Form 990

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)

OMB No 1545-0047 2003

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A	For t	he 2003 calen	dar year,	or tax year beginning 7	/01	, 2003, an	d ending	6/30	1		, 2004
В	Check	ıf applicable							D Empl	oyer ide	ntification Number
	∏ _{Ac}	ldress change	Please use IRS label	BET-NAHRAIN, INC					94	-239	8084
	\vdash	ime change	or print or type.	P O BOX 4116				Ī	E Telep		
	Н	tial return	See	MODESTO, CA 9535	2				20	9-53	8-9801
	\vdash	nal return	instruc-					ŀ		unting od:	X Cash Accrual
	$\boldsymbol{\vdash}$	nended return	dons.	•						oa: Other (si	Į U
	Н	plication pending	C- chi	on 501(c)(3) organizations	and 4047/a\/1\ nan		LI and t				7 organizations
	∟ ^-	pacation pending	charit	table trusts must attach a	completed Schedul	e A		is this a group			
			(Form	n 990 or 990-EZ).			' '	If 'Yes,' enter			
G	Web	site: ► N/A					1 , ,	Are all affiliat			Yes No
J	Orga	nization type		GT)		L	(5)	(If 'No,' attacl			
		k only one)		<u> </u>	ert no) 4947(a)(1)		7 H (d)	Is this a sepa	rate return	filed by	ı an
K			-	nization's gross receipts ar	-		(4)	organization of			
				eed not file a return with the ge in the mail, it should file			a T	Group Exe	emotion	Numb	
		e states requi					_	 -			zation is not required
\overline{L}	Gross	receipts Add	lines 6b. 8	b, 9b, and 10b to line 12	► 1.384.210.						90, 990-EZ, or 990-PF).
Pa				ses, and Changes in		und Bal	ances (See Instru	ctions)		
	1			ents, and similar amounts					01.01.07	T I	·····
		Direct public		orto, and ommar amounto		1	1 a	118.	542.		
		Indirect publi				<u> </u>	1 b				
		Government		ons (grants)		<u> </u>	1 c				
		Total (add lines la through 1c) (c		118,542. nonca	sh \$)			1 d	118,542.
	2			ue including government for		from Part \	/11. line 9	3)		2	
	3	•		assessments	`		,	•		3	
	4	Interest on s	avings and	d temporary cash investme	ents					4	3,562.
	5		•	from securities						5	
	6a	Gross rents.					6a	5,	880.		
	b	Less rental	expenses				6b		158.		
	С	Net rental inc	come or (I	oss) (subtract line 6b from	line 6a)	_	•			6c	-4,278.
R	7	Other investr	ment incor	me (describe)	7	· · · · · · · · · · · · · · · · · · ·
R E V	0.	Grace amoun	at from ca	les of assets other	(A) Securi	ties		(B) Other	r		
Ë	oa	than inventor		ies of assets offici			8a				
Ü	b	Less cost or	other bas	sis and sales expenses			8b	•		1	
	С	Gain or (loss) (a	attach schedu	le)			8c			l	
	d	Net gain or ((loss) (con	nbine line 8c, columns (A)	and (B))					8d	
	9	Special even	nts and act	tivities (attach schedule) li	any amount is fror	n gaming,	check he	re 🟲			
	а	Gross revenu	ue (not ind	cluding \$	of contril	outions					
		reported on l	line 1a)				9a	1,256,	226.		
	b	Less direct	expenses	other than fundraising exp	enses	L	9Ы	1,106,			
Ź	C	Net income of	or (loss) fr	om special events (subtra	ct line 9b from line	9a)	. :	Stateme	ent 1	9с	149,374.
30	10 a	Gross sales	of invento	ry, less returns and allowa	nces	1_1	0a				
	b	Less cost of	f goods so	ld			10 Ь				
贸	C	Gross profit or ((loss) from s	ales of inventory (attach schedule)	(subtract line 10b from	line 10a)			_	10 c	
	11			art VII, line 103)		R	ECEI	/FD		11	
<u>a</u>	12			es 1d, 2, 3, 4, 5, 6c, 7, 8d,	9c, 10c, and 11)			───	2	12	267,200.
<u>II</u>	13	-		n line 44, column (B))		0		16		13	359,318.
₹	14	-	_	eral (from line 44, column	(C))	8 NO	A T &	2004	A	14	64,972.
N N	15		=	44, column (D))					ž!	15	40,039.
SCANNED	16	-		(attach schedule)		00	BDEN		=>	16	
98	17			nes 16 and 44, column (A)			The second second second			17	464,329.
A	18			the year (subtract line 17 f						18	-197,129.
N S E E T	19			ances at beginning of year		mn (A))	_			19	1,652,036.
ŦĘ	20	_		assets or fund balances (at			See	Stateme	ent 2	20	8.
S	21	Net assets o	r fund bal	ances at end of year (com	oine lines 18, 19, ar	nd 20)				21	1,454,915.

