

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)

Department of the Treasury
Internal Revenue Service

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

A For the 2003 calendar year, or tax year beginning 2003, and ending

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: GOLDWATER INSTITUTE FOR PUBLIC POLICY RESEARCH. D Employer identification number: 86-0597661. E Telephone number: (602) 462-5000. F Accounting method: Accrual.

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Website: N/A

J Organization type (check only one): 501(c) (3)

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: 1,162,563.

H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? H(b) If "Yes," enter number of affiliates. H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling? I Group Exemption Number. M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF).

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

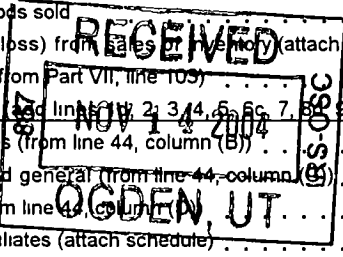
Table with 21 rows and 4 columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less rental expenses; 6c Net rental income or (loss); 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less direct expenses other than fundraising expenses; 9c Net income or (loss) from special events; 10a Gross sales of inventory, less returns and allowances; 10b Less cost of goods sold; 10c Gross profit or (loss) from sales of inventory; 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.

NOV 22 2004

Revenue

Expenses

Net Assets



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: (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include 22 Grants and allocations, 23 Specific assistance to individuals, 24 Benefits paid to or for members, 25 Compensation of officers, directors, etc, 26 Other salaries and wages, 27 Pension plan contributions, 28 Other employee benefits, 29 Payroll taxes, 30 Professional fundraising fees, 31 Accounting fees, 32 Legal fees, 33 Supplies, 34 Telephone, 35 Postage and shipping, 36 Occupancy, 37 Equipment rental and maintenance, 38 Printing and publications, 39 Travel, 40 Conferences, conventions, and meetings, 41 Interest, 42 Depreciation, depletion, etc, 43 Other expenses not covered above (itemize), 44 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: SEE ATTACHED SCHEDULE OF PROGRAM ACCOMPLISHMENTS (Grants and allocations \$ 780,260). Row b: (Grants and allocations \$). Row c: (Grants and allocations \$). Row d: (Grants and allocations \$). Row e: Other program services (attach schedule) (Grants and allocations \$). Row f: Total of Program Service Expenses (should equal line 44, column (B), Program services) 780,260.

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
Assets	45 Cash - non-interest-bearing	3	45	3
	46 Savings and temporary cash investments	178,410	46	166,946
	47a Accounts receivable	47a		
	b Less allowance for doubtful accounts	47b	47c	
	48a Pledges receivable	48a	187,827	
	b Less allowance for doubtful accounts	48b	5,000	48c
	49 Grants receivable		247,088	49
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)			50
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use			52
	53 Prepaid expenses and deferred charges	STMT. 6	16,843	53
	54 Investments - securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54
	55a Investments - land, buildings, and equipment: basis	55a		
	b Less accumulated depreciation (attach schedule)	55b		55c
56 Investments - other (attach schedule)	STMT. 7	143,762	56	
57a Land, buildings, and equipment: basis	57a	2,554,288		
b Less accumulated depreciation (attach schedule)	57b	504,719	57c	
58 Other assets (describe ► _____)		2,162,316	58	
59 Total assets (add lines 45 through 58) (must equal line 74)		2,748,422	59	
60 Accounts payable and accrued expenses		75,706	60	
61 Grants payable			61	
62 Deferred revenue		10,000	62	
63 Loans from officers, directors, trustees, and key employees (attach schedule)			63	
64a Tax-exempt bond liabilities (attach schedule)			64a	
b Mortgages and other notes payable (attach schedule)	STMT. 8	122,872	64b	
65 Other liabilities (describe ► _____)			65	
66 Total liabilities (add lines 60 through 65)		208,578	66	
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
67 Unrestricted		1,775,452	67	
68 Temporarily restricted		764,392	68	
69 Permanently restricted			69	
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
70 Capital stock, trust principal, or current funds			70	
71 Paid-in or capital surplus, or land, building, and equipment fund			71	
72 Retained earnings, endowment, accumulated income, or other funds			72	
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19, column (B) must equal line 21)		2,539,844	73	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)		2,748,422	74	

