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Return of Organization Exempt from Income Tax

OMB No 1545-0047

2003

Open to Public Inspection

Department of the Treasury
Internal Revenue ServiceUnder 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 2003 calendar year, or tax year beginning, 2003, and ending

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

C Name of organization: **Guide Dogs of Texas; SW Guide Dog Foundation**
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: **P.O. Box 691582**
 City, town or country: **San Antonio** State: **TX** ZIP code + 4: **78269-1582**

D Employer Identification Number: **74-2530268**

E Telephone number: **(210) 366-4081**

F Accounting method: ☐ Cash ☒ Accrual
☐ Other (specify):

G Web site: **N/A**

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.**

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12: **225,452.**

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: **3**
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 Group Exemption Number: **225,452**
M Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

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

1 Contributions, gifts, grants, and similar amounts received			
a Direct public support	1a		
b Indirect public support	1b		
c Government contributions (grants)	1c		
d Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)		1d	
2 Program service revenue including government fees and contracts (from Part VII, line 93)		2	197,278.
3 Membership dues and assessments		3	
4 Interest on savings and temporary cash investments		4	1,077.
5 Dividends and interest from securities		5	
6a Gross rents	6a		
b Less: rental expenses	6b		
c Net rental income or (loss) (subtract line 6b from line 6a)		6c	
7 Other investment income (describe _____)		7	
8a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
b Less: cost or other basis and sales expenses	8a		
c Gain or (loss) (attach schedule)	8b		
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8c		
9 Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>		8d	
a Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a		
b Less: direct expenses other than fundraising expenses	9b		
c Net income or (loss) from special events (subtract line 9b from line 9a)		9c	20,750.
10a Gross sales of inventory, less returns and allowances	10a		
b Less: cost of goods sold	10b		
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)		10c	
11 Other revenue (from Part VII, line 103)		11	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)		12	219,105.
13 Program services (from line 44, column (B))		13	203,921.
14 Management and general (from line 44, column (C))		14	35,827.
15 Fundraising (from line 44, column (D))		15	10,517.
16 Payments to affiliates (attach schedule)		16	
17 Total expenses (add lines 16 and 44, column (A))		17	250,265.
18 Excess or (deficit) for the year (subtract line 17 from line 12)		18	-31,160.
19 Net assets or fund balances at beginning of year (from line 73, column (A))		19	250,171.
20 Other changes in net assets or fund balances (attach explanation)		20	
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)		21	219,011.

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0101 11/24/03

Form 990 (2003)

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att sch) (cash \$ _____ non-cash \$ _____)	22				
23 Specific assistance to individuals (att sch)	23				
24 Benefits paid to or for members (att sch)	24				
25 Compensation of officers, directors, etc	25	23,616.	9,210.	8,738.	5,668.
26 Other salaries and wages	26	105,460.	105,460.	0.	0.
27 Pension plan contributions	27				
28 Other employee benefits	28				
29 Payroll taxes	29	9,874.	8,722.	699.	453.
30 Professional fundraising fees	30				
31 Accounting fees	31	2,643.	928.	1,715.	0.
32 Legal fees	32	1,686.	0.	1,686.	0.
33 Supplies	33	1,397.	1,355.	28.	14.
34 Telephone	34	5,552.	4,442.	611.	499.
35 Postage and shipping	35	2,605.	2,083.	261.	261.
36 Occupancy	36	23,897.	21,029.	2,868.	0.
37 Equipment rental and maintenance	37	1,269.	1,269.	0.	0.
38 Printing and publications	38	975.	907.	20.	48.
39 Travel	39	18,235.	12,582.	5,106.	547.
40 Conferences, conventions, and meetings	40	1,352.	811.	541.	0.
41 Interest	41	2,311.	0.	2,311.	0.
42 Depreciation, depletion, etc (attach schedule)	42	6,534.	0.	6,534.	0.
43 Other expenses not covered above (itemize):					
a Office	43a	8,807.	5,284.	2,642.	881.
b Veterinary	43b	10,988.	10,988.	0.	0.
c Training seminars	43c	4,986.	4,986.	0.	0.
d Insurance	43d	7,963.	7,246.	319.	398.
e See Other Expenses Stmt	43e	10,115.	6,619.	1,748.	1,748.
44 Total functional expenses (add lines 22 - 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	250,265.	203,921.	35,827.	10,517.

