

**Return of Organization Exempt From Income Tax**

**2002**

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

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

**A For the 2002 calendar year, or tax year beginning January 1, 2002, and ending December 31, 2002**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input checked="" type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C Name of organization</b> <b>American Insurance Highway Safety Association, Inc</b>		<b>D Employer identification number</b> <b>13 3173377</b>
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1130 Connecticut Avenue, NW 1000</b>		<b>E Telephone number</b> <b>( 202 ) 828-7100</b>
		City or town, state or country and ZIP + 4 <b>Washington, DC 20036</b>		<b>F Accounting method</b> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶

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

**H and I are not applicable to section 527 organizations**

**H(a)** Is this a group return for affiliates?  Yes  No

**H(b)** If "Yes" enter number of affiliates ▶ - - -

**H(c)** Are all affiliates included?  Yes  No (If No, attach a list. See instructions.)

**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**I** Enter 4-digit GEN ▶

**G Website** ▶

**J Organization type (check only one)**  501(c)(3) (insert no)  4947(a)(1) or  527

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶

**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 17 of the instructions)**

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received					
	<b>a</b> Direct public support	<b>1a</b>	0 00			
	<b>b</b> Indirect public support	<b>1b</b>	0 00			
	<b>c</b> Government contributions (grants)	<b>1c</b>	0 00			
	<b>d</b> Total (add lines 1a through 1c) (cash \$ 0 00 noncash \$ 0 00)				<b>1d</b>	0 00
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)				<b>2</b>	0 00
	<b>3</b> Membership dues and assessments				<b>3</b>	1,185,819 00
	<b>4</b> Interest on savings and temporary cash investments				<b>4</b>	0 00
	<b>5</b> Dividends and interest from securities				<b>5</b>	0 00
	<b>6a</b> Gross rents	<b>6a</b>	0 00			
	<b>b</b> Less rental expenses	<b>6b</b>	0 00			
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)				<b>6c</b>	0 00
	<b>7</b> Other investment income (describe ▶ )				<b>7</b>	0 00
	<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
		0 00	<b>8a</b>	0 00		
		<b>b</b> Less cost or other basis and sales expenses	0 00	<b>8b</b>	0 00	
		<b>c</b> Gain or (loss) (attach schedule)	0 00	<b>8c</b>	0 00	
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))				<b>8d</b>	0 00	
<b>9</b> Special events and activities (attach schedule)						
<b>a</b> Gross revenue (not including \$ 0 00 of contributions reported on line 1a)	<b>9a</b>	0 00				
<b>b</b> Less direct expenses other than fundraising expenses	<b>9b</b>	0 00				
<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)				<b>9c</b>	0 00	
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>	0 00				
<b>b</b> Less cost of goods sold	<b>10b</b>	0 00				
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)				<b>10c</b>	0 00	
<b>11</b> Other revenue (from Part VII, line 103)				<b>11</b>	0 00	
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)				<b>12</b>	1,185,819 00	
<b>13</b> Program services (from line 44, column (B))				<b>13</b>	1,117,046	
<b>14</b> Management and general (from line 44, column (C))				<b>14</b>	120	
<b>15</b> Fundraising (from line 44, column (D))				<b>15</b>	0 00	
<b>16</b> Payments to affiliates (attach schedule)				<b>16</b>	0 00	
<b>17</b> Total expenses (add lines 16 and 44, column (A))				<b>17</b>	1,117,166	
Net Assets	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)			<b>18</b>	68,653	
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))			<b>19</b>	(63,993 )	
	<b>20</b> Other changes in net assets or fund balances (attach explanation)			<b>20</b>	0 00	
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)			<b>21</b>	4,660	

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**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 21 of the instructions)

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 (attach schedule) (cash \$ <u>1,117,046</u> noncash \$ _____)	22 1,117,046	1,117,046		
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc	25			
26	Other salaries and wages	26			
27	Pension plan contributions	27			
28	Other employee benefits	28			
29	Payroll taxes	29			
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32			
33	Supplies	33			
34	Telephone	34			
35	Postage and shipping	35			
36	Occupancy	36			
37	Equipment rental and maintenance	37			
38	Printing and publications	38			
39	Travel	39			
40	Conferences, conventions, and meetings	40			
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42			
43	Other expenses not covered above (itemize) a	43a			
	b Sundries	43b 120		120	
	c	43c			
	d	43d			
	e	43e			
44	<b>Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15</b>	44 1,117,166	1,117,046	120	

**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  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 24 of the instructions)