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 IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 27 of the instructions.)		Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return					
a	Total revenue, gains, and other support per audited financial statements . . . ▶	a	1,079,532.	a	Total expenses and losses per audited financial statements ▶	a	1,210,702.
b	Amounts included on line a but not on line 12, Form 990			b	Amounts included on line a but not on line 17, Form 990		
(1)	Net unrealized gains on investments . . . \$			(1)	Donated services and use of facilities \$		
(2)	Donated services and use of facilities \$			(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Recoveries of prior year grants \$			(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify)			(4)	Other (specify)		
	<u>STMT 9</u> \$ 145,700.				<u>STMT 11</u> \$ 200,587.		
	Add amounts on lines (1) through (4) ▶	b	145,700.		Add amounts on lines (1) through (4) . . ▶	b	200,587.
c	Line a minus line b ▶	c	933,832.	c	Line a minus line b ▶	c	1,010,115.
d	Amounts included on line 12, Form 990 but not on line a:			d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 . . . \$			(1)	Investment expenses not included on line 6b, Form 990 . . . \$		
(2)	Other (specify)			(2)	Other (specify)		
	<u>STMT 10</u> \$ -54,888.						
	Add amounts on lines (1) and (2) . . ▶	d	-54,888.		Add amounts on lines (1) and (2) . . ▶	d	
e	Total revenue per line 12, Form 990 (line c plus line d) ▶	e	878,944.	e	Total expenses per line 17, Form 990 (line c plus line d) ▶	e	1,010,115.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see page 27 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 12		109,615.	4,385.	NONE

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? Yes No
 If "Yes," attach schedule - see page 28 of the instructions

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		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		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
78b	b If "Yes," has it filed a tax return on Form 990-T for this year?		X
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		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? b If "Yes," enter the name of the organization: _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		X
81a	Enter direct and indirect political expenditures See line 81 instructions.	81a	
81b	b Did the organization file Form 1120-POL for this year?		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?	X	
82b	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)	82b	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
85a	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?		N/A
85b	b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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		N/A
85c	c Dues, assessments, and similar amounts from members	85c	N/A
85d	d Section 162(e) lobbying and political expenditures	85d	N/A
85e	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
85f	f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
85g	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
85h	h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86a	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12	86a	N/A
86b	b Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87a	501(c)(12) orgs. Enter a Gross income from members or shareholders	87a	N/A
87b	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89a	501(c)(3) organizations Enter. Amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> N/A, section 4912 <input type="checkbox"/> N/A; section 4955 <input type="checkbox"/> N/A		
89b	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		N/A
	d Enter Amount of tax on line 89c, above, reimbursed by the organization		N/A
90a	List the states with which a copy of this return is filed		
90b	b Number of employees employed in the pay period that includes March 12, 2003 (See instructions)	90b	11
91	The books are in care of <input type="checkbox"/> ORGANIZATION Telephone no <input type="checkbox"/> 602-462-5000 Located at <input type="checkbox"/> ORGANIZATION'S ADDRESS ZIP + 4 <input type="checkbox"/> 85004		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	92	N/A

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			14	19,568.	
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			14	924.	
100 Gain or (loss) from sales of assets other than inventory			18	-2,492.	
101 Net income or (loss) from special events			01	-52,396.	
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))				-34,396.	
105 Total (add line 104, columns (B), (D), and (E))					-34,396.

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)
▼	

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
STMT 13	%		943.	101,201.
	%			
	%			
	%			

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)

Under penalties of perjury, I declare that I have examined this return and belief, it is true, correct, and complete Declaration of preparer (other than the taxpayer) is based on all the information provided to the preparer with respect to this return.

Please Sign Here

Signature of officer: Darcey A. Olsen

Type or print name and title: Darcey A. Olsen, Pres

Paid Preparer's Use Only

Preparer's signature: John A. Tolson

Firm's name (or yours if self-employed), address, and ZIP + 4: SARVAS, KING & COLEM
3101 N. CENTRAL AVE.
PHOENIX, AZ

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.)

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

OMB No 1545-0047

2003

Name of the organization **GOLDWATER INSTITUTE** Employer identification number
FOR PUBLIC POLICY RESEARCH **86-0597661**

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.")

(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
THOMAS P. JENNEY 500 EAST CORONADO RD PHOENIX, AZ 85004	COMMUNICATIONS DIR 50	60,000.	2,400.	
Total number of other employees paid over \$50,000 ▶	NONE			

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.")

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

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

Table with 3 columns: Question, Yes, No. Contains questions 1 through 4 regarding lobbying activities, compensation, and grants.

