,620	Market
110 sh AIG	7,603	6,375	Market
11 sh AIG	760	637	Market
20 sh Bristol Meyers	576	511	Market
90 sh AIG	6,221	5,216	Market
121 sh AIG	8,364	7,012	Market
125 sh AIG	8,640	7,244	Market
20 sh Bristol Myers	576	511	Market
135 sh Deutsche Telekom	1,786	1,848	Market
2 sh Zimmer Holdings	69	94	Market
150 sh AIG		8,693	Market
171 sh AIG		9,909	Market
	<u>64,471</u>	<u>73,392</u>	

**Statement 5 - Form 990, Part IV, Line 56 - Other Investments**

Description	Beginning of Year	End of Year	Basis of Valuation
Certificate of Deposits	\$ 202,678	\$ 304,943	Market
Total	<u>\$ 202,678</u>	<u>\$ 304,943</u>	

**Statement 6 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment**

Description	Beginning of Year	Accum Deprec	End of Year	Accum Deprec
Furniture & Equipment	\$ 90,331	\$ 61,489	\$ 92,731	\$ 73,296
Total	<u>\$ 90,331</u>	<u>\$ 61,489</u>	<u>\$ 92,731</u>	<u>\$ 73,296</u>

**Statement 7 - Form 990, Part IV, Line 58 - Other Assets**

Description	Beginning of Year	End of Year
Deposits	\$ 9,010	\$ 9,010
Land held for sale	90,000	90,000
Total	<u>\$ 99,010</u>	<u>\$ 99,010</u>

**Federal Statements****Statement 8 - Form 990, Part IV-A - Other Revenue Included in Financial Statements**

Description	Amount
Unrealized losses on investments	\$ -11,078
Total	\$ <u>-11,078</u>

**Federal Statements****Statement 9 - Form 990, Part VI, Line 82b - Donated Services**

Description	Amount
Flights	\$ 433,117
Total	\$ 433,117

**Federal Statements****Statement 10 - Schedule A, Part IV-A, Line 22 - Other Income**

Description	2001	2000	1999	1998
Special Events	\$	\$	\$	\$ 5,400
Miscellaneous	350	526	50	645
Total	\$ 350	\$ 526	\$ 50	\$ 6,045