

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2003

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

COPY

A For the 2003 calendar year, OR tax year period beginning 2003 and ending 2003
B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending
VEAHAVTA
A CALIFORNIA PUBLIC BENEFIT CORPORATION
1190 MARSH STREET, SUITE B
SAN LUIS OBISPO, CA 93401
D Employer identification number 77-0577817
E Telephone number (805) 542-9357
F Accounting method: [X] Cash [ ] Accrual Other

G Web site:
H and I are not applicable to section 527 organizations.
H(a) Is this a group return for affiliates? [ ] Yes [X] No
H(b) If "Yes," enter number of affiliates
H(c) Are all affiliates included? [ ] Yes [ ] No

J Organization type (check only one) [X] 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 12 220,704.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

Table with 21 rows and 4 columns: Description, Sub-description, Amount, Total. Includes sections for Revenue (lines 1-11) and Expenses (lines 12-17), and Net Assets (lines 18-21). Total revenue is 183,690 and total expenses is 82,979, resulting in a net asset of 100,711.

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 22 of the instructions.)

Table with 5 columns: Description, (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include items like Grants and allocations, Specific assistance to individuals, Benefits paid to or for members, Compensation of officers, directors, etc., Other salaries and wages, Pension plan contributions, Other employee benefits, Payroll taxes, Professional fundraising fees, Accounting fees, Legal fees, Supplies, Telephone, Postage and shipping, Occupancy, Equipment rental and maintenance, Printing and publications, Travel, Conferences, conventions, and meetings, Interest, Depreciation, depletion, etc., Other expenses not covered above, and Total functional expenses.

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 [X] No. If "Yes," enter (i) the aggregate amount of these joint costs \$ ; (ii) the amount allocated to Program services \$ ; (iii) the amount allocated to Management and general \$ ; and (iv) the amount allocated to Fundraising \$

Part III Statement of Program Service Accomplishments (See page 25 of the instructions.)

Table with 2 columns: Description, Program Service Expenses. Row a: THE BUILDING AND MAINTAINING OF AN ORPHANAGE IN SRI LANKA. Row f: Total of Program Service Expenses (should equal line 44, column (B), Program services) 82,307.

**Part IV Balance Sheets** (See page 25 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	18,693.	45 60,481.
46	Savings and temporary cash investments		46
47 a	Accounts receivable		
	b Less: allowance for doubtful accounts		47c
48 a	Pledges receivable		
	b Less: allowance for doubtful accounts		48c
49	Grants receivable		49
50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50
51 a	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		53
54	Investments - securities (attach <del>SEE</del> <b>SCHEDULE 6</b> <input type="checkbox"/> Cost <input type="checkbox"/> FMV)	16,964.	54
55 a	Investments - land, buildings, and equipment: basis		
	b Less: accumulated depreciation (attach schedule)		55c
56	Investments - other (attach schedule)		56
57 a	Land, buildings, and equipment: basis		
	b Less: accumulated depreciation (attach schedule)		57c
58	Other assets (describe ▶ )		58
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)	35,657.	59 60,481.
60	Accounts payable and accrued expenses		60
61	Grants payable		61
62	Deferred revenue		62
63	Loans from officers, directors, trustees, and key employees (attach schedule)		63
64 a	Tax-exempt bond liabilities (attach schedule)		64a
	b Mortgages and other notes payable (attach schedule) <b>SEE SCHEDULE 7</b>	132,000.	64b 56,113.
65	Other liabilities (describe ▶ )		65
66	<b>Total liabilities</b> (add lines 60 through 65)	132,000.	66 56,113.
<b>Net</b> Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
67	Unrestricted		67
68	Temporarily restricted		68
69	Permanently restricted		69
or Organizations that do not follow SFAS 117, check here <input checked="" 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	<96,343.>	72 4,368.
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; and column (B) must equal line 21)	<96,343.>	73 4,368.
74	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	35,657.	74 60,481.

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



Part VI Other Information (See page 28 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	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement.	79	X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization N/A and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81a	Enter direct and indirect political expenditures. See line 81 instructions 81a		
b	Did the organization file Form 1120-POL for this year?	81b	X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) N/A 82b		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
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? N/A 85b 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 N/A 85c		
d	Section 162(e) lobbying and political expenditures N/A 85d		
e	Aggregate nondeductible amount of section 5033(e)(1)(A) dues notices N/A 85e		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) N/A 85f		
g	Does the organization elect to pay the section 5033(e) tax on the amount in 85f? N/A 85g		
h	If section 5033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A 85h		
86	501(c)(7) orgs. - Enter: a Initiation fees and capital contributions included on line 12 N/A 86a		
b	Gross receipts, included in line 12, for public use of club facilities N/A 86b		
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders N/A 87a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) N/A 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	X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 > ; section 4912 > ; section 4955 >		
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	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 >		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization >		
90a	List the states with which a copy of this return is filed > CALIFORNIA		
b	Number of employees employed in the pay period that includes March 12, 2003 (See instructions.) 90b 0.		
91	The books are in care of > ERIC J PARKINSON Telephone no. > (805) 542-9357 Located at > 1190 MARSH STREET, SUITE B ZIP + 4 > 93401		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here > and enter the amount of tax-exempt interest received or accrued during the tax year N/A > 92		

**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) 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					
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 _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))					
105 Total (add line 104, columns (B), (D), and (E))					0.

