* 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 the 2003 calendar year, or tax year beginning 4/01 , 2003, and ending 3/31	, 2004
В		oyer Identification Number
	Please use	-1561595
	Name change or type P.O. BOX 353	hone number
	See Specific STILLWATER, MN 55082	
	Final return instructions.	unting X Cash Accrual
		Other (specify)
	Application pending Section 501(c)(3) organizations and 4947(a)(1) nonexempt H and I are not applicable to sec	
	charitable trusts must attach a completed Schedule A	· — —
	(Form 990 of 990-EZ).	
<u>G</u>	Web site: ► WWW. WORLDPARROTTRUST. ORG H (c) Are all affiliates included	
J	Organization type (If 'No,' attach a list Sec	
	(check only one) . ► X 501(c) 3 (insert no) 4947(a)(1) or 527 H (d) Is this a separate return	filed by an
K	Check here I 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 organization covered by	a group ruling? Yes X No
	received a Form 990 Package in the mail, it should file a return without financial data I Group Exemption	Number •
	Some states require a complete return. M Check ► If the	organization is not required
	areas 1000,pts 7 tes miles est, est, 55, etts 105 to mile 12 210 / 022 t	Form 990, 990-EZ, or 990-PF).
Pa	rt 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 119,330.	
~ >	b Indirect public support . 1b	
	c Government contributions (grants)	
1 & 200%	d Total (add lines 119,330. noncash \$)	1d 119,330.
~	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2
	3 Membership dues and assessments	3 18,746.
3	4 Interest on savings and temporary cash investments.	4
_	5 Dividends and interest from securities	5 443.
j	6a Gross rents	
) 	b Less: rental expenses 6b	
-	c Net rental income or (loss) (subtract line 6b from line 6a)	6c 7
REVEZUE	7 Other investment income (describe) (A) Securities (B) Other	/
Ě	8a Gross amount from sales of assets other than inventory 8a	
, N	b Less: cost or other pasis and seles expenses.	
E	c Gain or (loss) (attach schedule 8c	
		8d
	d Net gain or (loss) (combine line &c. of Others (A) and (B)) 9 Special events anglect the selection is scheduled any amount is from gaming, check here	
	a Gross revenue (ript including of contributions	
	reported on line (a) OGDEN,	
	b Less direct expenses other than fundraising expenses 9b	
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c
	10a Gross sales of inventory, less returns and allowances 2, 302.	
	b Less cost of goods sold 3,565.	
		10c -1,263.
	l F	11
		12 137, 256.
	13 Program services (from line 44, column (B))	79,119.
EXPENSES	14 Management and general (from line 44, column (C))	14 17,075.
E N	15 Fundraising (from line 44, column (D))	15 8,161.
S	16 Payments to affiliates (attach schedule).	16
_ <u>s</u>	17 Total expenses (add lines 16 and 44, column (A))	17 104,355.
A	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18 32,901.
N S	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19 121,046.
A S S E E T	20 Other changes in net assets or fund balances (attach explanation)	20
Ś	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21 153,947.

Page 2

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. Part II

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)	1						
(cash \$				<i>)</i>			
non-cash \$)	22						
23 Specific assistance to individuals (att sch)	23						
24 Benefits paid to or for members (att sch)	24	E A A11	30 000	10 002	E 441		
25 Compensation of officers, directors, etc26 Other salaries and wages	25 26	54,411. 10,000.	38,088. 7,000.	10,882. 2,000.	5,441. 1,000.		
26 Other salaries and wages27 Pension plan contributions	27	10,000.	7,000.	2,000.	1,000.		
28 Other employee benefits.	28						
29 Payroll taxes.	29	4,871.	3,410.	974.	487.		
30 Professional fundraising fees	30	4,0/1.	3,410.		407.		
31 Accounting fees	31			· · ·			
32 Legal fees	32						
33 Supplies.	33	1,062.	743.	213.	106.		
34 Telephone	34	1,002.	745.		100.		
•	35	2 074	1,452.	415.	207.		
35 Postage and shipping36 Occupancy	36	2,074. 2,383.	1,668.	477.	238.		
37 Equipment rental and maintenance	37	2,303.	1,000.	<u> </u>	250.		
• •	38						
38 Printing and publications39 Travel	39						
	40			<u> </u>			
40 Conferences, conventions, and meetings				-			
41 Interest	41	607	401	127	69.		
42 Depreciation, depletion, etc (attach schedule)	42	687.	481.	137.	69.		
43 Other expenses not covered above (itemize)		20.067	26 277	1 077	(12		
a SEE_STATEMENT 2	43a	28,867.	26,277.	1,977.	613.		
b	43b						
c	43 c			······································	· - · ·		
d	43 d						
44 Total functional expenses (add lines 22 - 43).	43e						
44 Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	104,355.	79,119.	17,075.	8,161.		
loint Costs. Check If you are following	SOP			.			
Are any joint costs from a combined education	nal ca	mpaign and fundraising	solicitation reported i(E	3) Program services?	► Yes X No		
f 'Yes,' enter (i) the aggregate amount of the		t costs \$, (ii) the a	mount allocated to Pro	gram services		
\$; (iii) the amount a	llocate	d to Management and g	eneral \$, and (iv) th	e amount allocated		
o Fundraising \$							
Part III Statement of Program Serv							
What is the organization's primary exempt pu	rpose	 SEE_STATEME! 	NT 3		Program Service Expenses (Required for 501 (c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)		
All organizations must describe their exempt clients served, publications issued, etc. Discu zations and 4947(a)(1) nonexempt charitable	purpos	e achievements in a cle	ear and concise manner measurable (Section 5)	r. State the number of 01(c)(3) & (4) organ-	(4) organizations and		
zations and 4947(a)(1) nonexempt charitable	trusts	must also enter the am	nount of grants & alloca	tions to others.)	optional for others)		
a SEE STATEMENT 4							
				. _			
				. _			
		(Grants and	l allocations \$)	79,119.		
b							
							
