See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490
Short Form
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)

For organizations with gross receipts less than $100,000 and total assets less than $250,000 at the end of the year.

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

A For the 2003 calendar year, or tax year beginning . , 20 .

B Check if applicable

Address change
Name change
Intra return
Final return
Amended return
Application pending

Please use IRS label or print or type.

Name of organization
GAYA: GLOBAL ALLIANCE OF YOUTH & ADULTS IN ACTION

Number and street (or P.O. box, if mail is not delivered to street address)
1853 26TH STREET

Room/suite
211

City or town, state or country, and zip + 4
BOULDER, CO 80302-5742

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V

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X

Y

Z

Employer identification number
84: 1397083

Telephone number
(303) 442-8830

Group Exemption Number . ➤ 501354095

Accounting method Cash Accrual

Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

Website: ➤

Organization type (check only one)— Check here
501(c) (3) 4947(a)(1) or 527

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.

Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $100,000 or more, file Form 990 instead of Form 990-EZ ➤ $

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 37 of the instructions.)

1 Contributions, gifts, grants, and similar amounts received

2 Program service revenue including government fees and contracts

3 Membership dues and assessments

4 Investment income

5a Gross amount from sale of assets other than inventory

5b Less. cost or other basis and sales expenses

5c Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)

6 Special events and activities (attach schedule)

a Gross revenue (not including $ of contributions reported on line 1)

b Less direct expenses other than fundraising expenses

c Net income or (loss) from special events and activities (line 6a less line 6b)

7a Gross sales of inventory, less returns and allowances

7b Less cost of goods sold

7c Gross profit or (loss) from sales of inventory (line 7a less line 7b)

8 Other revenue (describe ▶)

9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ➤ 9

10 Grants and similar amounts paid (attach schedule)

11 Benefits paid to or for members

12 Salaries, other compensation, and employee benefits

13 Professional fees and other payments to independent contractors

14 Occupancy, rent, utilities, and maintenance

15 Printing, publications, postage, and shipping

16 Other expenses (describe ▶)

17 Total expenses (add lines 10 through 16) ➤ 17

18 Excess (or deficit) for the year (line 9 less line 17)

19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year’s return)

20 Other changes in net assets or fund balances (attach explanation)

21 Net assets or fund balances at end of year (combine lines 18 through 20) ➤ 21

Part II Balance Sheets—If total assets on line 25, column (B) are $250,000 or more, file Form 990 instead of Form 990-EZ

(A) Beginning of year

(B) End of year

22 Cash, savings, and investments

23 Land and buildings

24 Other assets (describe ▶)

25 Total assets

26 Total liabilities (describe ▶)

27 Net assets or fund balances (line 27 of column (B) must agree with line 21) ➤ 27

For Paperwork Reduction Act Notice, see the separate instructions.
Part III  Statement of Program Service Accomplishments  (See page 41 of the instructions.)

<table>
<thead>
<tr>
<th>Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Required for 501(c)(3) and 497(c)(1) trusts, optional for others)</td>
</tr>
</tbody>
</table>

| 28 | (Grants $) | 28a |
| 29 | (Grants $) | 29a |
| 30 | (Grants $) | 30a |

| 31 | Other program services (attach schedule) | (Grants $) | 31a |

| 32 | Total program service expenses (add lines 28a through 31a) | 32 |

Part IV  List of Officers, Directors, Trustees, and Key Employees  (List each one even if not compensated. See page 41 of the instructions.)

<table>
<thead>
<tr>
<th>(Name) Name and address</th>
<th>(B) Title and average hours per week devoted to position</th>
<th>(C) Compensation (If not paid, enter -0-)</th>
<th>(D) Contributions to employee benefit plans &amp; deferred compensation</th>
<th>(E) Expense account and other allowances</th>
</tr>
</thead>
<tbody>
<tr>
<td>TAMARA ROSKE</td>
<td>1185 OAKDALE PL, BOULDER, CO 80304</td>
<td>PRESIDENT 20-40 HRS</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>SIRI MARTINEZ</td>
<td>1185 OAKDALE PL, BOULDER, CO 80304</td>
<td>VICE PRES. 20-40 HRS</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>LEXINE A PHILLIPS, MBA</td>
<td>1853 26TH ST, BOULDER, CO 80302-5742</td>
<td>SEC/TREAS 1-2 HRS</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Part V  Other Information  (Note the attachment requirement in General Instruction V, page 14.)

<table>
<thead>
<tr>
<th>Yes No</th>
<th>33</th>
<th>Did the organization engage in any activity not previously reported to the IRS? If &quot;Yes,&quot; attach a detailed description of each activity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>34</td>
</tr>
<tr>
<td></td>
<td></td>
<td>35</td>
</tr>
<tr>
<td></td>
<td></td>
<td>a</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b</td>
</tr>
<tr>
<td></td>
<td></td>
<td>36</td>
</tr>
</tbody>
</table>

37a Enter amount of political expenditures, direct or indirect, as described in the instructions.  ▶ | 37a |

| b | Did the organization file Form 1120-POL for this year? |

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? |

| b | If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved |

39 501(c)(7) organizations Enter a description of the organization and any other information not reported on line 9 |

40 501(c)(3) organizations Enter amount of tax imposed on the organization during the year. |

40a 501(c)(3) and 497(c)(1) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation |

| b | Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 |

41 Enter amount of tax on line 40c, above, reimbursed by the organization |

| 41 | List the states with which a copy of this return is filed |

42 The books are in care of  ▶ | LEXINE A PHILLIPS, MBA |

| Telephone no | 303-442-8830 |
| Located at | 1853 26TH ST, STE211, BOULDER, CO 80302-5742 |

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here |

Please Sign Here

| Signature of officer |

| Type or print name and title |

| Preparer's signature |

| Preparer's signature |

| Date |

| Paid Preparer's Use Only |

| Firm's name or years if self-employed, address, and ZIP + 4 |

| SSN or P1N (See Gen Inst W) |

| 207-42-8356 |

| Date |

| Check if self-employed | Yes |

| EIN | 84-1461194 |

| Phone no | 303-442-8830 |

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.

Preparer's Signature

[Signature]

Date 3/15/04

LEXINE A PHILLIPS, SECRETARY/TREASURER

[Type or print name and title]