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att sch)					
(cash \$					
non-cash \$) 23 Specific assistance to individuals (att sch)	22				
23 Specific assistance to individuals (att sch) 24 Benefits paid to or for members (att sch)	24			,	1
25 Compensation of officers, directors, etc.	25	24,000.	12,000.	12,000.	
26 Other salaries and wages.	26	3,161.	1,580.	1,581.	
27 Pension plan contributions	27				
28 Other employee benefits.	28			•	
29 Payroll taxes	29	2,694.	1,347.	1,347.	
30 Professional fundraising fees	30				
31 Accounting fees	31	2,904.	1,452.	1,452.	
32 Legal fees	32				·
33 Supplies	33				
34 Telephone	34	34,393.	11,464.	11,464.	11,465.
35 Postage and shipping	35				.
36 Occupancy	36				
37 Equipment rental and maintenance	37	32,628.	26,102.	6,526.	
38 Printing and publications	38				
39 Travel	39				
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	70,022.	56,018.	12,604.	1,400.
43 Other expenses not covered above (itemize):			242 255	17 000	07.174
aSee Statement 3	43a		249,355.	17,998.	27,174.
b	43 b				
c	43 c				
d	43 d				
e	43e				
44 Total functional expenses (add lines 22 - 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	464,329.	359,318.	64,972.	40,039.
Joint Costs. Check ► If you are followin	-				
Are any joint costs from a combined education					► Yes X No
If 'Yes,' enter (i) the aggregate amount of the		-		mount allocated to Prog	
	allocate	d to Management and g	eneral \$, and (iv) th	e amount allocated
to Fundraising \$!	N			
Part III Statement of Program Se					Program Service Expenses
What is the organization's primary exempt pu All organizations must describe their exempt clients served, publications issued, etc. Disci izations and 4947(a)(1) nonexempt charitable	purpose / purpos uss ach	See Stateme e achievements in a cle levements that are not in must also enter the arm	ar and concise manner measurable (Section 50 ount of grants & allocate	State the number of 11(c)(3) & (4) organ-	(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
a EDUCATIONAL TELEVISION &	RADI	O STATION SERV	ICES PROMOTE TH	E ASSYRTAN	optional to: disease,
CULTURE BY ENTERTAINING					
AND FEATURES ABOUT ASSYR					
3.0.2.3.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.			d allocations \$)	359,318.
b		· · · · · · · · · · · · · · · · · · ·			, ,
		(Grants an	d allocations \$		
c		· · · · · · · · · · · · · · · · · · ·			
		(Grants an	d allocations \$)	
d		<u> </u>		· · · · · · · · · · · · · · · · · · ·	
		Grants an	d allocations \$,	1
e Other program services			d allocations \$)	
f Total of Program Service Expenses (s	hould a	····		<u> </u>	359,318.

Page 3

Balance Sheets (See Instructions)

Note:	V	here required, attached schedules and amounts within blumn should be for end-of-year amounts only	the de	escription	(A) Beginning of year		(B) End of year
	45	Cash - non-interest-bearing			98,780.	45	48,781.
	46				343,387.	46	259,270.
		, ,					
	47	a Accounts receivable	47 a				
1		b Less allowance for doubtful accounts	47 b			47 c	
ł		ĺ					
	4	a Pledges receivable	48 a				
		b Less: allowance for doubtful accounts	48 b			48 c	· · · · · · · · · · · · · · · · · · ·
1	4	Grants receivable				49	
A	50	Receivables from officers, directors, trustees, and ki employees (attach schedule)	еу			50	
S E T S	5	a Other notes & loans receivable (attach sch)	51 a				
S		b Less allowance for doubtful accounts	51 b			51 c	
	5	! Inventories for sale or use				52	
	5	Prepaid expenses and deferred charges				53	229.
	5	Investments – securities (attach schedule)		► Cost FMV		54	===
j	5	a Investments – land, buildings, & equipment basis	55 a	141,523.			
		b Less accumulated depreciation (attach schedule) Statement 5	55 b	49,156.	96,495.	55 c	92,367.
	5	investments - other (attach schedule)				56	
	5	a Land, buildings, and equipment basis	57a	1,844,529.			
		b Less accumulated depreciation (attach schedule) Statement 6	57 b	790,261.	1,113,374.	57 c	1,054,268.
1	5	3 Other assets (describe ►)	· · · · · · · · · · · · · · · · · · ·	58	
		Total assets (add lines 45 through 58) (must equal	line 74)	1,652,036.	59	1,454,915.
	6					60	
Ļ	6	Grants payable		[61	
LIABILITIES	6	2 Deferred revenue				62	
	6	Loans from officers, directors, trustees, and key employees (attack	h schedul	e)		63	
ţ	6	la Tax-exempt bond liabilities (attach schedule)				64 a	
į		b Mortgages and other notes payable (attach schedule)				64 b	
S	6	Other liabilities (describe -)		65	
	6	5 Total liabilities (add lines 60 through 65)			0.	66	0.
N	Org	·	nd com	plete lines 67			
Ë		through 69 and lines 73 and 74			l	_	
- 1	6					67	
ACACHE	6	. ,				68	-
		Permanently restricted				69	
R	Org	anizations that do not follow SFAS 117, check here 🕨	[X] a	and complete lines			
		70 through 74					!
FUZD	_	Capital stock, trust principal, or current funds				70	
	7		-	i	1 650 036	71	1 454 015
Ĺ	7	Retained earnings, endowment, accumulated incom	ne, or o	itner funds	1,652,036.	72	1,454,915.
BALARCES		Total net assets or fund balances (add lines 67 thro 72, column (A) must equal line 19, column (B) must	st equa	I line 21)	1,652,036.		1,454,915.
	7	4 Total liabilities and net assets/fund balances (add	lines 6	6 and 73)	1,652,036.	74	1,454,915.

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

BAA

Par	t IV-A Reconciliation of Reven Financial Statements wi per Return (See Instruct	ith Revenue	Pa	rt IV-B Reconcilia Financial S per Return	Statements with		
а	Total revenue, gains, and other support per audited financial statements.	a N/A	a	Total expenses and I financial statements	osses per audited	а	N/A
b	Amounts included on line a but not on line 12, Form 990		b	Amounts included on on line 17, Form 990			
(1)	Net unrealized gains on investments \$		(1) Donated services and use of facilities \$			
(2)	Donated services and use of facilities \$		(Prior year adjust- ments reported on line 20, Form 990 \$			
, ,	Recoveries of prior year grants \$			3) Losses reported on line 20, Form 990 \$ 4) Other (specify)			
	\$			\$			
С	Add amounts on lines (1) through (4) Line a minus line b	b	- c	Add amounts on lines (1) Line a minus line b	through (4)	b c	
d	Amounts included on line 12, Form 990 but not on line a:		d	Amounts included or Form 990 but not on			
(1)	Investment expenses not included on line 6b, Form 990 \$		((1) Investment expenses not included on line 6b, Form 990 \$			
(2)	Other (specify)		((2) Other (specify):			
	\$			\$	on (1) and (2)	ادا	
е	Add amounts on lines (1) and (2) Total revenue per line 12, Form	d	e	Add amounts on line Total expenses per i 990 (line c plus line	line 17, Form	d	
Par	990 (line c plus line d) t V List of Officers, Directors	<u> 1 . T </u>	Emp			ensa	ted, see instructions.)
	(A) Name and address	(B) Title and average her week devoted to position	ours	(C) Compensation (if not paid, enter -0-)	(D) Contributions employee benef plans and deferre compensation	to it	(E) Expense account and other allowances
370	RGON DADESHO D4 N VENEMAN DESTO, CA 95356	President A/R		24,000.		0.	0.
	LLIAM DADESHO	Treasurer		0.		0.	0.
P (D BOX 4116 DESTO, CA 95352	A/R					
38	NA LAZAR 67 PAULA COURT RLOCK, CA 95380	Secretary A/R		0.		0.	0.
37	E YOUSIP 00 NORTH VENEMAN DESTO, CA 95356	Trustee A/R		0.		0.	0.
		- -					
75	Did any officer, director, trustee, or than \$100,000 from your organization \$10,000 was provided by the related	on and all related organiza d organizations?	grega itions	te compensation of mor s, of which more than	e	▶ [Yes X No
BAA	If 'Yes,' attach schedule – see instr	IUCHOHS					Form 990 (2003)