				· -			
		(Grants and	allocations \$)			
c							
							
	(Grants and allocations \$						
d							
				·			
		(Grants and	allocations \$				
e Other program services.			allocations \$)			
f Total of Program Service Expenses (sh	ould ed		·	>	79,119.		

Part IV Balance Sheets (See Instructions)

Note	e: W	here required, attached schedules and amounts within plumn should be for end-of-year amounts only	n the d	lescription	(A) Beginning of year		(B) End of year
\Box	45	Cash - non-interest-bearing			9,002.	45	5,887.
ĺ	46	Savings and temporary cash investments			110,327.	46	147,030.
	47	a Accounts receivable	47 a				
		b Less allowance for doubtful accounts	47 a			47 c	
		b Less allowance for doubtful accounts	4/10			4/6	
	48	a Pledges receivable	48 a				
		b Less: allowance for doubtful accounts	48 b			48 c	
AS	49	Grants receivable .				49	
	50	Receivables from officers, directors, trustees, and k employees (attach schedule)	ey			50	
SETS	51	a Other notes & loans receivable (attach sch)	51 a				
T S		b Less. allowance for doubtful accounts	51 b			51 c	
	52	Inventories for sale or use		, ,		52	
	53	Prepaid expenses and deferred charges				53	
	54	Investments - securities (attach schedule)		► Cost FMV		54	
- 1	55	a Investments - land, buildings, & equipment basis	55 a				
		b Less: accumulated depreciation (attach schedule)	55 b			55 c	
	56	Investments — other (attach schedule)				56	
		a Land, buildings, and equipment, basis	57 a	2,060.			
		h I and analysis of done outland					
ľ		b Less accumulated depreciation (attach schedule) STATEMENT 5	57 b	1,030.	1,717.	57 c	1,030.
	58	Other assets (describe ►	<u> </u>)	<u> </u>	58	•
İ	59	Total assets (add lines 45 through 58) (must equal	line 74	1)	121,046.	59	153,947.
\Box	60	Accounts payable and accrued expenses				60	
Ļ	61	Grants payable				61	
LIABILITIES	62	Deferred revenue		<u> </u>		62	
וו	63	Loans from officers, directors, trustees, and key employees (attack	ı schedu	ıle)		63	
Ţ	64	a Tax-exempt bond liabilities (attach schedule)				64 a	
į		b Mortgages and other notes payable (attach schedule)				64 b	
š	65	Other liabilities (describe >)		65		
_		Total liabilities (add lines 60 through 65)			0.	66	0.
N	Orgai		nd con	nplete lines 67			
Ĕ		through 69 and lines 73 and 74			404 046		450 045
Ą	67	Unrestricted		}	121,046.	67	153,947.
ASSETS	68	Temporarily restricted.		}-		68	
	69			 		69	
R	Orgai	nizations that do not follow SFAS 117, check here	الـا	and complete lines			
OK +020	٦.	70 through 74					
Ň	70					70	
	71	Paid-in or capital surplus, or land, building, and equ				71	
<u>ר</u>	72	• • • • • • • • • • • • • • • • • • • •		Ī		72	
B41420E の	73	Total net assets or fund balances (add lines 67 thro 72, column (A) must equal line 19, column (B) mus	ough 6 t equa	9 or lines 70 through al line 21)	121,046.	73	153,947.
	74	Total liabilities and net assets/fund balances (add	lines 6	6 and 73)	121,046.	74	153,947.

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.

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Par	Financial Statements w per Return (See Instruc	/ith	Revenue	Pan	Financial per Retur	Statements witl	es p	per Audited xpenses
а	Total revenue, gains, and other support per audited financial statements	<u>a</u>	N/A	а	Total expenses and financial statements	losses per audited	а	N/A
b	Amounts included on line a but not on line 12, Form 990		*	b	Amounts included on line 17, Form 99			
(1)	Net unrealized gains on investments \$:		(1)	Donated serv- ices and use of facilities.	\$		
(2)	Donated services and use of facilities \$			(2)	Prior year adjust- ments reported on line 20, Form 990	5		
` '	Recoveries of prior year grants. \$			1	Losses reported on line 20, Form 990	\$		
(4)	Other (specify)		*	(4)	Other (specify)	3		
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 of Form 990 but not or	on line 17, n line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$			מו	Investment expenses not included on line 6b, Form 990	5		
(2)	Other (specify).		1	(2)	Other (specify)			
	\$					5		
	Add amounts on lines (1) and (2).	d			Add amounts on lin	es (1) and (2)	d	
е	Total revenue per line 12, Form 990 (line c plus line d)			е	Total expenses per 990 (line c plus line	line 17, Form	e	
Parl		s, T	ustees, and Key E	mple				ted; see instructions.)
	(A) Name and address		B) Title and average ho per week devoted to position		(C) Compensation (if not paid, enter -0-)	(D) Contributions employee benef plans and deferre compensation	to ıt	(E) Expense account and other allowances
JAN	ES D. GILARDI	E	XECUTIVE DIREC		54,411.		0.	0.
	PEACH PLACE IS, CA 95615	_	0					
	-							
				-				
		_						
75	Did any officer, director, trustee, or than \$100,000 from your organization \$10,000 was provided by the relate If 'Yes,' attach schedule — see institution.	on ar d org	nd áll related organizáti anizations?				▶ [Yes X No
	ii ies, attacii schedule – see iiist	uctil	113					