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.)
11a [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)
11b [] A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)
12 [] An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)
13 [] An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

Table with 2 columns: (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

Table with columns for years (2002, 2001, 2000, 1999) and Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions; 18 Gross income from interest, dividends; 19 Net income from unrelated business activities; 20 Tax revenues levied; 21 Value of services or facilities furnished; 22 Other income; 23-25 Summary of lines 15-22; 26 Organizations described on lines 10 or 11; 27 Organizations described on line 12; 28 Unusual Grants.

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) **NOT APPLICABLE**

		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?		
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?		
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? 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?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions?		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?		
	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	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		
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		

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) **NOT APPLICABLE**

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

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying) . . .	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying) . . .	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount Enter the amount from the following table - 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 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	41	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	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 on page 11 of the instructions)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in) ▶	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots nontaxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	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
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
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

FORM 990, PART I - LIST OF CONTRIBUTORS

DIRECT
PUBLIC
SUPPORT

NAME AND ADDRESS

DATE

SEE SCHEDULE ATTACHED

913,340.

913,340.
=====

TOTAL CONTRIBUTION AMOUNTS

FORM 990, PART I - OTHER INVESTMENT INCOME
=====

DESCRIPTION

AMOUNT

PORTFOLIO INCOME FROM INVESTMENT IN PART

924 .

TOTAL

924 .
=====

FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES

DESCRIPTION	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
LECTURE SERIES	23,475.	70,883.	-47,408.
ANNUAL DINNER	122,225.	127,213.	-4,988.
TOTALS	145,700.	198,096.	-52,396.

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
PROPERTY TAXES	26,577.	23,920.	1,860.	797.
UTILITIES	17,047.	15,342.	1,194.	511.
JANITORIAL	2,620.	2,358.	183.	79.
SECURITY	1,660.	1,494.	116.	50.
LANDSCAPING	9,055.	8,150.	633.	272.
BUILDING MAINTENANCE & REPAIRS	10,362.	9,326.	725.	311.
CONTRACT LABOR	30,203.	24,132.	5,165.	906.
OFFICE EXPENSE	16,409.	12,044.	2,156.	2,209.
RESEARCH MATERIALS	5,830.	5,543.	287.	NONE
INSURANCE	4,428.	NONE	4,428.	NONE
EVENT EXPENSE	24,871.	24,871.	NONE	NONE
WEB SITE EXPENSE	772.	429.	343.	NONE
BUSINESS MEALS	2,606.	1,926.	680.	NONE
DUES & SUBSCRIPTIONS	3,188.	1,433.	1,755.	NONE
BANK & CREDIT CARD FEES	2,978.	NONE	2,978.	NONE
GIFTS	29,400.	29,400.	NONE	NONE
LICENSES AND FEES	1.	NONE	1.	NONE
UNCOLLECTABLE PLEDGES	5,000.	NONE	5,000.	NONE
TOTALS	193,007.	160,368.	27,504.	5,135.

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE
=====

THE GOLDWATER INSTITUTE WAS ESTABLISHED IN 1988 AS AN INDEPENDENT, NON-PARTISAN RESEARCH AND EDUCATIONAL ORGANIZATION DEDICATED TO THE STUDY OF PUBLIC POLICY. THROUGH ITS RESEARCH PAPERS, EDITORIALS, AND POLICY BRIEFINGS, THE INSTITUTE PROMOTES PUBLIC POLICY FOUNDED UPON THE PRINCIPLES OF LIMITED GOVERNMENT, ECONOMIC FREEDOM, AND INDIVIDUAL RESPONSIBILITY.

FORM 990, PART IV - PREPAID EXPENSES AND DEFERRED CHARGES

DESCRIPTION -----	ENDING BOOK VALUE -----
PREPAID INSURANCE	1,712.
MISCELLANEOUS PREPAID EXPENSES	3,158.

TOTALS	4,870.
	=====

FORM 990, PART IV - INVESTMENTS - OTHER

=====

DESCRIPTION -----	ENDING BOOK VALUE -----
MARKETABLE SECURITIES	NONE
INTEREST IN PARTNERSHIP	97,786.

TOTALS	97,786.
	=====

FORM 990, PART IV - MORTGAGES AND OTHER NOTES PAYABLE

LENDER: NORTHERN TRUST - LOC
PURPOSE OF LOAN: LINE OF CREDIT

BEGINNING BALANCE DUE 122,872.
ENDING BALANCE DUE NONE

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE 122,872.