Pa	rt VI Other Information (See instructions)		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,'			,
77	attach a detailed description of each activity Were any changes made in the organizing or governing documents but not reported to the IRS?	76 77		X
,,	If 'Yes,' attach a conformed copy of the changes	-'-		
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78 a		Х
	If 'Yes,' has it filed a tax return on Form 990-T for this year?	78 b	N	A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	79		х
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common			
	membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization?	80 a		X
b	If 'Yes,' enter the name of the organization > N/A	l		
-	and check whether it is exempt or nonexempt.			
	Enter direct and indirect political expenditures See line 81 instructions 81a 0.	01 6		v
	Did the organization file Form 1120-POL for this year?	81 b		X
	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82 a		X
t	off 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b N/A			
	Did the organization comply with the public inspection requirements for returns and exemption applications?	83 a	<u>X</u>	<u> </u>
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83 b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84 a		X
	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84 b	N	/A
	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85 a		/A
t	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85 b	N	/A
	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 85c N/A			:
	Section 162(e) lobbying and political expenditures 85d N/A			
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A			
	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A			
_	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?.	85 g	N	/A
	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85 h	N	/ <u>A</u>
86	501(c)(7) organizations Enter. a Initiation fees and capital contributions included on			
_	line 12 86a N/A			
	Gross receipts, included on line 12, for public use of club facilities 501(c)(12) organizations Enter. a Gross income from members or shareholders 87a N/A			•
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). 87b N/A			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Part IX	88		х
89 a	1501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under.			1
	section 4911 ► 0. , section 4912 ► 0. , section 4955 ► 0.			
t	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction	89b		Х
_	·			<u> </u>
	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			0.
	Enter. Amount of tax on line 89c, above, reimbursed by the organization			<u>0.</u>
	List the states with which a copy of this return is filed \time \textbf{None} Number of employees employed in the pay period that includes March 12, 2003 (See instructions.)	90 b	- -	
91	The books are in care of <u>BET-NAHRAIN</u> , INC Telephone number <u>CA</u>	_ JU IJ	L	
	Located at > 3119 CENTRAL AVE, CERES, CA ZIP + 4 > 9530	 7		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 – Check here.	N/	A – –	▶
	and enter the amount of tax-exempt interest received or accrued during the tax year 92			<u> N/A</u>
BAA		Form	990	(2003)