BAA

N/A

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

Part VII	Analysis of Income-Production	<u>cing Activit</u>	ies (See instructions))						
		Unrelated	d business income	Excluded by se	ection 512, 513, or 514	(E)				
Note: Ente otherwise	er gross amounts unless indicated.	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function income				
93 Pro	ogram service revenue.									
a										
d	· · · · · · · · · · · · · · · · · · ·									
e										
	dicare/Medicaid payments									
•	s & contracts from government agencies.					18,746.				
	mbership dues and assessments rest on savings & temporary cash invmnts									
	ridends & interest from securities			14	443.					
	rental income or (loss) from real estate			**	110.					
	bt-financed property									
	t debt-financed property									
	rental income or (loss) from pers prop									
	ner investment income									
100 Ga	in or (loss) from sales of assets									
	er than inventory									
	income or (loss) from special events			ļ	1 060					
	ss profit or (loss) from sales of inventory			2	-1,263.					
	ner revenue: a									
p										
c				 						
e		<u> </u>	······································	 						
	total (add columns (B), (D), and (E))				-820.	18,746.				
	tal (add line 104, columns (B), (D),	and (E))		<u> </u>	>	17,926.				
			t on line 12, Part l			······································				
	e: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I Int VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See instructions.)									
	Relationship of Activities t	o the Acco	mplishment of Exc	empt Purpos	es (See instructions.)					
	Explain how each activity for which	ch income is re	eported in column (E)	of Part VII contr	buted importantly to the	e accomplishment				
Part VIII		ch income is re	eported in column (E)	of Part VII contr	buted importantly to the	e accomplishment				
Part VIII Line No.	Explain how each activity for which	ch income is recoses (other th	eported in column (E) an by providing funds	of Part VII contri for such purpose	buted importantly to the					
Part VIII Line No.	Explain how each activity for which of the organization's exempt purp	ch income is recoses (other th	eported in column (E) an by providing funds	of Part VII contri for such purpose	buted importantly to the					
Part VIII Line No.	Explain how each activity for which of the organization's exempt purp MEMBERSHIP FEES HELP	ch income is recoses (other th	eported in column (E) an by providing funds	of Part VII contri for such purpose	buted importantly to the					
Part VIII Line No.	Explain how each activity for which of the organization's exempt purp MEMBERSHIP FEES HELP	ch income is recoses (other th	eported in column (E) an by providing funds	of Part VII contri for such purpose	buted importantly to the					
Part VIII Line No. 94	Explain how each activity for which of the organization's exempt purp MEMBERSHIP FEES HELP	th income is recoses (other the FUND PUBLES.	eported in column (E) on by providing funds	of Part VII contr for such purpose FORMATIONAL	buted importantly to the es) . MAGAZINE (PSIT					
Part VIII Line No. 94	Explain how each activity for which of the organization's exempt purp MEMBERSHIP FEES HELP FUND PROGRAM ACTIVITI	th income is recoses (other the FUND PUBLES.	eported in column (E) on by providing funds	of Part VII control for such purpose FORMATIONAL parded Entitie	buted importantly to the es) . MAGAZINE (PSIT					
Part VIII Line No. 94 Part IX	Explain how each activity for which of the organization's exempt purp MEMBERSHIP FEES HELP FUND PROGRAM ACTIVITI Information Regarding Tax (A)	ch income is recoses (other the FUND PUBLES.	eported in column (E) an by providing funds ICATION OF INE	of Part VII control for such purpose FORMATIONAL parded Entities	who the second s	TASCENE) AND (E)				
Part VIII Line No. 94 Part IX Name,	Explain how each activity for which of the organization's exempt purp MEMBERSHIP FEES HELP FUND PROGRAM ACTIVITIES Information Regarding Tax	th income is recoses (other the FUND PUBIES.	eported in column (E) an by providing funds LICATION OF INE	of Part VII control for such purpose FORMATIONAL parded Entities	buted importantly to the es) . MAGAZINE (PSIT	TASCENE) AND				
Part VIII Line No. 94 Part IX Name,	Explain how each activity for which of the organization's exempt purp MEMBERSHIP FEES HELP FUND PROGRAM ACTIVITI Information Regarding Tax (A) address, and EIN of corporation,	ch income is recoses (other the FUND PUBIES.	eported in column (E) an by providing funds LICATION OF INE	of Part VII control for such purpose FORMATIONAL parded Entities	Description of the ses	TASCENE) AND (E) End-of-year				