What is the organization's primary exempt purpose?	Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts; but optional for others)
a Insurance Institute For Highway Safety & Advocates For Highway & Auto Safety - Purpose is to conduct, sponsor & encourage programs designed to promote highway safety & assist in the conservation & preservation of life & property from highway accidents (Grants and allocations \$ _____)	1,117,046
b _____ (Grants and allocations \$ _____)	
c _____ (Grants and allocations \$ _____)	
d _____ (Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)	<b>1,117,046</b>

**Part IV Balance Sheets** (See page 24 of the instructions )

<b>Note</b>		<b>(A)</b>		<b>(B)</b>	
<i>Where required attached schedules and amounts within the description column should be for end-of-year amounts only</i>		Beginning of year		End of year	
<b>Assets</b>	45	Cash—non-interest-bearing	76,268	45	100,615
	46	Savings and temporary cash investments	0 00	46	0 00
	47a	Accounts receivable	473,955		
		b Less allowance for doubtful accounts	0 00	47c	473,955
	48a	Pledges receivable	0 00		
		b Less allowance for doubtful accounts	0 00	48c	0 00
	49	Grants receivable	0 00	49	0 00
	50	Receivables from officers, directors trustees and key employees (attach schedule)	0 00	50	0 00
	51a	Other notes and loans receivable (attach schedule)	0 00		
		b Less allowance for doubtful accounts	0 00	51c	0 00
	52	Inventories for sale or use	0 00	52	0 00
	53	Prepaid expenses and deferred charges	0 00	53	0 00
	54	Investments—securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV	0 00	54	0 00
	55a	Investments—land, buildings and equipment basis	0 00		
		b Less accumulated depreciation (attach schedule)	0 00	55c	0 00
	56	Investments—other (attach schedule)	0 00	56	0 00
	57a	Land, buildings, and equipment basis	0 00		
		b Less accumulated depreciation (attach schedule)	0 00	57c	0 00
	58	Other assets (describe <input type="checkbox"/> )	0 00	58	0 00
<b>59 Total assets</b> (add lines 45 through 58) (must equal line 74)		<b>172,177</b>	<b>59</b>	<b>574,570</b>	
<b>Liabilities</b>	60	Accounts payable and accrued expenses	236,170	60	569,910
	61	Grants payable	0 00	61	0 00
	62	Deferred revenue	0 00	62	0 00
	63	Loans from officers, directors, trustees, and key employees (attach schedule)	0 00	63	0 00
	64a	Tax-exempt bond liabilities (attach schedule)	0 00	64a	0 00
		b Mortgages and other notes payable (attach schedule)	0 00	64b	0 00
	65	Other liabilities (describe <input type="checkbox"/> )	0 00	65	0 00
<b>66 Total liabilities</b> (add lines 60 through 65)		<b>236,170</b>	<b>66</b>	<b>569,910</b>	
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74		(63,993 )	67	4,660
	67	Unrestricted	0 00	68	0 00
	68	Temporarily restricted	0 00	69	0 00
	69	Permanently restricted			
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74		0 00	70	0 00
	70	Capital stock, trust principal, or current funds	0 00	71	0 00
	71	Paid-in or capital surplus, or land, building, and equipment fund	0 00	72	0 00
	72	Retained earnings endowment, accumulated income, or other funds			
	<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)		<b>(63,993 )</b>	<b>73</b>	<b>4,660</b>
	<b>74 Total liabilities and net assets / fund balances</b> (add lines 66 and 73)		<b>172,177.</b>	<b>74</b>	<b>574,570</b>

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 26 of the instructions )**

<b>a</b>	Total revenue, gains, and other support per audited financial statements ▶	<b>a</b>	1,185,819
<b>b</b>	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments \$ 0 00		
(2)	Donated services and use of facilities \$ 0 00		
(3)	Recoveries of prior year grants \$ 0 00		
(4)	Other (specify) \$ 0 00		
	Add amounts on lines (1) through (4) ▶	<b>b</b>	0 00
<b>c</b>	Line a minus line b ▶	<b>c</b>	1,185,819.
<b>d</b>	Amounts included on line 12, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 \$ 0 00		
(2)	Other (specify) \$ 0 00		
	Add amounts on lines (1) and (2) ▶	<b>d</b>	0 00
<b>e</b>	Total revenue per line 12, Form 990 (line c plus line d) ▶	<b>e</b>	1,185,819