Note: Enfer gross amounts unless otherwise indicated. 93 Program service revenue a b		Unrelate	d business income	Excluded by se	ction 512, 513, or 514	(E)
b c d d d d d d d d d d d d d d d d d d	otherwise indicated.		(B) Amount	(C)	(D)	Related or exempt
I Medicare/Medicaid payments of rest scrintacts from government agrees of Nees A contracts from government agrees of Membership dues and assessments of Interest on saving & temporary cash invinits of Dividends & interest from securities 50 Invitends & interest from securities 51 Interest on saving & temporary cash invinits 52 Constructions 53 Net retail income of (closs) from past prop 54 Net retail income of (closs) from past prop 55 Oliver investment income 100 Gain or (closs) from past prop 101 Carn or (closs) from past prop 102 Gain or (closs) from sales of assels of assels of their trian inventory. 103 Colher revenue a 104 Subtotal (delt columns (8), (0), and (E)) 105 Total (add time 104, columns (8), (0), and (E)) 106 Lime 105 Dista lime 1d, Part 1, should equal the amount on line 12, Part 1 107 Total (add time 104, columns (8), (0), and (E)) 108 Subtotal (delt columns (8), (0), and (E)) 109 Total (add time 104, columns (8), (0), and	93 Program service revenue					
f Medicare/Medicaid payments g fees & collates firm government agencies 9 Membership dues and assessments \$5 intered to swarps & temporary call minimals \$5 intered to swarps & temporary call minimals \$6 bowdends & interest from securities 9 Not retail isome or (loss) from eal estate; a debt-financed property bind 66th-financed property bind 66th-financed property 9 Other investment income 100 Gam or (loss) from seles of assets other than inventory. 111 Not remain income or (loss) from seles of assets other than inventory. 112 Cases profe to closs from special events 113 Other revenue a 114 3, 552. 115 Total (add columns (8), (0), and (5)) 116 Total (add line 104, Captril is should equal the amount on line 12, Part I Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See instructions) 11A Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions) 11A Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions) 11A Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions) 11A Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions) 11A Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions) 11A Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions) 11A Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions) 11A Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions) 11A Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions) 11A Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions) 11A Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions) 11A Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions) 11A Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions) 11A Information Rega	a					
d Nembership dues and assessments from government agolicies so interest from government agolicies so interest in saving & temporary cash immitts to the saving & temporary cash immitts to saving & temporary cash immitts to the saving & temporary cash immitted to th	b					
d Nembership dues and assessments from government agolicies so interest from government agolicies so interest in saving & temporary cash immitts to the saving & temporary cash immitts to saving & temporary cash immitts to the saving & temporary cash immitted to th	С					
If Medicare/Medicand payments Greek & contracts from government agencies 94 Membership dues and assessments 95 Interest in saving & temporary cash invinits 96 Dividends & interest from securities 97 Net rental income or (loss) from real catale; 98 a deb-linanced property 99 Other investment income 100 Cann of (vois) from pass prop 99 Other investment income 100 Cann of (vois) from pass prop 99 Other investment income 100 Cann of (vois) from pass call events 100 Cann of (vois) from pass call events 101 Cans of vois promosecul events 102 Caros profit of loss) from sistes of assetts 103 Other revenue a 104 Subbatal (add columns (8), (0), and (E)) 105 Total (add line 104, columns (8), (0), and (E)) 106 Total (add line 104, columns (8), (0), and (E)) 107 Total (add line 104, columns (8), (0), and (E)) 108 Income of (loss) from sistes of assetts 109 Caros point or loss from sistes of assetts 100 Caros point or loss from sistes of assetts 101 Total (add line 104, columns (8), (0), and (E)) 105 Total (add line 104, columns (8), (0), and (E)) 106 Total (add line 104, columns (8), (0), and (E)) 107 Total (add line 104, columns (8), (0), and (E)) 108 Income 109 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) 108 (B) (C) (D) (E) 109 (E) 109 Name, address, and ElfN of corporation, partnership, or disregarded entity 109 Answering the year, receive any funds, directly or indirectly, to pay premums an a personal benefit contract? 100 Answering the year, receive any funds, directly or indirectly, to pay premums an a personal benefit contract? 100 Answering the year, receive any funds, directly or indirectly, to any apersonal benefit contract? 100 Answering the year, receive any funds, directly or indirectly, no a personal benefit contract? 100 Answering the year, receive any funds, directly or indirectly, on a personal benefit	<u> </u>					
## Ambreting overnment agencies ## Ambreting dues and assessments ## Ambreting due	e					
94 Membership dues and assessments 95 Interest on saving & temporary cath inventions 96 Devidends & interest from securities 97 Net rental income of (less) from real estate; a debt-financed property b not debt-financed	f Medicare/Medicaid payments					<u> </u>
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Name, address, and EIN of corporation, partnership, or disregarded entity N/A Recentage of ownership interest N/A Recentage of ownership interest NAture of activities Notal End-of-year assets N/A Recentage of ownership interest N/A Recentage of ownership interest Nature of activities Nature of activities Notal End-of-year assets N/A Recentage of ownership interest Recentage of ownership i	Part IX Information Regarding Tax					
partnership, or disregarded entity ownership interest income assets N/A 8 8 Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions) a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes X 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 exampled the Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Date Date	(A)	(B)		(C)	(D)	(E)
Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions) a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Ves X 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 examplete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Date Date				of activities		
Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Instructions) a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes X 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 greparer (other than officer) is based on all information of which preparer has any knowledge Please Date		ownership in	terest		income	assets
Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Instructions) a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes X 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 greparer (other than officer) is based on all information of which preparer has any knowledge Please Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Instructions) Yes X No 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 based on all information of which preparer has any knowledge Date	N/A					
Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Instructions) a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes X 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 greparer (other than officer) is based on all information of which preparer has any knowledge Please Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Instructions) Yes X No 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 based on all information of which preparer has any knowledge Date						
Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Instructions) a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes X 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 greparer (other than officer) is based on all information of which preparer has any knowledge Please Please						
a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? **No* **Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **No* **Please* **Please* **Please* **Please* **Please* **No* **N						
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 greparer (other than officer) is based on all information of which preparer has any knowledge Please Date Pres. X No Nov. //, 20 o 4	Part X Information Regarding Tra	ansfers Ass	ociated with Pers	sonal Benefit C	Contracts (See instru	uctions)
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, corroct, and complete Declaration of greparer (other than officer) is based on all information of which preparer has any knowledge Please Please Date Date	a Did the organization, during the year, receive any f	unds, directly or ii	ndirectly, to pay premiums	on a personal benefit co	ontract?	Yes X 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, corroct, and complete Declaration of greparer (other than officer) is based on all information of which preparer has any knowledge Please Please Date Date	b Did the organization, during the year. p	ay premiums.	directly or indirectly.	on a personal ben	efit contract?	. Yes X No
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 greparer (other than officer) is based on all information of which preparer has any knowledge Please Please Date	-		-	,		<u> </u>
Please Darloshy Date Date Date				ng schedules and statem	nents, and to the best of my kn	owledge and belief, it is
Date		reparer (other than	officer) is based on all infor	mation of which prepare		
Dreight	Please Darlechy				Nov. 11,	2004
			=		Date	,
Date Check if Preparer's SSN or PTIN (see			Jorgen.	lat-		
Date Check if Preparer's SSN or PTIN (see					· · · · · · · · · · · · · · · · · · ·	
			$ \bigcirc $	Date	Check if	reparer's SSN or PTIN (see

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information — (See separate instructions.)

2003

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.

Employer identification number Name of the organization 94-2398084 BET-NAHRAIN, Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I (See instructions List each one If there are none, enter 'None') (d) Contributions to employee benefit plans and deferred (b) Title and average (a) Name and address of each (c) Compensation (e) Expense employee paid more than \$50,000 hours per week devoted to position account and other allowances compensation Total number of other employees paid over \$50,000 Compensation of the Five Highest Paid Independent Contractors for Professional Services Part II (See instructions List each one (whether individuals or firms) If there are none, enter 'None ') (c) Compensation (b) Type of service (a) Name and address of each independent contractor paid more than \$50,000 None Total number of others receiving over \$50,000 for professional services