Part VIII Line No. 94 Part IX Name, par	Explain how each activity for which of the organization's exempt purp MEMBERSHIP FEES HELP FUND PROGRAM ACTIVITI Information Regarding Tax (A) address, and EIN of corporation,	ch income is recoses (other the FUND PUBIES.	eported in column (E) an by providing funds LICATION OF INE	of Part VII control for such purpose FORMATIONAL parded Entities	Description of the ses	TASCENE) AND (E) End-of-year				
Part VIII Line No. 94 Part IX Name, par	Explain how each activity for which of the organization's exempt purp MEMBERSHIP FEES HELP FUND PROGRAM ACTIVITI Information Regarding Tax (A) address, and EIN of corporation,	ch income is recoses (other the FUND PUBIES.	diaries and Disrect Nature of States	of Part VII control for such purpose FORMATIONAL parded Entities	Description of the ses	TASCENE) AND (E) End-of-year				
Part VIII Line No. 94 Part IX Name, par	Explain how each activity for which of the organization's exempt purp MEMBERSHIP FEES HELP FUND PROGRAM ACTIVITI Information Regarding Tax (A) address, and EIN of corporation, thership, or disregarded entity	ch income is reoses (other the FUND PUBLES. Cable Subsite (B) Percentage ownership in	eported in column (E) an by providing funds an by providing funds are considered and Disregular funds and Disregular funds are considered as a	of Part VII control for such purpose FORMATIONAL parded Entitie activities	Buted importantly to the es) MAGAZINE (PSIT SS (See instructions.) (D) Total income	(E) End-of-year assets				
Part VIII Line No. 94 Part IX Name, par	Explain how each activity for which of the organization's exempt purp MEMBERSHIP FEES HELP FUND PROGRAM ACTIVITI Information Regarding Tax (A) address, and EIN of corporation,	ch income is reoses (other the FUND PUBLES. Cable Subsite (B) Percentage ownership in	eported in column (E) an by providing funds an by providing funds are considered and Disregular funds and Disregular funds are considered as a	of Part VII control for such purpose FORMATIONAL parded Entitie activities	Buted importantly to the es) MAGAZINE (PSIT SS (See instructions.) (D) Total income	(E) End-of-year assets				
Part VIII Line No. 94 Part IX Name, par N/A Part X	Explain how each activity for which of the organization's exempt purp MEMBERSHIP FEES HELP FUND PROGRAM ACTIVITI Information Regarding Tax (A) address, and EIN of corporation, thership, or disregarded entity	ch income is recoses (other the FUND PUBI ES. (able Subsidemental Commercial	diaries and Disregates Nature of Secondaries with Personal Secondaries and Disregates Secondaries and Disregates Secondaries S	of Part VII control for such purpose CORMATIONAL parded Entities activities	es) . MAGAZINE (PSIT . MAGAZ	(E) End-of-year assets ctions) Yes X No				
Part VIII Line No. 94 Part IX Name, par N/A Part X a Did the	Explain how each activity for which of the organization's exempt purp MEMBERSHIP FEES HELP FUND PROGRAM ACTIVITI Information Regarding Tax (A) address, and EIN of corporation, thership, or disregarded entity	ch income is recoses (other the FUND PUBIES. (able Subsideal Subsideal Common Subsideal Co	diaries and Disregates and Disregate	of Part VII control for such purpose CORMATIONAL parded Entities activities onal Benefit (a personal benefit (Description of the description o	(E) End-of-year assets				
Part VIII Line No. 94 Part IX Name, par N/A Part X a Did the b Did to	Explain how each activity for which of the organization's exempt purp MEMBERSHIP FEES HELP FUND PROGRAM ACTIVITI Information Regarding Tax (A) address, and EIN of corporation, thership, or disregarded entity Information Regarding Trate organization, during the year, receive any fire the organization, during the year, receive any fire the organization, during the year, receive any fire the organization of the year, receive any fire the organization, during the year, receive any fire the organization of the year, receive any fire the organization of the year, receive any fire year, receive any fire year, receive any fire year.	ch income is recoses (other the FUND PUBIES. Cable Subsidements (B) Percentage ownership in the public ownexhibit ownership in the public ownership in the public ownership	diaries and Disrective of the set	of Part VII control for such purpose CORMATIONAL parded Entities activities onal Benefit (a personal benefit (Description of the description o	(E) End-of-year assets ctions) Yes X No				
