

# 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)

**2002**

**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 **2002**, and ending **20**

- B** Check if applicable:
- Address change
  - Name change
  - Initial return
  - Final return
  - Amended return
  - Application pending

Please use IRS label or print or type See Specific Instructions

**C** Name of organization  
**The Robert F Nicodemus Memorial Wilderness Project**

Number and street (or P O box if mail is not delivered to street address) Room/suite  
**P O Box 40712**

City or town state or country and ZIP + 4  
**Albuquerque, NM 87196-0712**

**D** Employer identification number  
**85 0472006**

**E** Telephone number  
**( 505 ) 856-2191**

**F** Accounting method  Cash  Accrual  
 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 ▶ **N/A**

**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

**G** Web site ▶ **www.nicodemusMWP.org**

**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.**

**I** Enter 4 digit GEN ▶ **N/A**

**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **2,782**

**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		Expenses		Net Assets	
<b>1</b>	Contributions, gifts, grants, and similar amounts received						
<b>a</b>	Direct public support	<b>1a</b>	2,557				
<b>b</b>	Indirect public support	<b>1b</b>	0				
<b>c</b>	Government contributions (grants)	<b>1c</b>	0				
<b>d</b>	Total (add lines 1a through 1c) (cash \$ 2,557 noncash \$ 0 )	<b>1d</b>	2,557				
<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>	0				
<b>3</b>	Membership dues and assessments	<b>3</b>	0				
<b>4</b>	Interest on savings and temporary cash investments	<b>4</b>	5				
<b>5</b>	Dividends and interest from securities	<b>5</b>	220				
<b>6a</b>	Gross rents	<b>6a</b>	0				
<b>b</b>	Less rental expenses	<b>6b</b>	0				
<b>c</b>	Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>	0				
<b>7</b>	Other investment income (describe ▶ )	<b>7</b>	0				
<b>8a</b>	Gross amount from sales of assets other than inventory	(A) Securities	0	(B) Other	0		
<b>b</b>	Less cost or other basis and sales expenses	<b>8a</b>	0	<b>8b</b>	0		
<b>c</b>	Gain or (loss) (attach schedule)	<b>8c</b>	0	<b>8c</b>	0		
<b>d</b>	Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8d</b>	0				
<b>9</b>	Special events and activities (attach schedule)						
<b>a</b>	Gross revenue (not including contributions reported on line 1) of 0	<b>9a</b>	0				
<b>b</b>	Less direct expenses other than fundraising expenses	<b>9b</b>	0				
<b>c</b>	Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>	0				
<b>10a</b>	Gross sales of inventory less returns and allowances	<b>10a</b>	0				
<b>b</b>	Less cost of goods sold	<b>10b</b>	0				
<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>	0				
<b>11</b>	Other revenue (from Part VII, line 103)	<b>11</b>	0				
<b>12</b>	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>	2,782				
<b>13</b>	Program services (from line 44, column (B))	<b>13</b>	2,597				
<b>14</b>	Management and general (from line 44, column (C))	<b>14</b>	0				
<b>15</b>	Fundraising (from line 44, column (D))	<b>15</b>	0				
<b>16</b>	Payments to affiliates (attach schedule)	<b>16</b>	0				
<b>17</b>	Total expenses (add lines 16 and 44, column (A))	<b>17</b>	2,597				
<b>18</b>	Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>	185				
<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>	9,997				
<b>20</b>	Other changes in net assets or fund balances (attach explanation)	<b>20</b>	0				
<b>21</b>	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>	10,182				

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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 \$ _____ noncash \$ _____)	0	0		
23	Specific assistance to individuals (attach schedule)	0	0		
24	Benefits paid to or for members (attach schedule)	0	0		
25	Compensation of officers, directors, etc.	0	0	0	0
26	Other salaries and wages	0	0	0	0
27	Pension plan contributions	0	0	0	0
28	Other employee benefits	1,500	1,500	0	0
29	Payroll taxes	0	0	0	0
30	Professional fundraising fees	0	0	0	0
31	Accounting fees	0	0	0	0
32	Legal fees	0	0	0	0
33	Supplies	751	751	0	0
34	Telephone	20	20	0	0
35	Postage and shipping	170	170	0	0
36	Occupancy	0	0	0	0
37	Equipment rental and maintenance	0	0	0	0
38	Printing and publications	96	96	0	0
39	Travel	0	0	0	0
40	Conferences, conventions, and meetings	0	0	0	0
41	Interest	0	0	0	0
42	Depreciation, depletion, etc. (attach schedule)	0	0	0	0
43	Other expenses not covered above (itemize): a	0	0	0	0
	b website/internet	60	60	0	0
	c	0	0	0	0
	d	0	0	0	0
	e	0	0	0	0
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	2,597	2,597	0	0

**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 \$ N/A, (ii) the amount allocated to Program services \$ N/A, (iii) the amount allocated to Management and general \$ N/A, and (iv) the amount allocated to Fundraising \$ N/A.