Sche	dule	A (Form 990 or 990-EZ) 2003	BET-NAHRAIN,	INC	94-2398084	1	Р	age 2
Par	t III	Statements About Acti	vities (See instruction	ons)			Yes	No
1		ng the year, has the organization fluence public opinion on a legislicurred in connection with the lob		ce natio	nal, state, or local legislation, including any attempt If 'Yes,' enter the total expenses paid N/A			
		st equal amounts on line 38, Part	, ,			1		Х
	orga	anizations that made an election inizations checking 'Yes,' must coying activities	under section 501(h) omplete Part VI-B ANI	by filing D attach	Form 5768 must complete Part VI-A. Other n a statement giving a detailed description of the			
2	subs	stantial contributors, trustees, dire	ectors, officers, creato such person is affiliate	ors, key ed as ar	engaged in any of the following acts with any employees, or members of their families, or with any officer, director, trustee, majority owner, or principal led statement explaining the transactions)	,	,	,
ē	Sale	, exchange, or leasing of propert	y?			2a		X
t	Lend	ding of money or other extension	of credit?			2b		Х
•	Furn	nishing of goods, services, or faci	lities?			2c		Х
C	i Payı	ment of compensation (or payme	nt or reimbursement	of expe	nses if more than \$1,000)?	2d		Х
•	Tran	nsfer of any part of its income or	assets?			2 e		Х
3	Do y	ou make grants for scholarships, anation of how you determine that	fellowships, student	loans, e	etc? (If 'Yes,' attach an	3a		х
	. Do y	ou have a section 403(b) annuity	plan for your employ	ees?		3b		Х
	Did on t	you maintain any separate accou he use or distribution of funds?	nt for participating do	nors wh	nere donors have the right to provide advice	4		Х
Pa	rt IV	Reason for Non-Private	e Foundation Sta	tus (S	ee instructions)			
The 5 6 7 8 9		and state >	s, or association of che (Also complete Partital service organization ment or governmental operated in conjunction benefit of a college o	urches tV) on Sect unit S on with	Section 170(b)(1)(A)(ı) tion 170(b)(1)(A)(ııı).			
11:	a 📋	An organization that normally red Section 170(b)(1)(A)(vi). (Also co	ceives a substantial particle the Support S	art of its Schedul	s support from a governmental unit or from the general le in Part IV-A)	public	;	
111		-			ne Support Schedule in Part IV-A.)			
12	_	from activities related to its chari from gross investment income ar	table, etc. functions - nd unrelated business	– subjec s taxable	of its support from contributions, membership fees, and to certain exceptions, and (2) no more than 33-1/3% of a income (less section 511 tax) from businesses acquired complete the Support Schedule in Part IV-A)	of its s	suppo	eipts rt
13		An organization that is not controdescribed in: (1) lines 5 through section 509(a)(3))	olled by any disqualifi 12 above; or (2) section	ed pers on 501(e	ons (other than foundation managers) and supports org c)(4), (5), or (6), if they meet the test of section 509(a)(3	anızat 2) (S	ions ee	
		Provide	the following informa	ation ab	out the supported organizations (See instructions)	•		
			(a) Name(s) of su	upported	d organization(s)	(b) Lii fror	ne nu n abo	
14		An organization organized and o	perated to test for pu	blic safe	ety Section 509(a)(4) (See instructions.)			

	dule A (Form 990 or 990-EZ) 200				94-239808	
Parl	IV-A Support Schedule (Complete only if you	checked a box on line	e 10, 11, or 12) <i>Use d</i>	cash method of accou	inting.
Note	: You may use the worksheet in the	he instructions for coi	nverting from the accr	rual to the cash metho	od of accounting_	
begi	ndar year (or fiscal year nning 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)	89,124.	81,333.	90,163.	56,538.	317,158.
16	Membership fees received					
	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	1,375,696.	1,446,497.	1,287,854.	1,499,140.	5,609,187.
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	13,984.	12,320.	15,997.	17,272.	59,573.
19	Net income from unrelated business activities not included in line 18					
	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 See Stmt 7		-22,362.		371.	-21,991.
23	Total of lines 15 through 22	1,478,804.	1,517,788.	1,394,014.	1,573,321.	5,963,927.
24	Line 23 minus line 17	103,108.	71,291.	106,160.	74,181.	354,740.
25	Enter 1% of line 23	14,788.	15,178.	13,940.	15,733.	
26	Organizations described on line	s 10 or 11: a Ent	ter 2% of amount in c	olumn (e), line 24	N/A ► 26a	
	Prepare a list for your records to show the supported organization) whose total gifts return. Enter the total of all these excess	e name of and amount cont for 1999 through 2002 exce	ributed by each person (oth	er than a governmental unit	t or publicly	
(Total support for section 509(a)(1) test Enter line 24,	column (e)		► 26c	
C	Add. Amounts from column (e) f			19		
		22	···-	26 b	26 d	- -
	Public support (line 26c minus lii	•			► 26e	
	Public support percentage (line		ded by line 26c (deno	minator))	► 26f	ફ
	Organizations described on line For amounts included in lines 15 name of, and total amounts rece such amounts for each year.	i, 16, and 17 that werelived in each year from	m, each 'disqualified p	person.' Do not file th	is list with your return	n. Enter the sum of
	(2002)	(2001)	0 . (2000)	0	<u>.</u> (1999) 	
ł	bFor any amount included in line 17 show the name of, and amount r \$5,000 (Include in the list organ computing the difference betwee (the excess amounts) for each year	received for each yea lizations described in en the amount receive ear	r, that was more than lines 5 through 11, as ed and the larger amo	the larger of (1) the as well as individuals) unt described in (1) or	amount on line 25 for Do not file this list wi r (2), enter the sum of	the year or (2) th your return. After these differences
	(2002)	(2001)	0_(2000)_	0	<u>.</u> (1999) .	0.
(Add Amounts from column (e) f 17 5, 1 Add Line 27a total	or lines 15 _	317,158.	16		F 005 515
	175,	<u>609,187.</u> 20		21	27c	5,926,345.
•	d Add Line 27a total	0 a	nd line 27b total		0. 27d	0.
€	Public support (line 27c total mir	nus line 27d total)			► 27e	5,926,345.
f	Total support for section 509(a)(test. Enter amount	from line 23, column	(e) 27f 5	, 963, 927.	
•	Public support percentage (line	27e (numerator) divid	ded by line 27f (denoi	minator))	► 27 a	99.37 %

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

► 27h

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.