Part VIII Line No. 94 Part IX Name, par N/A Part X a Did the b Did to	Explain how each activity for which of the organization's exempt purp MEMBERSHIP FEES HELP FUND PROGRAM ACTIVITI Information Regarding Tax (A) address, and EIN of corporation, thership, or disregarded entity Information Regarding Trate organization, during the year, receive any function of the organization, during the year, part of Yes' to (b), file Form 8870 and File of the organization of the programme of the	ch income is recoses (other the FUND PUBIES. Cable Subsidements (B) Percentage ownership in the public ownership in the public ownership in the public ownership in the public ownership or in the public ownership owner	diaries and Disrective of the payments of the	price property of Part VII control for such purpose property of Part VII control for such purpose property of Part VII control for a personal benefit of a	Description of the less of the	(E) End-of-year assets ctions) Yes X No Yes X No				
Part VIII Line No. 94 Part IX Name, par N/A Part X a Did the b Did the Note: //	Explain how each activity for which of the organization's exempt purp MEMBERSHIP FEES HELP FUND PROGRAM ACTIVITI Information Regarding Tax (A) address, and EIN of corporation, thership, or disregarded entity Information Regarding Trate organization, during the year, receive any find the organization, during the year, page 12.	ch income is recoses (other the FUND PUBIES. Cable Subsidements (B) Percentage ownership in the public ownership in the public ownership in the public ownership in the public ownership or in the public ownership owner	diaries and Disrective of the payments of the	price property of Part VII control for such purpose property of Part VII control for such purpose property of Part VII control for a personal benefit of a	Description of the less of the	(E) End-of-year assets ctions) Yes X No Yes X No				
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Part VIII Line No. 94 Part IX Name, par N/A Part X a Did the b Did the Note: //	Explain how each activity for which of the organization's exempt purp MEMBERSHIP FEES HELP FUND PROGRAM ACTIVITI Information Regarding Tax (A) address, and EIN of corporation, thership, or disregarded entity Information Regarding Trate organization, during the year, receive any function of the organization, during the year, part of Yes' to (b), file Form 8870 and File of the organization of the programme of the	ch income is recoses (other the FUND PUBIES. Cable Subsidements (B) Percentage ownership in the public ownership in the public ownership in the public ownership in the public ownership or in the public ownership owner	diaries and Disrective of Nature of terest services or indirectly, to pay premiums on the directly or indirectly, or instructions)	of Part VII control for such purpose FORMATIONAL parded Entities activities onal Benefit of a personal benefi	Date Description	(E) End-of-year assets Ictions) Yes X No Yes X No				
Part VIII Line No. 94 Part IX Name, par N/A Part X a Did the b Did the Note: //	Explain how each activity for which of the organization's exempt purp MEMBERSHIP FEES HELP FUND PROGRAM ACTIVITI Information Regarding Tax (A) address, and EIN of corporation, thership, or disregarded entity Information Regarding Trate organization, during the year, receive any function of the organization, during the year, part of Yes' to (b), file Form 8870 and File of the organization of the programme of the	ch income is recoses (other the FUND PUBIES. Cable Subsidements (B) Percentage ownership in the public ownership in the public ownership in the public ownership in the public ownership or in the public ownership owner	diaries and Disrective of Nature of terest services or indirectly, to pay premiums on the directly or indirectly, or instructions)	price property of Part VII control for such purpose property of Part VII control for such purpose property of Part VII control for a personal benefit of a	Description of the less of my knowledge importantly to the less of	(E) End-of-year assets Ictions) Yes X No Yes X No				
Part VIII Line No. 94 Part IX Name, par N/A Part X a Did the b Did the Note: //	Explain how each activity for which of the organization's exempt purp MEMBERSHIP FEES HELP FUND PROGRAM ACTIVITI Information Regarding Tax (A) address, and EIN of corporation, thership, or disregarded entity Information Regarding Trate organization, during the year, receive any function of the organization, during the year, part of Yes' to (b), file Form 8870 and File of the organization of the programme of the	ch income is recoses (other the FUND PUBIES. Cable Subsidements (B) Percentage ownership in the public ownership in the public ownership in the public ownership in the public ownership or in the public ownership owner	diaries and Disrective of Nature of terest services or indirectly, to pay premiums on the directly or indirectly, or instructions)	of Part VII control for such purpose FORMATIONAL parded Entities activities onal Benefit of a personal benefi	Date who the body and the best of my knowledge Date who the best of my knowledge Contract C	(E) End-of-year assets Ictions) Yes X No Yes X No				