Joint Costs. Check ☐ if you are following SOP 98-2.Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

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

Part III Statement of Program Service AccomplishmentsWhat is the organization's primary exempt purpose? Raise, train and place guide dogs

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

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

a Puppy walking program: Placing young dogs with volunteer foster homes where the puppies are socialized under supervision of the Foundation. Training time is 12-18 months (Grants and allocations \$ 98,600.)	112,619.
b Guide dog program: Donation of guide dogs to further their training. (Grants and allocations \$ 94,200.)	107,614.
c Volunteer program: Training volunteers for the program. (Grants and allocations \$ 10,900.)	12,513.
d Public education program: Blindness awareness, guide dogs and needs of the blind to educate the general public. (Grants and allocations \$ 15,300.)	17,519.
e Other program services (Grants and allocations \$)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	250,265.

Part IV Balance Sheets (See 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
ASSETS	45 Cash — non-interest-bearing	12,720.	45	13,960.
	46 Savings and temporary cash investments	79,827.	46	33,508.
	47a Accounts receivable	47a 3,212.		
	b Less allowance for doubtful accounts	47b	9,559.	47c 3,212.
	48a Pledges receivable	48a		
	b Less allowance for doubtful accounts	48b		48c
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes & loans receivable (attach sch)	51a		
	b Less allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use	5,206.	52	8,071.
	53 Prepaid expenses and deferred charges	250.	53	17,578.
	54 Investments — securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55a Investments — land, buildings, & equipment basis	55a		
	b Less accumulated depreciation (attach schedule)	55b		55c
56 Investments — other (attach schedule)		56		
57a Land, buildings, and equipment basis	57a 223,953.			
b Less accumulated depreciation (attach schedule)	57b 40,609.	189,182.	57c	183,344.
58 Other assets (describe <input type="checkbox"/>)		58		
59 Total assets (add lines 45 through 58) (must equal line 74)	296,744.	59	259,673.	
LIABILITIES	60 Accounts payable and accrued expenses	5,923.	60	7,701.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)	7,900.	63	7,900.
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)	32,750.	64b	25,061.
	65 Other liabilities (describe <input type="checkbox"/>)		65	
66 Total liabilities (add lines 60 through 65)	46,573.	66	40,662.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	250,171.	67	215,511.
	68 Temporarily restricted		68	3,500.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19; column (B) must equal line 21)	250,171.	73	219,011.
	74 Total liabilities and net assets/fund balances (add lines 66 and 73)	296,744.	74	259,673.

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

BAA

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

a	Total revenue, gains, and other support per audited financial statements	a	219,105.
b	Amounts included on line a but not on line 12, Form 990	b	
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify):		
	\$		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	219,105.
d	Amounts included on line 12, Form 990 but not on line a :	d	
(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	219,105.

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

a	Total expenses and losses per audited financial statements	a	250,265.
b	Amounts included on line a but not on line 17, Form 990	b	
(1)	Donated services and use of facilities \$		
(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	
c	Line a minus line b	c	250,265.
d	Amounts included on line 17, Form 990 but not on line a :	d	
(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	250,265.

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
Ken Baker 27310 Kent Oak San Antonio, Tx	Board Chair 5 h	0.	0.	0.
Debra Baker 27310 Kent Oak San Antonio, Tx	Director 40	23,616.	0.	0.
David Henzi 2335 Nashwood San Antonio, Tx	Director 3 h	0.	0.	0.
David Neathery 12474 Starcrest #1403 San Antonio, Tx	Director 3 h	0.	0.	0.
Jamie Sanders 518 E Formosa San Antonio, Tx	Director 3 h	0.	0.	0.
See List of Officers, Etc Statement		0.	0.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?

☐ Yes

☒ No

If 'Yes,' attach schedule — see instructions.

Yes No

Form 990 (2003)

Part VII Analysis of Income-Producing Activities (See instructions.)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a Contributions					
b and sponsorships					197,278.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts					1,077.
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					20,750.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))					219,105.
105 Total (add line 104, columns (B), (D), and (E))					219,105.

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

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

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
101	Provide funds to be used in all programs to further guide dog training and public education.

See Relationship of Activities to the Accomplishment of Exempt Purposes Statement

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

N/A

(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
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions.)