Par	Private School Questionnaire (See Instructions) (To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/A		
			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	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	the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If 'Yes,' please describe, if 'No,' please explain (If you need more space, attach a separate statement)	-		'
		-		
32	Does the organization maintain the following a Records indicating the racial composition of the student body, faculty, and administrative staff? .	32 a		
	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32 b		
	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	320		
	d Copies of all material used by the organization or on its behalf to solicit contributions?	32 d	+	
33	If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement)	-		
	a Students' rights or privileges?	33 a		
	b Admissions policies?	33 b		
	c Employment of faculty or administrative staff?	330		-
	d Scholarships or other financial assistance?	330		
	e Educational policies?	33e		
	f Use of facilities?	33f		
	g Athletic programs?	33 ç	<u>, </u>	
	h Other extracurricular activities?	33H	1	<u> </u>
	If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement)	-		
34	a Does the organization receive any financial aid or assistance from a governmental agency?	34 8	1	
	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	341	0	
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		

Pan	(To be complet	xpenditures by Ele ed ONLY by an eligible	cting Public Charit organization that filed	ties (See inst Form 5768)	ruct	ions)				N/A
Chec	ck ► a I If the organi	zation belongs to an af	filiated group Check	► b If y	ou c	checke	ed ' a' and '	limited	contr	ol' provisions apply
		imits on Lobbying	•	ed)			Affiliate	a) d grou als	p	(b) To be completed for ALL electing organizations
36	Total lobbying expendit	ures to influence public	opinion (grassroots lot	obying)	Ī	36				
37	Total lobbying expendit	ures to influence a legis	slative body (direct lobb	ying)	ſ	37				
38		ures (add lines 36 and		, ,,		38				
39	Other exempt purpose					39				
40	Total exempt purpose of	expenditures (add lines	38 and 39)		Ī	40				
41	Lobbying nontaxable ar	mount Enter the amour	nt from the following tat	ole –						
	If the amount on line 4	0 is - The	lobbying nontaxable a	mount is —						
	Not over \$500,000		of the amount on line		1					
	Over \$500,000 but not over \$1	,000,000 \$100,	000 plus 15% of the excess of	over \$500,000						
	Over \$1,000,000 but not over	\$1,500,000 \$175,	000 plus 10% of the excess of	over \$1,000,000	-	41				
	Over \$1,500,000 but not over	\$17,000,000 \$225	000 plus 5% of the excess ov	ver \$1,500,000						
	Over \$17,000,000	\$1,0	000,000			ĺ				
42	Grassroots nontaxable	amount (enter 25% of I	ine 41)			42				
43	Subtract line 42 from li	ne 36 Enter -0- if line 4	12 is more than line 36			43				
44	Subtract line 41 from li	ne 38 Enter -0- if line 4	11 is more than line 38			44				
	Caution: If there is an	amount on either line 4	3 or line 44, you must f	ile Form 4720						
	(Some organ	nizations that made a se	ee the instructions for li	o not have to nes 45 through	com h 50	plete	all of the fi		umns	below.
			Lobbying Expend	ditures During	4 -	Year A	Averaging I	Period		
	Calendar year (or fiscal year beginning in) ►	(a) 2003	(b) 2002	(c) 2001	l			d) 000		(e) Total
45	Lobbying nontaxable amount									
46	Lobbying ceiling amount (150% of line 45(e))									
47	Total lobbying expenditures									
48	Grassroots non- taxable amount									
49	Grassroots ceiling amount (150% of line 48(e))	-					<u>-</u>			
	Grassroots lobbying expenditures						.	· <u>-</u>		
	(For reporting	ctivity by Nonelect only by organizations the	at did not complete Pa	rt VI-A) (See i				 - 1		N/A
Durn atter	ng the year, did the orga mpt to influence public o	inization attempt to influ pinion on a legislative r	uence national, state or matter or referendum, tl	local legislation Inough the use	on, e of.	includ	ing any	Yes	No	Amount
	Volunteers								[
	Paid staff or managem	ent (Include compensat	ion in expenses reporte	ed on lines c t	hrou	ıgh h.)			
	Media advertisements									
	Mailings to members, I	= :		•						
	Publications, or publish							 		
	Grants to other organiz									
	g Direct contact with legi									
	h Rallies, demonstrations			or any other m	nean	ıs		<u> </u>		
i	Total lobbying expendi		_					L	1	· · · · · · · · · · · · · · · · · · ·
	If 'Yes' to any of the abo	ve, also attach a stateme	nt giving a detailed descr	iption of the lot	bbyır	ng acti	vities			

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

51 Did th	ne reporting organization	directly or in	ndirectly engage in any of the follow	ing with any other organization describ ting to political organizations?	ed in sect	ion 50	1(c)
			to a noncharitable exempt organizat			Yes	No
(i)C	•	gomeanon	to a nonenantable onempt organizati		51 a (i)	133	X
• • •	ther assets				a (ii)		X
	transactions						
		ets with a n	oncharitable exempt organization		b (i)		х
	urchases of assets from a				b (ii)		X
	ental of facilities, equipm		· -	·	b (iii)	·	X
	eimbursement arrangeme		1 433013		b (iv)	 	X
	oans or loan guarantees	cinto			b (v)		X
•	-	r mamharch	up or fundraising solicitations		b (vi)		X
• •			sts, other assets, or paid employees		C C		X
d If the	answer to any of the abo	it, mailing is ive is 'Yes '	complete the following schedule. Co	olumn (b) should always show the fair i		ue of	
the go	oods, other assets, or ser ransaction or sharing arra	vices given angement, s	by the reporting organization. If the how in column (d) the value of the g	olumn (b) should always show the fair in organization received less than fair m goods, other assets, or services receive	arket value	e in	
(a) Line no	(b) Amount involved		(c) noncharitable exempt organization	(d) Description of transfers, transactions, and			
N/A							
		<u> </u>					
		 					
		<u> </u>					
		<u> </u>					
					_		
					_		
descr	ibed in section 501(c) of	the Code (o	filiated with, or related to, one or mo ther than section 501(c)(3)) or in se	ire tax-exempt organizations ction 527?	► ☐ Ye	s X	No
b If 'Ye	s,' complete the following	schedule					
	(a) Name of organization		(b) Type of organization	(c) Description of relatio	nehin		
	ivame or organization		Type of organization	Description of relatio	nsnip ———		
N/A					 		
				<u> </u>			
			<u> </u>	1			
				1			
		· · · · · · · · · · · · · · · · · · ·					
				<u> </u>			
					_		
	Market 2						
	· · · · · · · · · · · · · · · · · · ·	-				-	
BAA			TEEA0406L 09/05/03	Schedule A (Forn	n 990 or 9	90-E <i>Z</i>	2003