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.

Name of the organization			Employer identification	number
WORLD PARROT TRUST			62-1561595	
Part I Compensation of the Five High	est Paid Employees Othe	r Than Officers,	Directors, and	Trustees
(See instructions. List each one If ther (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		0	<u> </u>	
Part II Compensation of the Five High (See instructions List each one (wheth	est Paid Independent Co	ntractors for Pro	fessional Servi	ces
(a) Name and address of each independent contri	actor paid more than \$50,000	(b) Type	of service	(c) Compensation
NONE				
		_		
				
		_		
		_		
Total number of others receiving over		n		

Sche	dule A	(Form 990 or 990-EZ) 2003	WORLD PARROT TRUST 62-156159	5	F	age 2
Par	t III	Statements About Acti	vities (See instructions.)		Yes	No
1	to inf	uence public opinion on a legisl	attempted to influence national, state, or local legislation, including any attempt ative matter or referendum? If 'Yes,' enter the total expenses paid			
		urred in connection with the lobl	· · · · · · · · · · · · · · · · · · ·			l .
	•	equal amounts on line 38, Part		1		X
	organ	nizations that made an election to izations checking 'Yes,' must coing activities.	under section 501(h) by filing Form 5768 must complete Part VI-A. Other implete Part VI-B AND attach a statement giving a detailed description of the			
2	subst taxab	antial contributors, trustees, dire le organization with which any s	, either directly or indirectly, engaged in any of the following acts with any ectors, officers, creators, key employees, or members of their families, or with any uch person is affiliated as an officer, director, trustee, majority owner, or principal estion is 'Yes,' attach a detailed statement explaining the transactions.)			
а	Sale,	exchange, or leasing of property	y?	2a		Х
b	Lendi	ng of money or other extension	of credit? .	2b		Х
c	Furnis	shing of goods, services, or facil		2 c		Х
			SEE FORM 990, PART V			
d	Paym	ent of compensation (or paymer	nt or reimbursement of expenses if more than \$1,000)?	2d	X	-
е	Trans	fer of any part of its income or a	assets?	2e		Х
3 a	Do yo	u make grants for scholarships,	fellowships, student loans, etc? (If 'Yes,' attach an it recipients qualify to receive payments)	3a		x
h	•	nation of now you determine that u have a section 403(b) annuity		3b		X
			nt for participating donors where donors have the right to provide advice	4		х
Par	t IV	Reason for Non-Private	Foundation Status (See instructions.)			
The o	organiz	zation is not a private foundation	n because it is: (Please check only ONE applicable box)			
5	Α	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	-		al service organization Section 170(b)(1)(A)(iii).			
8	-		nent or governmental unit. Section 170(b)(1)(A)(v).			
9	_	medical research organization on the medical research organization of the medical research organization organization of the medical research organization organizat	operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital	s nam	e, city	/,
10	ПА		benefit of a college or university owned or operated by a governmental unit Section dule in Part IV-A)	n 170(l	o)(1)(A)(ıv).
11 a	X A	n organization that normally rece ection 170(b)(1)(A)(vi) (Also co	eives a substantial part of its support from a governmental unit or from the general mplete the ${f Support\ Schedule\ in\ Part\ IV-A\)}$	public		
11 b	A	community trust Section 170(b))(1)(A)(vi) (Also complete the Support Schedule in Part IV-A.)			
12	fr fr	om activities related to its charit om gross investment income and	eives (1) more than 33-1/3% of its support from contributions, membership fees, at able, etc, functions — subject to certain exceptions, and (2) no more than 33-1/3% d unrelated business taxable income (less section 511 tax) from businesses acquire See section 509(a)(2). (Also complete the Support Schedule in Part IV-A)	of its s	suppo	eipts rt
13	d	n organization that is not contro escribed in (1) lines 5 through 1 ection 509(a)(3))	lled by any disqualified persons (other than foundation managers) and supports org 2 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(janizat (2) (Si	ions ee	
		Provide	the following information about the supported organizations (See instructions.)			
			(a) Name(s) of supported organization(s)	(b) Lii fror	ne nur n abo	mber ve
	_					
	_					
	_					
14	Па	n organization organized and op	perated 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	ne instructions for con	verting from the acci	rual to the cash meth	od of accounting	
Cale: 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)	55,502.	246,950.	40,931.	64,049.	
16	Membership fees received	31,175.	22,782.	20,841.	19,086.	93,884.
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	9,555.	4,146.	3,346.		17,047.
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	1,464.	1,779.	3,104.	2,609.	8,956.
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 SEE STMT 6			142.	528.	670.
23	Total of lines 15 through 22	97,696.	275,657.	68,364.		527, 989.
24	Line 23 minus line 17	88,141.	271,511.	65,018.	86,272.	510,942.
25	Enter 1% of line 23	977.	2,757.	684.	863.	
26	Organizations described on line	s 10 or 11: a Ente	er 2% of amount in c	olumn (e), line 24	► 26a	10,219.
b	Prepare a list for your records to show the supported organization) whose total gifts f return Enter the total of all these excess	or 1999 through 2002 exceed	ibuted by each person (oth ded the amount shown in I	er than a governmental un ine 26a. Do not file this l i	it or publicly st with your	203,171.
c	Total support for section 509(a)(column (e)		► 26 c	
	Add Amounts from column (e) for		8,956.	19		
		22	670.	26b 203, 3		
е	Public support (line 26c minus lir	ne 26d total)			► 26e	298,145.
	Public support percentage (line		ed by line 26c (deno	minator)) .	► 26f	58.35 %
	Organizations described on line For amounts included in lines 15 name of, and total amounts receisuch amounts for each year.	, 16, and 17 that were ived in each year from	n, each 'disqualified p	person.' Do not file th	nis list with your retu	rn. Enter the sum of
	(2002)					
t	For any amount included in line 17 show the name of, and amount re \$5,000. (Include in the list organicomputing the difference between (the excess amounts) for each year.	eceived for each year, zations described in li n the amount received ear.	, that was more than ines 5 through 11, as I and the larger amo	the larger of (1) the well as individuals) unt described in (1) o	amount on line 25 fo Do not file this list w or (2), enter the sum of	r the year or (2) vith your return. After of these differences
	(2002)	(2001)	(2000)_		_ (1999)	
c	Add Amounts from column (e) for	or lines 15		16		
	(2002) Add Amounts from column (e) for 17 Add Line 27a total	20		21	27c	
d	Add Line 27a total	an	d line 27b total		27d	
е	Public support (line 27c total min	us line 27d total)		1 1	► 27e	ļ
	Total support for section 509(a)(2				1	
_	Public support percentage (line				27g	96
h	Investment income percentage (line 18, column (e) (ni			or)) = 2/h	8