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE NONE

FORM 990, PART IV-A - OTHER REVENUE ON BOOKS BUT NOT ON RETURN

DESCRIPTION -----	AMOUNT -----
SPECIAL EVENTS	145,700.
TOTAL	----- 145,700. =====

FORM 990, PART IV-A - OTHER REVENUE ON RETURN BUT NOT ON BOOKS

DESCRIPTION

AMOUNT

LOSS ON SALE OF ASSETS

-2,492.

LOSS ON SPECIAL EVENT

-52,396.

TOTAL

-54,888.

FORM 990, PART IV-B - OTHER EXPENSES ON BOOKS BUT NOT ON RETURN

DESCRIPTION -----	AMOUNT -----
SPECIAL EVENT DIRECT EXPENSES	198,096.
LOSS ON SALE OF ASSETS	2,491.

TOTAL	200,587.
	=====

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACGT AND OTHER ALLOWANCES
------------------	------------------------------------	--------------	---	-----------------------------------

DARCY OLSEN 4644 N 22ND STREET # 2059 PHOENIX, AZ 85016	PRESIDENT 60	109,615.	4,385.	NONE
---	-----------------	----------	--------	------

CONTINUED ON ATTACHED SCHEDULE

GRAND TOTALS	109,615.	4,385.	NONE
--------------	----------	--------	------

FORM 990, PART IX - INFORMATION REGARDING TAXABLE SUBSIDIARIES

NAME AND ADDRESS EMPLOYER IDENTIFICATION NUMBER	PERCENTAGE OWNERSHIP INTEREST	NATURE OF BUSINESS ACTIVITIES	TOTAL INCOME	ENDING ASSETS
WARNE FAM CHAR LTD PARTNERSHIP 3737 E. BROADWAY ROAD, SUITE B PHOENIX, AZ, 85040 86-0938801		INVESTING	943.	101,201.
TOTAL INCOME			943.	101,201.

**SCHEDULE D
(Form 1041)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

OMB No. 1545-0092

▶ Attach to Form 1041, Form 5227, or Form 990-T. See the separate instructions for Form 1041 (also for Form 5227 or Form 990-T, if applicable).

2003

Name of estate or trust

Employer identification number

**GOLDWATER INSTITUTE
FOR PUBLIC POLICY RESEARCH**

86-0597661

Note: Form 5227 filers need to complete only Parts I and II.

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

(a) Description of property (Example, 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see page 32)	(f) Gain or (Loss) for the entire year (col (d) less col (e))	(g) Post-May 5 gain or (loss)* (see below)
1 SEE STATEMENT 1			83,031.	85,523.	-2,492.	-2,492.
2 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824					2	
3 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts					3	
4 Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2002 Capital Loss Carryover Worksheet					4 ()	
5a Combine lines 1 through 3 in column (g)					5a	-2,492.
b Net short-term gain or (loss). Combine lines 1 through 4 in column (f) Enter here and on line 14a below					5b	-2,492.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

(a) Description of property (Example, 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see page 32)	(f) Gain or (Loss) for the entire year (col (d) less col (e))	(g) Post-May 5 gain or (loss)* (see below)
6						
7 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824					7	
8 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts					8	
9 Capital gain distributions					9	
10 Gain from Form 4797, Part I					10	
11 Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2002 Capital Loss Carryover Worksheet					11 ()	
12 Combine lines 6 through 10 in column (g).					12	
13 Net long-term gain or (loss). Combine lines 6 through 11 in column (f) Enter here and on line 15a below					13	

*Include in col. (g) all gains and losses from col. (f) from sales, exchanges, or conversions (including installment payments received) after May 5, 2003. However, do not include gain attributable to unrecaptured section 1250 gain or 28% rate gain or loss (see instr.).

Part III Summary of Parts I and II

Caution: Read the instructions before completing this part.

	(1) Beneficiaries' (see page 33)	(2) Estate's or trust's	(3) Total
14a Net short-term gain or (loss) (for the entire year)			-2,492.
b(1) Net short-term gain (post-May 5, 2003)			
b(2) Net short-term loss (post-May 5, 2003)		()	
15a Net long-term gain or (loss) (for the entire year)			
b Net long-term gain (post-May 5, 2003)			
c Qualified 5-year gain			
d Unrecaptured section 1250 gain (see line 18 of the worksheet on page 34)			
e 28% rate gain or (loss)			
16a Total net gain or (loss). Combine lines 14a and 15a			-2,492.
b Combine lines 14b(2) and 15b If zero or less, enter -0-			

Note: If line 16a, column (3), is a net gain, enter the gain on Form 1041, line 4. If lines 15a and 16a, column (2), are net gains, go to Part V, and do not complete Part IV. If line 16a, column (3), is a net loss, complete Part IV and the Capital Loss Carryover Worksheet, as necessary.