2003	Federal	Statemen	ts		Page 1
Client 1003	BET-N	AHRAIN, INC			94-239808
11/05/04		<u> </u>			04 21PI
Statement 1 Form 990, Part I, Line 9 Net Income (Loss) from Special E	vents				
Special Events	Gross <u>Receipts</u>	Less Contri- butions	Gross <u>Revenue</u>	Less Direct Expenses	Net Income (Loss)
BINGO PARTIES & FUNCTIONS Tota	1,199,016. 57,210. al \$ 1256226.	0.	57,210.	1,079,617. 27,235. \$ 1106852.	. 29,975
Other Changes in Net Assets or F ADJUST TO ACTUAL-TIMING				Total \$	8.
Statement 3 Form 990, Part II, Line 43 Other Expenses					
Form 990, Part II, Line 43		(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
Form 990, Part II, Line 43	-		Program	Management	

Statement 4
Form 990 , Part III
Organization's Primary Exempt Purpose

SECURITY
TAXES, OTHER

UTILITIES

TAXES, PROPERTY TELEVISION/RADIO

AN EDUCATIONAL AND CULTURAL ORGANIZATION WHOSE PRIMARY PURPOSE IS TO PRESENT EDUCATIONAL PROGRAMS WHICH RELATE TO THE LANGUAGE, CULTURE, HISTORY, MUSIC, ATHLETIC AND MASS MEDIA OF THE ASSYRIAN PEOPLE, IN ORDER TO PRESERVE AND PERPETUATE THE RICH HERITAGE OF THE ASSYRIANS.

6,797.

18,289. 27,174.

17,998. \$

6,796.

12,540. 181,574. 18,288. 249,355.

688.

13,593.

12,540.

181,574.

Total $\frac{36,577}{\$294,527}$. $\frac{\$}{\$}$

688.

003	Federal Statements	Page
lient 1003	BET-NAHRAIN, INC	94-239808
/05/04		04·21P
Statement 5 Form 990, Part IV, Line 55b Investments - Land, Buildings, ar	nd Equipment	
Category	Accum. Basis Deprec.	Book Value
Buildings	\$ 113,523. \$ 49,156. \$	
Land	28,000. Total \$ 141,523. \$ 49,156.	28,000. \$ 92,367.
Form 990, Part IV, Line 57 Land, Buildings, and Equipment Category Buildings Land	Accum. Basis Deprec. \$ 1,839,529. \$ 790,261. \$ 5,000. Total \$ 1,844,529. \$ 790,261.	5,000.
Statement 7 Schedule A, Part IV-A, Line 22 Other Income Description	(a) 2002 (b) 2001 (c) 2000 (d) 199	
MAGAZINE SALES LOSS, SCRAPING ASSETS	022.362. 0.	$71. $ 371 \\ 0. & -22,362 \\ 71. $ -21,991 \\ $
Tot	al $\frac{\$}{0}$. $\frac{\$}{-22,362}$. $\frac{\$}{0}$. $\frac{\$}{37}$	<u>\$ -21,991</u>

6/30/04		70	2003 Federal Book Depreciation Schedule	Jeral	Boo	k Dep	reciati	on Sc	hedu	٩				Page 1
Client 1003	i				BET	BET-NAHRAIN, INC	AIN, INC	ļ		ļ			6	94-2398084
11/05/04 Description	Date Acquired	Date Sold	Cost/ Basis	Bus Pct	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec Bal. Depr.	Salvage /Basis Reductn.	Depr Basis.	Рпог Оерг.	Method LifeRate	e Rate	04 20PM Current Depr.
Rental Activity - 3029 S CENTRAL AVE, CERES, CA 95307	ERES, CA 95307													
Buildings														
1 HOUSE	7/01/92		112,000							112,000	44,799	S/L 27	27 5	4,073
51 ROOF	5/13/99	·	1,523	1						1,523	229	S/L 27	. 5	55
Total Buildings			113,523		0	0	0	0	0	113,523	45,028			4,128
Land														
2 LAND	7/01/92	•	28,000	I						28,000			•	0
Total Land			28,000		0	0	0	0	0	28,000	0			0
Total Depreciation		. "	141,523	1 II		0	0	0	0	141,523	45,028			4,128
Depr Schedule Only														
Buildings														
3 BUILDING & IMPROVEMENTS	7/01/92		966,930							966,930	335,114	S/L 31	31 5	30,696
4 KITCHEN ADDITION	6/01/93		216,806							216,806	50,605		33	5,559
5 KITCHEN ADDITION	6/01/93		2,476							2,476	573		£ 3	ස [°]
6 KITCHEN IMPROVEMENTS	3/01/36		26,000							26,000	7 1017	3/5	n ø	1 545
8 BUILDING REMODEL	3/29/99		49,902							49,902	5,493		3 88	1,280
	4/27/99		3,987							3,987	2,565	S/L	7	220
10 KITCHEN CABINETS	5/13/99		3,600							3,600	380	S/L	£	85