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

Pa	rt V Private School Questionnaire (See instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/A		
		11/ 11	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	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?	32 c	l	
	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 ь		
	c Employment of faculty or administrative staff?	33 c		
	d Scholarships or other financial assistance?	33 d		_
	e Educational policies?	33e		
	f Use of facilities?	33 f		
	g Athletic programs?	33 g		
	h Other extracurricular activities?	33 h		
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement)	-		
34	Ba Does the organization receive any financial aid or assistance from a governmental agency?	34a		
	b Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b, please explain using an attached statement	34 b		
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		

Lobbying Expenditures by Electing Public Charities (See instructions.) (To be completed ONLY by an eliquble organization that filed Form 5768) N/A if the organization belongs to an affiliated group. Check ► b if you checked 'a' and 'limited control' provisions apply Check ► (a) Affiliated group **Limits on Lobbying Expenditures** To be completed totals for ALL electing (The term 'expenditures' means amounts paid or incurred.) organizations Total lobbying expenditures to influence public opinion (grassroots lobbying) 36 Total lobbying expenditures to influence a legislative body (direct lobbying) 37 37 Total lobbying expenditures (add lines 36 and 37) 38 39 Other exempt purpose expenditures 39 40 40 Total exempt purpose expenditures (add lines 38 and 39) Lobbying nontaxable amount. Enter the amount from the following table -41 If the amount on line 40 is -The lobbying nontaxable amount is -Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 41 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000 42 42 Grassroots nontaxable amount (enter 25% of line 41). 43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 43 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 44 Caution: If there is an amount on either line 43 or line 44, you must file Form 4720 4 - Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50) Lobbying Expenditures During 4 - Year Averaging Period Calendar year (a) (b) (c) (d) (e) (or fiscal year 2000 Total 2003 2002 2001 beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures 48 Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) 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 instructions) N/A During the year, did the organization attempt to influence national, state or local legislation, including any Yes No Amount attempt to influence public opinion on a legislative matter or referendum, through the use of **b** Paid staff or management (Include compensation in expenses reported on lines **c** through **h**.) c Media advertisements d Mailings to members, legislators, or the public e Publications, or published or broadcast statements f Grants to other organizations for lobbying purposes **q** Direct contact with legislators, their staffs, government officials, or a legislative body h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means. i Total lobbying expenditures (add lines c through h.) If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities

Page 6

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

		,							
51 Did the i	reporting organization o	directly or in 1501(c)(3) o	ndirectly engage organizations) or	in any of the followi in section 527, rela	ng with any other organization of ting to political organizations?	described	d in sect	on 50	1(c)
a Transfer	s from the reporting or	ganization t	o a noncharitable	e exempt organizati	on of.	_		Yes	No
(i)Casl	h					L	51 a (i)		X
(ii)Othe	er assets					L	a (ii)		<u>X</u>
b Other tra	ansactions.								
(i)Sale	s or exchanges of asse	ets with a n	oncharitable exei	mpt organization		L	b (i)		<u>X</u>
(ii)Purd	chases of assets from a	a noncharita	ble exempt orga	nızatıon.		. <u>L</u>	b (ii)		_X
(iii)Rent	tal of facilities, equipme	ent, or othe	r assets			L	b (iii)		X
(iv)Rem	nbursement arrangeme	ents				L	b (iv)		X
(v)Loar	ns or loan guarantees						b (v)		X
(vi)Perf	ormance of services or	membersh	ip or fundraising	solicitations		_	b (vi)		<u>X</u>
	of facilities, equipment					Ĺ	С		X
d If the an the good any tran	swer to any of the abo is, other assets, or ser saction or sharing arra	ve is 'Yes,' vices given naement, sl	complete the foll by the reporting how in column (d	owing schedule Co organization If the) the value of the q	lumn (b) should always show th organization received less than oods, other assets, or services	ie fair ma fair marl received	arket val ket value	ue of	
(a)	(b)				(d))			
Line no	Amount involved	Name of	noncharitable exi	empt organization	Description of transfers, transacti	ons, and sh	naring arra	ngemen	ts
N/A									
								-	
						•			
						_			
				,					
	ganization directly or in d in section 501(c) of t complete the following		lliated with, or re ther than section	lated to, one or moi 501(c)(3)) or in sec	re tax-exempt organizations otion 527?	•	Ye	s X	No
١	(a) Name of organization		Type of o	(b) organization	(c) Description of	relations	ship		
N/A									
							·		
					_				
			•						
		_							