**Part III Statement of Program Service Accomplishments** (See page 24 of the instructions.)

What is the organization's primary exempt purpose? <b>restore grandeur of degraded lands in New Mexico</b>	Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts but optional for others.)
a Third annual Make a Difference Day involved trail building/restoration (20 volunteers)-first day graffiti removal, fence removal, trash cleanup, and trail building/trail restoration (67 volunteers)-second day. Nearly 430 volunteer hours made this diverse community-based project a success. (Grants and allocations \$ _____)	822
b Crew leaders and organization for National Trails Day in Albuquerque (Piedra Lisa Open Space) Worked with a team to remove litter from canyon-bound areas and hillsides (10 volunteers) Assisted NMVFO with annual Pecos Wilderness trail restoration program in fire-destroyed area. (Grants and allocations \$ _____)	131
c Exotic vegetation removal in the Sandia Mountain foothills. Removed over 40 nonnative trees (some >15 feet high) in riparian portions of Piedra Lisa Canyon. Treated all stumps with herbicide. Monitored area before and after treatment to assess general changes in vegetation community. (Grants and allocations \$ _____)	822
d Development of website, production of newsletters, and contact with the media resulted in film crew at Make a Difference Day and acknowledgment of efforts in City of Albuquerque Open Space Division newsletter. (Grants and allocations \$ _____)	822
e Other program services (attach schedule) (Grants and allocations \$ _____)	0
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B) Program services)	<b>2,597</b>

**Part IV Balance Sheets** (See page 24 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		0	45	0	
	46	Savings and temporary cash investments		1,281	46	1,566	
	47a	Accounts receivable	47a 0				
	b	Less allowance for doubtful accounts	47b 0	0	47c	0	
	48a	Pledges receivable	48a 0				
	b	Less allowance for doubtful accounts	48b 0	0	48c	0	
	49	Grants receivable		0	49	0	
	50	Receivables from officers directors trustees and key employees (attach schedule)		0	50	0	
	51a	Other notes and loans receivable (attach schedule)	51a 0				
	b	Less allowance for doubtful accounts	51b 0	0	51c	0	
	52	Inventories for sale or use		0	52	0	
	53	Prepaid expenses and deferred charges		0	53	0	
	54	Investments—securities (attach schedule)	▶ <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		5,223	54	4,033
	55a	Investments—land buildings and equipment basis	55a 0				
	b	Less accumulated depreciation (attach schedule)	55b 0	0	55c	0	
56	Investments—other (attach schedule)		0	56	0		
57a	Land buildings and equipment basis	57a 4,583					
b	Less accumulated depreciation (attach schedule)	57b 0	3,493	57c	4,583		
58	Other assets (describe ▶ _____ )		0	58	0		
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)		9,997	59	10,182		
Liabilities	60	Accounts payable and accrued expenses		0	60	0	
	61	Grants payable		0	61	0	
	62	Deferred revenue		0	62	0	
	63	Loans from officers directors, trustees, and key employees (attach schedule)		0	63	0	
	64a	Tax-exempt bond liabilities (attach schedule)		0	64a	0	
	b	Mortgages and other notes payable (attach schedule)		0	64b	0	
65	Other liabilities (describe ▶ _____ )		0	65	0		
66	<b>Total liabilities</b> (add lines 60 through 65)		0	66	0		
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74						
	67	Unrestricted		N/A	67	N/A	
	68	Temporarily restricted		N/A	68	N/A	
	69	Permanently restricted		N/A	69	N/A	
	Organizations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 70 through 74						
	70	Capital stock trust principal or current funds		9,997	70	10,182	
	71	Paid-in or capital surplus or land, building and equipment fund		0	71	0	
	72	Retained earnings endowment accumulated income or other funds		0	72	0	
73	<b>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)		9,997	73	10,182		
74	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)		9,997	74	10,182		

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)