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

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

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

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

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

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

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

**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 \_\_\_\_\_ Date \_\_\_\_\_

Type or print name and title \_\_\_\_\_

**Paid Preparer's Use Only**

Preparer's Signature \_\_\_\_\_ Date 05/16/04

Firm's name (or yours if self-employed), address, and ZIP + 4: DAVID H. LLOYD, CPA  
1410 MARSH ST  
SAN LUIS OBISPO, CA. 93401

Check if self-employed  Preparer's SSN or PTIN (See Gen. Inst. W): P00154355

FIN 77-0144095  
Phone no. (805) 549-8084

SCHEDULE A

Organization Exempt Under Section 501(c)(3)

OMB No. 1545-0047

(Form 990 or 990-EZ)

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

2003

Department of the Treasury Internal Revenue Service

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

Supplementary Information - (See separate instructions.)

Name of the organization VEAHAVTA A CALIFORNIA PUBLIC BENEFIT CORPORATION Employer identification number 77-0577817

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.")

Table with 5 columns: (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. Content is 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.")

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$50,000; (b) Type of service; (c) Compensation. Content is NONE.

Total number of others receiving over \$50,000 for professional services

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

	Yes	No
<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amount on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1	X
<b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
<b>a</b> Sales, exchange, or leasing of property?	2a	X
<b>b</b> Lending of money or other extension of credit?	2b	X
<b>c</b> Furnishing of goods, services, or facilities?	2c	X
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
<b>e</b> Transfer of any part of its income or assets?	2e	X
<b>3a</b> Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a	X
<b>b</b> Do you have a section 403(b) annuity plan for your employees?	3b	X
<b>4</b> Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4	

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

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

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

Provide the following information about the supported organizations. (See 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 6 of the instructions.)

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

**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
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	192416.	48859.			241275.
<b>16</b> Membership fees received					
<b>17</b> 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					
<b>18</b> 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					
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> 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					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
<b>23</b> Total of lines 15 through 22	192416.	48859.			241275.
<b>24</b> Line 23 minus line 17	192416.	48859.			241275.
<b>25</b> Enter 1% of line 23	1924.	489.			
<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24					26a 4,826.
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 excess amounts					26b 120,458.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 241,275.
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b 120,458.					26d 120,458.
e Public support (line 26c minus line 26d total)					26e 120,817.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 50.0700 %
<b>27 Organizations described on line 12:</b> a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your record 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 (2002) _____ (2001) _____ (2000) _____ (1999) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2002) _____ (2001) _____ (2000) _____ (1999) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c _____
d Add: Line 27a total _____ and line 27b total _____					27d _____
e Public support (line 27c total minus line 27d total)					27e _____
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g _____ %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h _____ %
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

**Part V Private School Questionnaire** (See page 7 of the instructions.)

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

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? <b>N/A</b>	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? <b>N/A</b>	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? <b>N/A</b> 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: <b>N/A</b>		
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: <b>N/A</b>		
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? <b>N/A</b>	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 <b>N/A</b>	35	

VEAHAVTA

Schedule A (Form 990 or 990-EZ) 2003

**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 )

Check  **a** if the organization belongs to an affiliated group. Check  **b** if you checked "a" and "limited control" provisions apply.

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

Caution: if there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
See the instructions for lines 45 through 50 on page 11 of the instructions.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in) ▶	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> 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 12 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
<b>a</b> Volunteers		X	
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.)		X	
<b>c</b> Media advertisements		X	
<b>d</b> Mailings to members, legislators, or the public		X	
<b>e</b> Publications, or published or broadcast statements		X	
<b>f</b> Grants to other organizations for lobbying purposes		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
<b>i</b> 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.



**SCHEDULE B**  
(Form 990, 990-EZ,  
or 990-PF)

# Schedule of Contributors

# 2003

Department of the Treasury  
Internal Revenue Service

Supplementary Information for  
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

Name the organization

Employer identification number

VEAHAVTA

77-0577817

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check box(es) for both the General Rule and a Special Rule - see instructions.)