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<u>\$/9</u>	6/30/04		20	2003 Federal Book Depreciation Schedule	Jeral	Воо	k Dep	reciati	on Sc	hedu	<u>ə</u>				<u>α</u>	Page 2
Clier	Client 1003					BET	-NAHR	BET-NAHRAIN, INC				:			94-2	94-2398084
11/05/04	/04					i	Snecral	Prior 1797	Prior	Salvage						04 20PM
य	No Description	DateAcquired	Date Sold	Cost/ Basis	Bus.	179 Bonus –	Depr. Allow.	Bonus/ Sp. Depr.	Dec Bal Depr	/Basis Reductn	Depr Basis	Prior Depr.	Method	Life_Rate		Current Depr.
	11 CONSTRUCTION WORK	1/01/99		4,233							4,233	431	S/L	33		109
	12 DRAPES	66/60/6		2,905							2,905	1,608	S/L	7		415
7	47 BUILD IMP-62 STALL LOT	10/01/01		52,254							52,254	6,097	S/L	5		3,484
	52 AIR CONDITIONER	11/05/01		3,300							3,300	200	S/L	2		120
-,	57 2 A/C ROOF UNITS	8/27/03		7,600	ļ						7,600		S/L	. 15	ŀ	422
	Total Buildings			1,400,260		0	0	0	0	0	1,400,260	436,083				44,355
	Furniture and Fixtures															
	19 FURNITURE & FIXTURES	9/01/92		74,271							74,271	74,261	S/L	7		0
	20 OFFICE EQUIPMENT	9/01/92		7,636							7,636	7,635	S/L			0
	21 CHAIR & DESKS	3/01/96		2,514							2,514	2,514	1/S			0
-7	22 CHAIRS	3/13/99		17,881							17,881	11,493	S/L			2,554
•	41 PIANO	8/05/00		5,095							5,095	2,123	S/L			728
_	50 STAGE	8/03/01		3,037							3,037	1,164	S/L			607
	55 FURNITURE	12/15/02		4,723	ı		ĺ				4,723	394	S/L	۲	Ì	675
-	Total Furniture and Fixtures			115,157		0	0	0	0	0	115,157	99,584				4,564
	Improvements															
	13 GATE	2/15/00		16,200							16,200	3,645	S/L	. 15		1,080
	14 GATE ADDITION	4/27/00		1,200							1,200	250	S/L	. 15		8
	15 PARKING LOT IMPROVEMENTS	5/11/00		20,859							20,859	4,347	S/L	. 15		1,391
	16 FENCE IMPROVEMENTS	5/17/00		2,000							5,000	1,041	S/L	. 15		333
	17 LANDSCAPING	00/10/9		43,000							43,000	8,959	J/S	. 15		2,867
	18 ADDITIONAL FENCE IMPROVEM	6/01/00		2,922							2,922	609	J/S			195
-	42 IMPROVEMENTS	9/15/00		19,185							19,185	1,394	S/L	æ		492

6/30/04		%)03 Fe	dera	l Boo	k Dep	2003 Federal Book Depreciation Schedule	on Sc	hedu	 - -				Page	ge 3
Client 1003					BE	BET-NAHRAIN, INC	AIN, INC		,		!			94-23	94-2398084
11/05/04	Date	Date	Cost/	Bus	Cur 179	Special Depr	Prior 179/ Bonus/	Prior Dec Bal	Salvage /Basis	Depr.	Prior			0	04 27PM Current
No. Description 43 IMPROVEMENTS	— Acquired 3/31/01	Sold	Basis	tal tal	Bonus -	Allow	Sp. Depr.	Depr	Reducto.	Basis	Depr. 457	MethodS/L	Method LufeRate_ S/L 39		203
Total Improvements			116,293	,	0	0	0			116,293	20,702				6,641
Land															
40 LAND	7/01/92		5,000	_ '	}					5,000					0
Total Land			2,000	_	0	0	0	0	0	5,000	0				0
Machinery and Equipment															
23 BINGO EQUIPMENT	7/01/92		12,600							12,600	12,598	S/L	7		0
24 TV STUDIO EQUIPMENT	7/01/92		65,712							65,712	65,704	S/L	7		0
25 RADIO STATION EQUIPMENT	7/01/92		20,000							20,000	19,998	S/L	7		0
26 KITCHEN EQUIPMENT	12/27/97		18,417							18,417	18,417	S/L	2		0
27 VARIOUS TV AND RADIO EQ	12/31/98		11,257							11,257	10,130	S/L	2		1,127
	12/31/98		19,498							19,498	12,533	S/L	7		2,785
	4/19/99		1,100							1,100	066	S/L	2		110
	6/12/99		503							503	324	S/L	۲ ،		72
32 ROUTING SYS & TRANS ANTEN	10/13/99		5,680 22,121							3,680 22,121	11,455	3/L S/L	, _		3,160
	2/15/00		1,550							1,550	746	S/L	7		221
34 COMTECH PIII 600 SYSTEM	1/27/00		1,605							1,605	1,083	S/L	5		525
35 COMPAQ ARAMDA E500	1/27/00		2,496							2,496	1,684	S/L	5		499
36 EPSON 660C PRINTER	1/27/00		160							160	108	S/L	2		32
37 HP LASERJET PRINTER	4/12/00		919							919	384	S/L	ιΩ		123
38 OMNI COMPUTER	00/10/9		1,151							1,151	719	S/L	S.		230
39 TIGER DIRECT COMPUTER	6/01/00		911							911	999	S/L	S		182
															•

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6/30/04		7	2003 Fed	dera	l Boo	k Dep	eral Book Depreciation Schedule	ion S	chedu	le Ie					Page 4
Client 1003					BE	r-NAHR	BET-NAHRAIN, INC							8	94-2398084
	Date	Date	Cost/	Bus.	Cur 179	Special Depr.	Prior 179/ Bonus/	Prior Dec. Bal	Salvage /Basis	Depr.	Prior Pant	Mathod	عِ ا	0 0	04 27PM Current Denr
AA RINGO FOLIDMENT	— Acquired — 6730701		136.1		- calling	William I	ातिका ग्रेस स्थान	The state of the s	- Newtonia	1.361	544	S/L	1 5		272
	4/30/01		972	. ~.						972	420	SVL			194
	10/02/01		379	æ						379	133	S/L			9/
	9/26/01		4,959							4,959	1,736	S/L			266
	4/15/02		2,446	"						2,446	611	S/L	. 5		489
	6/30/02		1,214							1,214	243	S/L	٠.		243
54 TV EQUIPMT-STATION KBSV	10/15/02		9,405	2						9,405	1,411	S/L			1,881
56 SYNECTIC TECH PHONES	11/05/03		3,309	Gr.			i			3,309		S/L	٠.	ļ	441
Total Machinery and Equipment			209,422	. 6:	0	0	0	0	0	209,422	165,480				14,462
					İ									l	
Total Depreciation			1,846,132	Cu ii		0	0	0	0	1,846,132	721,849			I	70,022
Grand Total Depreciation			1,987,655	יי ב	0	0	0	0	0	1,987,655	766,877			1)	74,150

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