For Paperwork Reduction Act Notice, see the instructions for Form 1041.

Schedule D (Form 1041) 2003

Part IV Capital Loss Limitation

17 Enter here and enter as a (loss) on Form 1041, line 4, the smaller of a The loss on line 16a, column (3) or b \$3,000	17 (2,492)
--	--------------

If the loss on line 16a, column (3), is more than \$3,000, or if Form 1041, page 1, line 22, is a loss, complete the Capital Loss Carryover Worksheet on page 36 of the instructions to determine your capital loss carryover

Part V Tax Computation Using Maximum Capital Gains Rates (Complete this part only if both lines 15a and 16a in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 22 is more than zero.)

Note: If line 15d, column (2) or line 15e, column (2) is more than zero, complete the worksheet on page 37 of the instructions and skip Part V Otherwise, go to line 18

18 Enter taxable income from Form 1041, line 22	18				
19 Enter the smaller of line 15a or 16a in column (2) but not less than zero	19				
20 Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2)	20				
21 Add lines 19 and 20	21				
22 If the estate or trust is filing Form 4952, enter the amount from line 4g, otherwise, enter -0-	22				
23 Subtract line 22 from line 21. If zero or less, enter -0-	23				
24 Subtract line 23 from line 18. If zero or less, enter -0-	24				
25 Enter the smaller of the amount on line 18 or \$1,900 If line 24 is more than line 25, skip lines 26-36 and go to line 37.	25				
26 Enter the amount from line 24	26				
27 Subtract line 26 from line 25. If zero or less, enter -0- and go to line 37	27				
28 Add lines 16b, col (2) and 20*	28				
29 Enter the smaller of line 27 or line 28	29				
30 Multiply line 29 by 5% (.05) If lines 27 and 29 are the same, skip lines 31-36 and go to line 37.				30	
31 Subtract line 29 from line 27	31				
32 Enter the amount, if any, from line 15c, column (2)	32				
33 Enter the smaller of line 31 or line 32	33				
34 Multiply line 33 by 8% (.08)				34	
35 Subtract line 33 from line 31	35				
36 Multiply line 35 by 10% (.10) If the amounts on lines 23 and 27 are the same, skip lines 37 through 46 and go to line 47.				36	
37 Enter the smaller of line 18 or line 23	37				
38 Enter the amount, if any, from line 27	38				
39 Subtract line 38 from line 37	39				
40 Add lines 16b, col (2) and 20*	40				
41 Enter the amount from line 29 (if line 29 is blank, enter -0-)	41				
42 Subtract line 41 from line 40	42				
43 Enter the smaller of line 39 or line 42	43				
44 Multiply line 43 by 15% (.15)				44	
45 Subtract line 43 from line 39	45				
46 Multiply line 45 by 20% (.20)				46	
47 Figure the tax on the amount on line 24. Use the 2003 Tax Rate Schedule on page 21 of the instructions	47				NONE
48 Add lines 30, 34, 36, 44, 46, and 47	48				NONE
49 Figure the tax on the amount on line 18. Use the 2003 Tax Rate Schedule on page 21 of the instructions	49				
50 Tax on all taxable income. Enter the smaller of line 48 or line 49 here and on line 1a of Schedule G, Form 1041	50				

* If lines 20 and 22 are more than zero, see Lines 28 and 40 on page 36 for the amount to enter.

GOLDWATER INSTITUTE
 Schedule D Detail of Short-term Capital Gains and Losses

Description	Date Acquired	Date Sold	Gross Sales Price	Cost or Other Basis	Short-term Gain/Loss
POST-MAY 5TH CAPITAL GAINS (LOSSES)					
WELLS FARGO - 940 SHS	VAR	08/29/2003	46,288.	48,780.	-2,492.
APOLLO GROUP - 50 SHS	09/08/2003	09/08/2003	3,138.	3,138.	
REPUBLIC SVCS INC - 1050 SHS	09/24/2003	09/24/2003	24,098.	24,098.	
CITIGROUP INC COM - 100 SHS	09/24/2003	09/24/2003	4,667.	4,667.	
PULTE HOMES INC - 56 SHS	10/31/2003	10/31/2003	4,840.	4,840.	
TOTAL POST-MAY 5TH CAPITAL GAINS (LOSSES)			83,031.	85,523.	-2,492.
CAPITAL GAINS (LOSSES) FROM SECURITIES					
WELLS FARGO - 940 SHS	VAR	08/29/2003	46,288.	48,780.	-2,492.
APOLLO GROUP - 50 SHS	09/08/2003	09/08/2003	3,138.	3,138.	
REPUBLIC SVCS INC - 1050 SHS	09/24/2003	09/24/2003	24,098.	24,098.	
CITIGROUP INC COM - 100 SHS	09/24/2003	09/24/2003	4,667.	4,667.	
PULTE HOMES INC - 56 SHS	10/31/2003	10/31/2003	4,840.	4,840.	
TOTAL CAPITAL GAINS (LOSSES) FROM SECURITIES			83,031.	85,523.	-2,492.
Totals					
			83,031.	85,523.	-2,492.