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements ▶	<b>a</b>	1,117,166
<b>b</b>	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities \$ 0 00		
(2)	Prior year adjustments reported on line 20, Form 990 \$ 0 00		
(3)	Losses reported on line 20, Form 990 \$ 0 00		
(4)	Other (specify) \$ 0 00		
	Add amounts on lines (1) through (4)▶	<b>b</b>	0 00
<b>c</b>	Line a minus line b ▶	<b>c</b>	1,117,166
<b>d</b>	Amounts included on line 17, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b Form 990 \$ 0 00		
(2)	Other (specify) \$ 0 00		
	Add amounts on lines (1) and (2) ▶	<b>d</b>	0 00
<b>e</b>	Total expenses per line 17, Form 990 (line c plus line d) ▶	<b>e</b>	1,117,166

**Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see page 26 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
Robert E Vagley 1035 Bellview Place McLean, VA 22102	President	0 00	0 00	0 00
Carlos A Munoz 9603 Hillridge Drive Kensington, MD 20895	Secretary	0 00	0 00	0 00
David S Lauer 317 W. Columbia Street. Falls Church, VA 22096	Treasurer	0 00	0 00	0 00

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 26 of the instructions

Part VI Other Information (See page 27 of the instructions)		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes" attach a detailed description of each activity	76	✓
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77	✓
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	✓
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	✓
b	If "Yes," enter the name of the organization <b>American Insurance Association</b> and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a	Enter direct or indirect political expenditures. See line 81 instructions	81a	N/A
b	Did the organization file Form 1120-POL for this year?	81b	✓
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	✓
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	5,000
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	✓
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	✓
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	
85	<b>501(c)(4), (5), or (6) organizations</b>		
a	Were substantially all dues nondeductible by members?	85a	
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	85b	
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
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	
86	<b>501(c)(7) orgs</b>		
a	Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	<b>501(c)(12) orgs</b>		
a	Gross income from members or shareholders	87a	N/A
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	✓
89a	<b>501(c)(3) organizations</b> Enter Amount of tax imposed on the organization during the year under section 4911 <b>0.00</b> , section 4912 <b>0.00</b> , section 4955 <b>0.00</b>		
b	<b>501(c)(3) and 501(c)(4) orgs</b> 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	✓
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.00
d	Enter Amount of tax on line 89c, above, reimbursed by the organization		0.00
90a	List the states with which a copy of this return is filed <b>Washington, DC</b>		
b	Number of employees employed in the pay period that includes March 12, 2002. (See instructions)	90b	0
91	The books are in care of <b>David S Lauer</b> Telephone no <b>(202) 828-7100</b> Located at <b>1130 Connecticut Avenue, NW Washington, DC</b> ZIP + 4 <b>20036</b>		
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 <b>92</b>		0.00

**Part VII Analysis of Income-Producing Activities** (See page 31 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	
<b>93</b> Program service revenue					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> Medicare/Medicaid payments					
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments					<b>1,185,819</b>
<b>95</b> Interest on savings and temporary cash investments					
<b>96</b> Dividends and interest from securities					
<b>97</b> Net rental income or (loss) from real estate					
<b>a</b> debt-financed property					
<b>b</b> not debt-financed property					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events					
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue <b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>104</b> Subtotal (add columns (B), (D), and (E))					<b>1,185,819</b>
<b>105</b> Total (add line 104, columns (B), (D), and (E))					<b>1,185,819</b>

*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 32 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)
<b>94</b>	<b>Assessments are the primary vehicle which allow the organization to develop and support the safety programs described in part III.</b>

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 32 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
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 33 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, 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.

Please Sign



Date **8/13/09**

Date \_\_\_\_\_ Check if self  Preparer's SSN or PTIN (See Gen. Inst. W)

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Organization Exempt Under Section 501(c)(3)**

OMB No 1545 0047

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

**2002**

**Supplementary Information—(See separate instructions)**

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

American Insurance Highway Safety Association, Inc

Employer identification number

13 3173377

**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
None				
Total number of other employees paid over \$50 000 ▶				

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None")

(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 ▶		

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

Yes No

**1** During the year, has the organization attempted to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes' enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ N/A (Must equal amounts on line 38, Part VI A or line 1 of Part VI B)

1

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI A Other organizations checking 'Yes' must complete Part VI B AND attach a statement giving a detailed description of the lobbying activities

**2** During the year, has the organization either directly or indirectly engaged in any of the following acts with any substantial contributors trustees directors, officers creators key employees or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director trustee majority owner or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions)