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

☐ Yes ☒ No

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

Please Sign Here	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.	
	Signature of officer <u>Debra L. Baker</u>	Date <u>3-29-04</u>
	Type or print name and title <u>Executive Director</u>	

Paid Preparer's Use Only	Preparer's signature <u>Wesley J. Crowley, CPA</u>	Date <u>03/23/04</u>	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (see General Instruction W) <u>P00300919</u>
	Firm's name (or yours if self-employed) <u>Wesley J. Crowley, CPA</u>	EIN <u>74-2487370</u>	Phone no <u>(210) 495-9777</u>	
	Address and ZIP + 4 <u>11202 Disco Dr., Ste# 118</u>	TX <u>78216</u>		

Department of the Treasury
Internal Revenue Service

(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.)

OMB No. 1545-0047

2003

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

Name of the organization

Guide Dogs of Texas: SW Guide Dog Foundation

Employer identification number

74-2530268

(See instructions. List each one. If there are none, enter 'None'.)

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

(See instructions) List each one (whether individuals or firms) If there are none, enter 'None'

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

Schedule A (Form 990 or 990-EZ) 2003

Part III Statements About Activities (See 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 amounts 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 expenses if more than \$1,000)?

2d X

e Transfer of any part of its income or assets?

2e X

- 3a Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments)

3a X

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

3b X

- 4 Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?

4 X

Part IV Reason for Non-Private Foundation Status (See instructions)

The organization is not a private foundation because it is (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i).
- 6 ☐ A school Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii).
- 8 ☐ A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶ _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 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 instructions.)

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

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

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting.***Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	228,100.	206,300.	257,336.	132,738.	824,474.
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	13,987.	9,808.	12,347.	5,881.	42,023.
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	1,276.	3,995.	2,657.	1,506.	9,434.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	243,363.	220,103.	272,340.	140,125.	875,931.
24 Line 23 minus line 17	229,376.	210,295.	259,993.	134,244.	833,908.
25 Enter 1% of line 23	2,434.	2,201.	2,723.	1,401.	

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

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts **26b** _____

c Total support for section 509(a)(1) test: Enter line 24, column (e) **26c** _____

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

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

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

27 Organizations described on line 12:

a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year
 (2002) _____ 0. (2001) _____ 0. (2000) _____ 0. (1999) _____ 0.

b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (include in the list organizations described in lines 5 through 11, as well as individuals). Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year
 (2002) _____ 0. (2001) _____ 0. (2000) _____ 0. (1999) _____ 0.

c Add Amounts from column (e) for lines **15** 824,474. **16** _____
17 42,023. **20** _____ **21** _____ **27c** 866,497.

d Add Line 27a total _____ 0. and line 27b total _____ 0. **27d** 0.

e Public support (line 27c total minus line 27d total) **27e** 866,497.

f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) **27f** 875,931.

g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) **27g** 98.92 %

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) **27h** 1.08 %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

Part V Private School Questionnaire (See instructions)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?

29

Yes No

30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?

30

31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?

31

If 'Yes,' please describe, if 'No,' please explain (If you need more space, attach a separate statement)

32 Does the organization maintain the following:

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?

34b

If you answered 'Yes' to either 34a or b, please explain using an attached statement

35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If 'No,' attach an explanation

35

N/A

(b)
To be completed
for ALL electing
organizations

N/A

TEEA0405 08/28/03

Form 990, Page 2, Part II, Line 43

Other Expenses Stmt

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Other expenses not covered above (itemize).				
Consulting fees	3,496.	0.	1,748.	1,748.
Contract labor	4,603.	4,603.	0.	0.
Advertising	2,016.	2,016.	0.	0.
Total	10,115.	6,619.	1,748.	1,748.

Form 990, Page 4, Part V

List of Officers, Etc. Statement

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
Chris Shindler 5323 Auburn Way San Antonio, Tx	Director 3 hours	0.	0.	0.
Sue Simmons 127 New Haven Dr San Antonio, Tx	Director 3 hours	0.	0.	0.
Gail Walden 4546 Chedder Dr San Antonio, Tx	Director 3 hours	0.	0.	0.

Total

0. 0. 0.

Form 990, Page 6, Part VIII

Relationship of Activities to the Accomplishment of Exempt Purposes Statement

Line Number ▼	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).
105	Provide increased public awareness for the importance of guide dogs and the needs of the blind.