GOLDWATER INSTITUTE ACCOMPLISHMENT REPORT

JANUARY 1, 2003 – DECEMBER 31, 2003

STUDIES

- "The Arizona Scholarship Tax Credit: Providing Choice for Arizona Taxpayers and Students," Carrie Lukas, *Goldwater Institute Policy Report #186*, December 11, 2003
- "The Impact of Tuition Scholarships on Low-Income Families: A Survey of Arizona School Choice Trust Parents," Dan Lips, *Goldwater Institute Policy Report #187*, December 11, 2003
- "Light Rail. Inefficient, Ineffective and Unfair," John Semmens, *Goldwater Institute Policy Brief*, December 10, 2003
- "Burdensome Barriers: How Excessive Regulations Impede Entrepreneurship in Arizona," Timothy Keller, *Goldwater Institute Policy Report #185*, December 8, 2003
- "Trading Grapes: The Case for Direct Wine Shipments in Arizona," Mark Brnovich, *Goldwater Institute Policy Report #184*, November 18, 2003
- "No Exit, No Voice: Hispanic Disability Rates in Arizona's Schools," Matthew Ladner, *Goldwater Institute Policy Brief*, October 23, 2003
- "2003 Legislative Report Card," Satya Thallam, *Goldwater Institute Policy Report #183*, September 29, 2003
- "The Right Cure for What Ails Us: A Prescription for Comprehensive Tax Reform," Stephen Shivinski, *Goldwater Institute Policy Report #182*, June 9, 2003
- "Does Spending on Higher Education Drive Economic Growth? 20 Years of Evidence Reviewed," Jon Sanders, *Goldwater Institute Policy Report #181*, May 12, 2003
- "Tax and Expenditure Limitations: What Arizona Can Learn from Other States," Michael New, *Goldwater Institute Policy Report #180*, April 21, 2003
- "A Test of Fire: Rural/Metro and the Future of Fire Services in Scottsdale," David Dodenhoff, *Goldwater Institute Policy Report #179*, April 7, 2003
- "Race and Disability: Racial Bias in Arizona Special Education," Matthew Ladner, *Goldwater Institute Policy Report #178*, March 31, 2003
- "42 Ideas for a Free and Prosperous Arizona," *Goldwater Institute Policy Report #177*, January 24, 2003

EVENTS

- "Arizona's Unemployment Insurance System," *Goldwater Institute Roundtable Event*, December 16, 2003
- "The Impact of Arizona's Scholarship Tax Credit: Assessment and Recommendations for Future Reforms," *Goldwater Institute Policy Forum*, December 11, 2003
- "Burdensome Barriers: How Excessive Regulations Impede Entrepreneurship," *Goldwater Institute Press Conference*, December 8, 2003
- "Ben Stein," *Goldwater Institute Speaker Series*, December 2, 2003
- "Trading Grapes: The Case for Direct Wine Shipments in Arizona," *Goldwater Institute Policy Forum*, November 18, 2003
- "The Betrayal of Liberty at American Colleges and Universities," *Goldwater Institute Exclusive Gathering*, October 3, 2003
- "Supreme Court Gun Cases: Two Centuries of Gun Rights Revealed," *Book Release*, September 18, 2003
- "Robert Novak," *Goldwater Institute Speaker Series*, September 11, 2003

- "Fifteenth Anniversary Gala," April 12, 2003
- "Who Should Pay for Politics?," *Goldwater Speaker Series* featuring Brad Smith, February 28, 2003
- "Barbeque with John Stossel," *Goldwater Institute Exclusive Gathering*, February 23, 2003
- "The Road to Recovery," *Goldwater Institute Fiscal Policy Conference*, February 7, 2003