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

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

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

**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
Yih-Ming Hsu, ASLA 865-1 Tramway Ln Ct NE, Albuquerque, NM 87122	Director (20h/wk)	0	1,500	0
Dr Mary H Dudley, MD 12502 Killarney, Wichita, KS 67208	Vice-President (1h/wk)	0	0	0
Robert K Dudley 865-1 Tramway Ln Ct NE, Albuquerque, NM 87122	Secr./Tres (5h/wk)	0	0	0
Mary D Nicodemus 818 E Division St, Dover, DE 19901	Board Member (1h/w)	0	0	0
James F Sattler, City of Albuquerque, Open Space PO Box 1293, Albuquerque, NM 87103	Board Member (1h/w)	0	0	0
Jodi Hedderiq, City of Albuquerque, Open Space Dr PO Box 1293, Albuquerque, NM 87103	Board Member (1h/w)	0	0	0
.. . . .				
- - - - -				
- - - - -				
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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 _____ and check whether it is <input 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	2,220
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	501(c)(4), (5), or (6) organizations	85a	
a	Were substantially all dues nondeductible by members?	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	85c	N/A
c	Dues, assessments, and similar amounts from members	85d	N/A
d	Section 162(e) lobbying and political expenditures	85e	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85f	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85g	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	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?		
86	501(c)(7) orgs	86a	N/A
a	Initiation fees and capital contributions included on line 12	86b	N/A
b	Gross receipts included on line 12 for public use of club facilities	87a	N/A
87	501(c)(12) orgs	87b	N/A
a	Gross income from members or shareholders		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them)		
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	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		
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	✓
c	Enter amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
d	Enter amount of tax on line 89c, above, reimbursed by the organization		0
90a	List the states with which a copy of this return is filed ▶ New Mexico		
b	Number of employees employed in the pay period that includes March 12, 2002 (See instructions)	90b	1
91	The books are in care of ▶ Robert K Dudley Telephone no ▶ ( 505 ) 856-2191 Located at ▶ 865-1 Tramway Ln Ct NE, Albuquerque, NM ZIP + 4 ▶ 87122		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶   92		<input type="checkbox"/>

**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					0
<b>a</b> _____					0
<b>b</b> _____					0
<b>c</b> _____					0
<b>d</b> _____					0
<b>e</b> _____					0
<b>f</b> Medicare/Medicaid payments					0
<b>g</b> Fees and contracts from government agencies					0
<b>94</b> Membership dues and assessments					0
<b>95</b> Interest on savings and temporary cash investments					5
<b>96</b> Dividends and interest from securities					220
<b>97</b> Net rental income or (loss) from real estate					
<b>a</b> debt-financed property					0
<b>b</b> not debt-financed property					0
<b>98</b> Net rental income or (loss) from personal property					0
<b>99</b> Other investment income					0
<b>100</b> Gain or (loss) from sales of assets other than inventory					0
<b>101</b> Net income or (loss) from special events					0
<b>102</b> Gross profit or (loss) from sales of inventory					0
<b>103</b> Other revenue <b>a</b> _____					0
<b>b</b> _____					0
<b>c</b> _____					0
<b>d</b> _____					0
<b>e</b> _____					0
<b>104</b> Subtotal (add columns (B), (D), and (E))					225
<b>105</b> Total (add line 104, columns (B), (D), and (E))					225

**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)
N/A	

**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
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 33 of the instructions)

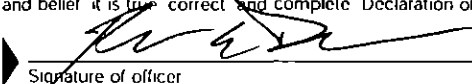
(a) Did the organization during the year receive any funds directly or indirectly to pay premiums on a personal benefit contract?  Yes  No

(b) Did the organization during the year pay premiums directly

**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 attachments, and believe it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has knowledge.

**Please Sign Here**

Signature of officer: 

**Robert K. Dudley, Secretary/Treasurer**

Type or print name and title

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**Paid Preparer's Use Only**

Preparer's signature: \_\_\_\_\_

Firm's name (or yours if self-employed) address and ZIP + 4: \_\_\_\_\_



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

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

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

OMB No 1545-0047

**2002**

Department of the Treasury  
Internal Revenue Service

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

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

Name of the organization

Employer identification number

**The Robert F Nicodemus Memorial Wilderness Project**

**85 0472006**

**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 ▶	N/A			

**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 ▶	N/A	

**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 ▶ \$ _____ (Must equal amounts on line 38, Part VI A or line 1 of Part VI B) <i>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.</i>		✓
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?		✓
b Lending of money or other extension of credit?		✓
c Furnishing of goods, services, or facilities?		✓
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		✓
e Transfer of any part of its income or assets?		✓
3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below.)		✓
4 Do you have a section 403(b) annuity plan for your employees?		✓
<b>Note:</b> 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

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





**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

<b>Limits on Lobbying Expenditures</b>		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term expenditures means amounts paid or incurred )			
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>	
<b>38</b>	Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	
<b>39</b>	Other exempt purpose expenditures	<b>39</b>	
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	
<b>41</b>	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	<b>41</b>	
	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		
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	
<b>43</b>	Subtract line 42 from line 36 Enter -0 if line 42 is more than line 36	<b>43</b>	
<b>44</b>	Subtract line 41 from line 38 Enter -0 if line 41 is more than line 38	<b>44</b>	
<b>Caution</b> 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
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> 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
<b>a</b> Volunteers	✓		
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h )	✓		
<b>c</b> Media advertisements	✓		
<b>d</b> Mailings to members legislators or the public	✓		
<b>e</b> Publications or published or broadcast statements	✓		
<b>f</b> Grants to other organizations for lobbying purposes	✓		
<b>g</b> Direct contact with legislators, their staffs, government officials or a legislative body	✓		
<b>h</b> Rallies demonstrations seminars conventions speeches lectures or any other means	✓		
<b>i</b> Total lobbying expenditures (Add lines c through h )			<b>0</b>
If Yes to any of the above also attach a statement giving a detailed description of the lobbying activities			