2003	FE	DERAI	LSTATEM	ENTS		PAGE 1
		WORLD	PARROT TRU	ST		62-1561595
STATEMENT 1 FORM 990, PART I, LII GROSS PROFIT (LOS	NE 10 S) FROM SALES C	F INVEN	TORY			
MERCHANDISE SALES					\$	2,302.
GROSS SALES LESS RETURNS & ALI NET SALES LESS COST OF GOODS GROSS PROFIT FROM	S SOLD	NTORY			\$ \$	2,302. 0. 2,302. 3,565. -1,263.
STATEMENT 2 FORM 990, PART II, LI OTHER EXPENSES	NE 43					
			(A) <u>TOTAL</u>	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) <u>FUNDRAISING</u>
ADMINISTRATIVE EXT BANK CHARGES DUES, SUBSCRIPTION FUNDRAISING EXPENSINTERNET AND WEB S MISCELLANEOUS EXPONENT PROJECT AND MERCHAR	NS & REFERENM SES SERVICE ENSES	TOTAL	1,284. 217. 25. 388. 230. 2,023. 18,505. 6,195. \$ 28,867.	161. 1,416. 18,505. 6,195. \$ 26,277.	405.	388. 23. 202.
STATEMENT 3					. 	
FORM 990, PART III ORGANIZATION'S PROTECTION OF PARTY EVERYWHERE.				WELFARE OF	CAPTIVE BIF	RDS
STATEMENT 4 FORM 990, PART III, L STATEMENT OF PRO		CCOMPL	ISHMENTS			
	DESCRIP	TTON			GRANTS AND ALLOCATIONS	
PROGRAM PROJECTS TO WILD AND CAPTIVE WILD-CAUGHT BIRDS AND BREEDING OF PACONSERVATION AND AND AND AND AND AND AND AND AND AN	INCLUDE RESTORA NATIVE HABITAT JE PARROTS, OPE EDUCATION ON	ATION AN S, AWAF POSITION HIGH ST	RENESS OF TH N TO THE TRA CANDARDS FOR	E THREATS DE IN THE CARE		are a no. cere hi had had had

86,893.

0. \$

2003

FEDERAL STATEMENTS

PAGE 2

WORLD PARROT TRUST

62-1561595

STATEMENT 5 FORM 990, PART IV, LINE 57 LAND, BUILDINGS, AND EQUIPMENT

CATEGORY			BASIS		ACCUM. DEPREC.		BOOK VALUE
MACHINERY AND EQUIPMENT	TOTAL	\$ \$	2,060. 2,060.	\$ \$	1,030. 1,030.	\$ \$	1,030. 1,030.

STATEMENT 6 SCHEDULE A, PART IV-A, LINE 22 OTHER INCOME

DESCRIPTION		_(A)	2002	(E	3) 2001	_(C)	2000	(D)	1999	_(E)	TOTAL
MISCELLANEOUS		\$	0.	\$	0.	\$	142.	\$	528.	\$	670.
	TOTAL	\$	0.	\$	0.	\$	142.	\$	528.	\$	670.

WORLD PARROT TRUST USA, Inc.

PO Box 353 · Stillwater, MN 55082



World Parrot Trust Trustees

Mike, Audrey & Nick Reynolds, David Woolcock, Alison Hales World Parrot Trust Glanmor House Hayle, Cornwall TR27 4HB United Kingdom

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Steve Martin & Glenn Reynolds
Natural Encounters Inc.
9014 Thompson Nursery Road
Lake Wales, FL 33859
USA

Charles Munn Tropical Nature Inc. Suite 300 1250 24th Street NW Washington, DC 20037 USA

Form **8868** (December 2000)

Application for Extension of Time to File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

► File a separate application for each return.

OMB No. 1545-1709

If you are	filing for an Automatic 3-Month Extension, complete only Part I and check this box	► X					
If you are	filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this	form).					
Note: <i>Do not</i> Form 8868.	complete Part II unless you have already been granted an automatic 3-month extension on a previ	ously filed					
Famil /	Automatic 3-Month Extension of Time - Only submit original (no copies needed)						
	90-T corporations requesting an automatic 6-month extension — check this box and complete Part I	only ►					
All other corpo	rations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.	returns. Partnerships,					
	Name of Exempt Organization	Employer identification number					
Type or							
print File by the	WORLD PARROT TRUST	62-1561595					
due date for	ate for Number, street, and room or suite number If a P O.box, see instructions						
filing your return. See	P.O. BOX 353						
instructions.	City, town or post office. For a foreign address, see instructions.	state ZIP code					
	STILLWATER, MN 55082						
Check type o	f return to be filed (file a separate application for each return):						
X Form 990	Form 990-T (corporation)	0					
Form 990	-BL Form 990-T (Section 401(a) or 408(a) trust) Form 522	7					
Form 990	-EZ Form 990-T (trust other than above) Form 6069	9					
Form 990	-PF Form 1041-A Form 8870	0					
If the orga	anization does not have an office or place of business in the United States, check this box						
	or a Group Return, enter the organization's four digit Group Exemption Number (GEN)						
check this	lacksquare box. $lacksquare$ $lacksquare$. If it is for part of the group, check this box $lacksquare$ and attach a list with the names ar	nd EINs of all members					
	sion will cover.	· · · · · · · · · · · · · · · · · · ·					
=		20 <u>04</u> ,					
to file the	ne exempt organization return for the organization named above. The extension is for the organization	on's return for:					
	calendar year 20 or						
	tax year beginning $4/01$, 20 03 , and ending $3/31$, 20 04 .						
2 If this to	ax year is for less than 12 months, check reason: Initial return Final return Cl	nange in accounting period					
3a If this a nonrefu	pplication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any indable credits. See instructions	\$0.					
	pplication is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments ma any prior year overpayment allowed as a credit						
c Balance coupon	Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	FTD \$ 0.					
	Signature and Verification						
Under penalties of	f perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowled it I am <u>authorized</u> to prepare this form.	ge and belief, it is true, correct, and					
compiete, and the	it i am aumonoeu ur prepareriyiis (0911)	•					
. (W/K to to	. 0///					
Signature	Millipunco Title COH	Date 8//3/84					
BAA For Pa	perwork Reduction Act Notice, see Instructions.	Form 8868 (12-2000)					