GOLDWATER INSTITUTE FOR PUBLIC POLICY RESEARCH

EIN 86-0597661

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

(A) Name and Address	(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
Mr. Lyle Campbell 7837 N. 54 th Place Paradise Valley, AZ 85253-3039	Director 0	None	None	None
Mr. Paul Clifton 1115 N. La Canada Road, Suite 295 Oro Valley, AZ 85737-5413	Secretary Director 1	None	None	None
Mrs. Renee Giltner 814 E. Circle Road Phoenix, AZ 85020	Treasurer Director 12	None	None	None
Mr. Barry Goldwater Jr. B2 Solutions, Inc. 3104 E. Camelback Road, Suite 274 Phoenix, AZ 85016	Director 0	None	None	None
Mr. K. Michael Ingram El Dorado Holdings 426 N. 44 th Street, Suite 100 Phoenix, AZ 85008-6595	Director 0	None	None	None

GOLDWATER INSTITUTE FOR PUBLIC POLICY RESEARCH

EIN 86-0597661

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

(A) Name and Address	(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
Mrs. Randy Kendrick 3964 E. Paradise View Drive Paradise Valley, AZ 85253	Director	None	None	None
Mr. John Kirtley 601 N. Ashley Drive, Suite 300 Tampa, FL 33602-4315	Director	None	None	None
Mr. Norman McClelland Shamrock Foods 5080 North 40 th Street Phoenix, AZ 85018	Vice Chairman Director	None	None	None
Mrs. Dorothy Donnelley Moller 5855 E. Mockingbird Lane Paradise Valley, AZ 85253-2296	Director	None	None	None
Mr. Todd Nelson Apollo Group 4615 East Elwood Phoenix, AZ 85040	Director	None	None	None

GOLDWATER INSTITUTE FOR PUBLIC POLICY RESEARCH

EIN 86-0597661

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

(A) Name and Address	(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
Mr. John Norton Norton Foundation PO Box 44015 Phoenix, AZ 85064-4015	Director 1	None	None	None
Mr. Thomas C. Patterson 4811 E. Camelhead Drive Phoenix, AZ 85018-1728	Chairman Director 1	None	None	None
Mr. Jeffrey A. Singer 4442 E. Horseshoe Road Phoenix, AZ 85028-6138	Director 0	None	None	None

GOLDWATER INSTITUTE FOR PUBLIC POLICY RESEARCH
FORM 990, PART IV LINE 57b
Depreciation Schedule

EIN 86-0597661

(Fiscal Year) Date Placed In Service	Cost Basis	Method	N/A	Fiscal Year						Six Months ended	Year Ended	
				6/30/98	6/30/99	6/30/00	6/30/01	6/30/02	12/31/02			12/31/03
Land	358,480	N/A	N/A									
Building:												
Construction Costs	505,086	SL	39		12,951	12,951	12,951	12,951	12,951	6,476	12,951	12,951
Construction Costs	1,104,968	SL	39		28,333	28,333	28,333	28,333	28,333	14,167	28,333	28,333
Architectural Design	92,642	SL	39		2,375	2,375	2,375	2,375	2,375	1,188	2,375	2,375
Architectural Design	26,655	SL	39		683	683	683	683	683	342	683	683
Legal Costs	14,592	SL	39		374	374	374	374	374	187	374	374
Site/Planning	12,101	SL	39		310	310	310	310	310	155	310	310
	<u>1,756,044</u>			0	45,027	45,027	45,027	45,027	45,027	22,513	45,027	45,027
Office Furniture	483	SL	7	69	69	69	69	69	69	35	35	35
Office Furniture	188,954	SL	7		26,993	26,993	26,993	26,993	26,993	13,497	26,993	26,993
Office Furniture	2,028	SL	7		290	290	290	290	290	145	290	290
	<u>191,465</u>			69	27,062	27,352	27,352	27,352	27,352	13,676	27,318	27,318
Equipment:												
Office Equipment	48,274	SL	5		9,655	9,655	9,655	9,655	9,655	4,828	9,655	9,655
Office Equipment	2,059	SL	5		412	412	412	412	412	206	412	412
Office Equipment	563	SL	5									56
Goldwater Room	6,338	SL	5		1,268	1,268	1,268	1,268	1,268	634	1,268	1,268
Computer Equipment	6,915	SL	5		1,383	1,383	1,383	1,383	1,383	692	1,383	1,383
Computer Equipment	52,328	SL	5		10,466	10,466	10,466	10,466	10,466	5,233	10,466	10,466
Computer Equipment	5,037	SL	5		564	564	564	564	564	504	1,007	1,007
Computer Equipment	45,529	SL	5							3,613	17,345	17,345
Computer Equipment	3,410	SL	5								341	341
Computer Equipment	11,805	SL	5								1,181	1,181
Printer	400	SL	5		80	80	80	80	80	40	80	80
Telephone System	1,570	SL	5	314	314	314	314	314	314	0	0	0
Telephone System	739	SL	5	148	148	148	148	148	148	0	0	0
Telephone System	1,243	SL	5	249	249	249	249	249	249	125	0	0
Telephone System	19,141	SL	5		3,828	3,828	3,828	3,828	3,828	1,914	3,828	3,828
Telephone System	1,223	SL	5								245	245
Security System	1,660	SL	5		332	332	332	332	332	166	332	332