**General Rule -**

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the tax year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

**Special Rules -**

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ..... ▶ \$ \_\_\_\_\_

**Caution:** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

VEAHAVTA

77-0577817

**Part I** Contributors

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	EDWARD & ANN STOEENR PO BOX 1601 SAN LUIS OBISPO, CA 93406	\$ 8,284.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
2	THEODORE & BRENDA HALL 916 SPYGLASS CT PASO ROBLES, CA 93446	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
3	LARRY & TERESA HIRSCH 11800 OLD MORRO ROAD ATASCADERO, CA 93422	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
4	GEORGE & PATRICIA SHAMMAS 2662 AUGUSTA STREET SAN LUIS OBISPO CA 93401	\$ 7,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
5	DAVID & LISA MAKSOUDIAN 474 SANDERCOCK SAN LUIS OBISPO CA 93401	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
6	LORRAINE H. MAKSOUDIAN 622 COUPER DRIVE SAN LUIS OBISPO CA 93405	\$ 29,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)

# Federal Attachments

05/13/04<sup>15</sup>  
**2003**

Name(s) as shown on return <b>VEAHAVTA</b>	Identification Number <b>77-0577817</b>
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FORM 990 PART I - SALE OF NON-INVENTORY ASSETS	SCHEDULE 1
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PUBLICLY TRADED SECURITIES

GROSS SALES PRICE:	46342.	
COST OR OTHER BASIS:	37014.	
EXPENSES OF SALE:	0.	
 NET GAIN/LOSS FROM SALE OF PUBLICLY TRADED SECURITIES		9328.
 TOTAL NET GAIN/LOSS TO FORM 990, PART I, LINE 8D		9328.

# Federal Attachments

05/13/04 <sup>16</sup>  
**2003**

Name(s) as shown on return <b>VEAHAVTA</b>	Identification Number <b>77-0577817</b>
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<b>FORM 990 PART V - OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES</b>	<b>SCHEDULE 2</b>
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NAME AND ADDRESS	TITLE	HRS/WEEK
ERIC J PARKINSON 1082 DEL RIO SAN LUIS OBISPO, CA 93405	PRESIDENT	8
 COMPENSATION	 CONTRIBS TO BENEFT PLANS	 EXPENSE ACCT & OTH ALLOWS
0	0	0

NAME AND ADDRESS	TITLE	HRS/WEEK
DAVID A MAKSOUDIAN 474 SANDERCOCK SAN LUIS OBISPO, CA 93401	CHIEF FINANCIAL OFFICER	2
 COMPENSATION	 CONTRIBS TO BENEFT PLANS	 EXPENSE ACCT & OTH ALLOWS
0	0	0

NAME AND ADDRESS	TITLE	HRS/WEEK
LARRY S HIRSCH 11800 OLD MORRO ROAD ATASCADERO, CA 93422	SECRETARY	2
 COMPENSATION	 CONTRIBS TO BENEFT PLANS	 EXPENSE ACCT & OTH ALLOWS
0	0	0

NAME AND ADDRESS	TITLE	HRS/WEEK
THERESA CULLEN 11800 OLD MORRO ROAD ATASCADERO, CA 93422	DIRECTOR	2
 COMPENSATION	 CONTRIBS TO BENEFT PLANS	 EXPENSE ACCT & OTH ALLOWS
0	0	0

NAME AND ADDRESS	TITLE	HRS/WEEK
E. WILLIAM BEAN P.O. BOX 2050 REDLANDS, CA 92373	DIRECTOR	2
 COMPENSATION	 CONTRIBS TO BENEFT PLANS	 EXPENSE ACCT & OTH ALLOWS
0	0	0



# Federal Attachments

05/13/04<sup>18</sup>  
**2003**

Names: as shown on return	Identification Number
VEAHAVTA	77-0577817

FORM 990 PART IV - MORTGAGES AND OTHER NOTES PAYABLE SCHEDULE 7

END OF YR  
-----

LENDER NAME : Y. LEON MAKSOUDIAN  
SECUR. GIVEN: NONE  
REPAY TERMS : BALLOON PAYMENT  
LOAN PURPOSE: SEE SCHEDULE 8  
ORIG LOAN: 150000  
NOTE DATE: 04/01/02  
INTRST RATE: 6.00  
FMV CONSIDR: 0  
MATURE DATE: 05/01/03  
END OF YR: 56113.  
  
TOTAL TO FORM 990 PART IV, LINE 64B 56113.

VEAHAVTA

77-0577817

SCHEDULE 7

ORGANIZATION'S PRIMARY EXEMPT PURPOSE

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PROVIDE CHARITABLE ASSISTANCE TO LOW INCOME, DESTITUTE AND/OR  
DISPLACED PERSONS IN ORDER TO HELP THEM OBTAIN THE MINIMUM  
NECESSITIES FOR HUMAN SURVIVAL.

VEAHAVTA

77-0577817

SCHEDULE 8

LOAN PURPOSE

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TO FUND THE BUILDING AND MAINTAINING OF AN ORPHANAGE IN SRI LANKA