**a** Sale exchange or leasing of property?

2a

**b** Lending of money or other extension of credit?

2b

**c** Furnishing of goods services or facilities?

2c

**d** Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

2d

**e** Transfer of any part of its income or assets?

2e

**3** Does the organization make grants for scholarships fellowships student loans etc? (See Note below)

3

**4** Do you have a section 403(b) annuity plan for your employees?

4

**Note** Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs 'qualify' to receive payments

**Part IV** Reason for Non-Private Foundation Status (See pages 3 through 5 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**  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)

(a) Name(s) of supported organization(s)	(b) Line number from above
N/A	

**14**  An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions)

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

**Note** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total		
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	0 00	0 00	0 00	0 00	0 00		
<b>16</b> Membership fees received	1,004,736	1,187,560	1,074,704	1,053,555	4,320,555		
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable etc. purpose	0 00	0 00	0 00	0 00	0 00		
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	286	574	663	2,445	3,968		
<b>19</b> Net income from unrelated business activities not included in line 18	0 00	0 00	0 00	0 00	0 00		
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	0 00	0 00	0 00	0 00	0 00		
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.	0 00	0 00	0 00	0 00	0 00		
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.	0 00	0 00	0 00	0 00	0 00		
<b>23</b> Total of lines 15 through 22	1,005,022	1,188,134	1,075,367	1,056,000	4,324,523		
<b>24</b> Line 23 minus line 17	1,005,022	1,188,134	1,075,367	1,056,000	4,324,523		
<b>25</b> Enter 1% of line 23	10,050	11,881	10,754	10,560			
<b>26 Organizations described on lines 10 or 11</b>	a Enter 2% of amount in column (e) line 24				26a	0 00	
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.					26b	0 00	
c Total support for section 509(a)(1) test. Enter line 24, column (e).					26c	0 00	
d Add: Amounts from column (e) for lines 18 _____ 0 00 19 _____ 0 00 22 _____ 0 00 26b _____ 0 00					26d	0 00	
e Public support (line 26c minus line 26d total)					26e	0 00	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f	0 %	
<b>27 Organizations described on line 12</b>	a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of and total amounts received in each year from each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year.						
(2001)	0 00	(2000)	0 00	(1999)	0 00	(1998)	0 00
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of and amount received for each year that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year.							
(2001)	0 00	(2000)	0 00	(1999)	0 00	(1998)	0 00
c Add: Amounts from column (e) for lines 15 _____ 0 00 16 _____ 4,320,555 17 _____ 0 00 20 _____ 0 00 21 _____ 0 00					27c	4,320,555	
d Add: Line 27a total _____ 0 00 00 and line 27b total _____ 0 00					27d	0 00	
e Public support (line 27c total minus line 27d total)					27e	4,320,555	
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e).					27f	4,324,523	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g	99.9 %	
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h	0 %	
<b>28 Unusual Grants</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show for each year the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.							

**Part V Private School Questionnaire** (See page 7 of the instructions )  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

	Yes	No
<b>29</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter bylaws other governing instrument, or in a resolution of its governing body?		
<b>30</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures catalogues and other written communications with the public dealing with student admissions, programs and scholarships?		
<b>31</b> 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 )		
<b>32</b> Does the organization maintain the following		
<b>a</b> Records indicating the racial composition of the student body faculty and administrative staff?		
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
<b>c</b> Copies of all catalogues brochures announcements and other written communications to the public dealing with student admissions programs and scholarships?		
<b>d</b> 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 )		
<b>33</b> Does the organization discriminate by race in any way with respect to		
<b>a</b> Students rights or privileges?		
<b>b</b> Admissions policies?		
<b>c</b> Employment of faculty or administrative staff?		
<b>d</b> Scholarships or other financial assistance?		
<b>e</b> Educational policies?		
<b>f</b> Use of facilities?		
<b>g</b> Athletic programs?		
<b>h</b> Other extracurricular activities?  If you answered Yes to any of the above please explain (If you need more space attach a separate statement )		
<b>34a</b> Does the organization receive any financial aid or assistance from a governmental agency?		
<b>b</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		
<b>35</b> 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)

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**

(The term expenditures means amounts paid or incurred )

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)		
37	Total lobbying expenditures to influence a legislative body (direct lobbying)		
38	Total lobbying expenditures (add lines 36 and 37)		
39	Other exempt purpose expenditures		
40	Total exempt purpose expenditures (add lines 38 and 39)		
41	Lobbying nontaxable amount Enter the amount from the following table—		
	<b>If the amount on line 40 is—</b>	<b>The lobbying nontaxable amount is—</b>	
	Not over \$500,000	20% of the amount on line 40	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
	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	
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		
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38		

**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 )

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(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 11 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			
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			
g 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