GOLDWATER INSTITUTE FOR PUBLIC POLICY RESEARCH
FORM 990, PART IV LINE 57b

EIN 86-0597661

Depreciation Schedule

(Fiscal Year) Date Placed In Service	Cost Basis	Method	N/A	Fiscal Year						Year Ended
				6/30/98	6/30/99	6/30/00	6/30/01	6/30/02	6/30/02	
Security System	75	SL	5				15	15	8	15
Kitchen Equipment	18,679	SL	5		3,736	3,736	3,736	3,736	1,868	3,736
	226,988			710	31,458	32,448	36,192	36,192	18,022	51,349
Signs	20,848	SL	15		1,390	1,390	1,390	1,390	695	1,390
Signs	462	SL	15			31	31	31	16	31
	21,310			0	1,390	1,421	1,421	1,421	711	1,421
Total Depreciation Expense	2,554,287			2727	779	104,937	106,248	109,992	54,922	125,115

Accumulated Depreciation 504,719

If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part III Additional (not automatic) 3-Month Extension of Time - Must File Original and One Copy.

Type or print	Name of Exempt Organization GOLDWATER INSTITUTE FOR PUBLIC POLICY RESEARCH	Employer identification number 86-0597661
	Number, street, and room or suite no. If a P.O. box, see instructions 500 EAST CORONADO ROAD	For IRS use only
File by the extended due date for filing the return See instructions	City, town or post office, state, and ZIP code For a foreign address, see instructions. PHOENIX, ARIZONA 85004	

Check type of return to be filed (File a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 6069	

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

If the organization does not have an office or place of business in the United States, check this box

If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the **whole group**, check this box . If it is for **part of the group**, check this box and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until NOVEMBER 15, 2004

5 For calendar year 2003 , or other tax year beginning _____ and ending _____

6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

7 State in detail why you need the extension CERTAIN INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN IS NOT AVAILABLE AT THIS TIME. ADDITIONAL TIME IS REQUESTED TO OBTAIN THE INFORMATION AND FILE THE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____

c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ 0

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature Deborah A. Sunde Title C.P.A. Date 8/10/04

Notice to Applicant - To Be Completed by the IRS

We have approved this application. Please attach this form to the organization's return

We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.

We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.

We cannot consider this application because it was filed after the due date of the return for which an extension was requested

Other _____

By _____ Director Date _____

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name GOLDWATER INSTITUTE C/O SARVAS, KING & COLEMAN, P.C.
	Number and street (include suite, room, or apt. no.) Or a P.O. box number 3101 NORTH CENTRAL AVENUE, SUITE 1100
	City or town, province or state, and country (including postal or ZIP code) PHOENIX, ARIZONA 85012

EXTENSION APPROVED
SEP 02 2004

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.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Note: Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization GOLDWATER INSTITUTE FOR PUBLIC POLICY RESEARCH	Employer identification number 86-0597661
	Number, street, and room or suite no. If a P.O. box, see instructions 500 EAST CORONADO ROAD	
	City, town or post office, state, and ZIP code For a foreign address, see instructions. PHOENIX, ARIZONA 85004	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T(sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until AUGUST 15, 2004, to file the exempt organization return for the organization named above. The extension is for the organization's return for
 ► calendar year 2007 or
 ► tax year beginning _____, _____, and ending _____, _____.

2 If this tax year is for less than 12 months, check reason. Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ _____

c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ _____

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete, and that I am authorized to prepare this form

Signature ► Debra W. Sunde Title ► C.P.A. Date ► 5/14/04

For Paperwork Reduction Act Notice, see instruction