

Short Form

OMB No 1545-1150

2003

Open to Public Inspection

Form 990-EZ

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

Department of the Treasury Internal Revenue Service

A For the 2003 calendar year, or tax year beginning, 2003, and ending, 20

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: NATI JANE FUND of CENTRAL MA CORP. D Employer identification number: EIN 91-1811542. E Telephone number: (508) 829-7300. F Group Exemption Number: 9255.

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

G Accounting method: [X] Cash [] Accrual Other (specify) _____

I Website: WWW.JANEFUND.ORG

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

J Organization type (check only one) - [X] 501(c)(3) [] 4947(a)(1) or [] 527

K Check [X] 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 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.)

Table with 21 rows for revenue and expenses. Line 1: 12816, Line 4: 137, Line 9: 12953, Line 17: 13048, Line 18: (95), Line 19: 10334, Line 21: 10239.

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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.

Table with 7 rows for assets and liabilities. Line 25: 10334, Line 27: 10239.

Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form 990-EZ (2003)

Part III Statement of Program Service Accomplishments (See page 41 of the instructions.)

What is the organization's primary exempt purpose? _____

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

	(Grants \$)	28a	Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
28 <u>Part (in part) for Abortions for 104 women</u>			11691
29 <u>Expenses for Annual Mtg</u>		29a	436
30		30a	
31 Other program services (attach schedule)		31a	
32 Total program service expenses (add lines 28a through 31a)		32	12127

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 41 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
<u>HEATHER VITEK 631 LINCOLN ST WORCESTER, MA 01605</u>	<u>PRESIDENT / 3 HR</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>REV. AARON PAYSAN 22 KINNEY ST. WORCESTER, MA 01606</u>	<u>V. PRESIDENT / 2 HR</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>PAULETTE BLUMEL 50 ARMINGTON LN, HOLDEN, MA 01520</u>	<u>TREASURER / 10 HR</u>	<u>0</u>	<u>0</u>	<u>0</u>

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

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		<input checked="" type="checkbox"/>
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		<input checked="" type="checkbox"/>
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		<input checked="" type="checkbox"/>
b If "Yes," has it filed a tax return on Form 990-T for this year?		<input checked="" type="checkbox"/>
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
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?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved 38b	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
39 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 39a	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b Gross receipts, included on line 9, for public use of club facilities 39b	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
40a 501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b 501(c)(3) and (4) 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.		<input checked="" type="checkbox"/>
c Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 ▶ 0		<input checked="" type="checkbox"/>
d Enter: Amount of tax on line 40c, above, reimbursed by the organization ▶ 0		<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed. ▶ MASSACHUSETTS		
42 The books are in care of ▶ PAULETTE BLUMEL Telephone no. ▶ (508) 829 6891 Located at ▶ 50 ARMINGTON LANE, HOLDEN, MA ZIP + 4 ▶ 01520-1313		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ 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 ▶ 43		

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

THOMAS R. LYDICK - ASSISTANT TREASURER Signature of officer Date 5/15/2004

Paid Preparer's Use Only

Preparer's signature _____ Date _____ Check if self-employed Preparer's SSN or PTIN (See Gen. Inst. W) _____
Firm's name (or yours if self-employed), address, and ZIP + 4 _____ EIN _____ Phone no _____