

Return of Organization Exempt From Income Tax

2002

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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 07/01, 2002, and ending 06/30/2003

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE ALABAMA POLICY INSTITUTE, INC	D Employer identification number 63-0809568
	Please use IRS label or print or type See Specific Instructions Number and street (or P O box if mail is not delivered to street address) Room/suite P O BOX 59692	E Telephone number (205) 870-9900
	City or town state or country, and ZIP + 4 BIRMINGHAM, AL 35259	F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) _____
	G Web site N/A	

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? (If "No," attach a list. See instructions.) Yes No

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

I Enter 4-digit GEN: _____

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

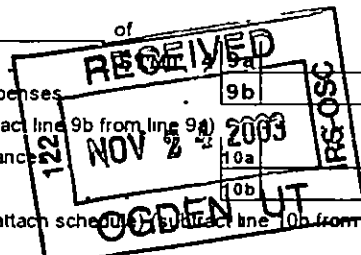
J Organization type (check only one) 501(c)(3) (insert no) _____ 4947(a)(1) or _____ 527

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 **778,914**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 17 of the instructions)

Revenue	1 Contributions, gifts, grants, and similar amounts received STMT 1			
	a Direct public support	1a	451,664	
	b Indirect public support	1b		
	c Government contributions (grants)	1c		
	d Total (add lines 1a through 1c) (cash \$ 439,512 noncash \$ 12,152)	1d		451,664
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		
	3 Membership dues and assessments	3		
	4 Interest on savings and temporary cash investments	4		318
	5 Dividends and interest from securities	5		
	6 a Gross rents	6a		
	b Less rental expenses	6b		
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7 Other investment income (describe _____)	7			
8 a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
	12,152	8a		
	12,152	8b	68	
		8c	-68	
d Net gain or (loss) (combine line 8c columns (A) and (B))	8d		-68	
9 Special events and activities (attach schedule)	a Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a	314,780	
	b Less direct expenses other than fundraising expenses	9b	75,665	
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c		239,115
10 a Gross sales of inventory less returns and allowances		10a		
	b Less cost of goods sold	10b		
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		
11 Other revenue (from Part VII line 103)	11			
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		691,029	
Expenses	13 Program services (from line 44 column (B))	13	356,907	
	14 Management and general (from line 44 column (C))	14	187,710	
	15 Fundraising (from line 44 column (D))	15	153,722	
	16 Payments to affiliates (attach schedule)	16		
	17 Total expenses (add lines 16 and 44 column (A))	17	698,339	
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	-7,310	
	19 Net assets or fund balances at beginning of year (from line 73 column (A))	19	138,844	
	20 Other changes in net assets or fund balances (attach explanation)	20		
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	131,534	



Revenue SCANNED DEC 15 2003

6-13-20 23

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 \$ _____)	22			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc.	25 218,852	119,252	49,023	50,577
26 Other salaries and wages	26 132,171	72,021	29,606	30,544
27 Pension plan contributions	27			
28 Other employee benefits	28			
29 Payroll taxes	29 27,745	15,118	6,215	6,412
30 Professional fundraising fees	30			
31 Accounting fees	31 9,465	2,366	7,099	
32 Legal fees	32			
33 Supplies	33			
34 Telephone	34 17,107	9,322	3,832	3,953
35 Postage and shipping	35 9,295	5,065	2,082	2,148
36 Occupancy	36 48,148	26,236	10,785	11,127
37 Equipment rental and maintenance	37 4,496	3,822	674	
38 Printing and publications	38 51,116	44,509	6,607	
39 Travel	39 14,553	7,930	3,260	3,363
40 Conferences, conventions and meetings	40 6,168		6,168	
41 Interest	41 1,676		1,676	
42 Depreciation depletion etc (attach schedule)	42 23,647	12,885	5,297	5,465
43 Other expenses not covered above (itemize) STMT 5	43a 133,900	38,381	55,386	40,133
b _____	43b			
c _____	43c			
d _____	43d			
e _____	43e			
44 Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	44 698,339	356,907	187,710	153,722

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? STMT 6	Program Service Expenses (Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others)
a STMT 6 ----- ----- ----- (Grants and allocations \$ _____)	356,907
b ----- ----- ----- (Grants and allocations \$ _____)	
c ----- ----- ----- (Grants and allocations \$ _____)	
d ----- ----- ----- (Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	356,907

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	118,896	45	109,908	
	46 Savings and temporary cash investments		46		
	47a Accounts receivable	47a	NONE		
	b Less allowance for doubtful accounts	47b	15,539	47c	NONE
	48a Pledges receivable	48a			
	b Less allowance for doubtful accounts	48b		48c	
	49 Grants receivable			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			53	8,000
	54 Investments - securities (attach schedule)	STMT 7. <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)			56		
57a Land, buildings, and equipment basis	57a	201,544			
b Less accumulated depreciation (attach schedule)	57b	144,086	52,693	57c	57,458
58 Other assets (describe ►)			58		
59 Total assets (add lines 45 through 58) (must equal line 74)		187,128	59	175,366	
Liabilities	60 Accounts payable and accrued expenses	31,357	60	4,383	
	61 Grants payable		61		
	62 Deferred revenue		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)		64b		
65 Other liabilities (describe ► STMT 8)		16,927	65	39,449	
66 Total liabilities (add lines 60 through 65)		48,284	66	43,832	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67 Unrestricted	138,844	67	81,634	
	68 Temporarily restricted		68	49,900	
	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)		138,844	73	131,534	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)		187,128	74	175,366	

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)

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	766,694
b	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify)		
	<u>STMT 9</u> \$ 75,665		
	Add amounts on lines (1) through (4)	b	75,665
c	Line a minus line b	c	691,029
d	Amounts included on line 12, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b Form 990 \$		
(2)	Other (specify)		
	Add amounts on lines (1) and (2)	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	691,029

a	Total expenses and losses per audited financial statements	a	774,004
b	Amounts included on line a but not on line 17, Form 990		
(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)		
	<u>STMT 10</u> \$ 75,665		
	Add amounts on lines (1) through (4)	b	75,665
c	Line a minus line b	c	698,339
d	Amounts included on line 17, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b Form 990 \$		
(2)	Other (specify)		
	Add amounts on lines (1) and (2)	d	
e	Total expenses per line 17, Form 990 (line c plus line d)	e	698,339

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
SEE STATEMENT 12		218,852	NONE	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 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		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 or 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? 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	N/A
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	X
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
83b	b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84a	Did the organization solicit any contributions or gifts that were not tax deductible? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84a	X
84b		84b	N/A
85a	501(c)(4), (5) or (6) organizations a Were substantially all dues nondeductible by members?	85a	
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	85b	
85c	c Dues, assessments, and similar amounts from members	85c	
85d	d Section 162(e) lobbying and political expenditures	85d	
85e	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
85f	f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
85g	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
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	
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 <input type="checkbox"/> N/A		
	d Enter Amount of tax on line 89c above, reimbursed by the organization <input type="checkbox"/> N/A		
90a	List the states with which a copy of this return is filed <input type="checkbox"/> NONE		
90b	b Number of employees employed in the pay period that includes March 12, 2002 (See instructions)	90b	
91	The books are in care of <input type="checkbox"/> THE ALABAMA POLICY INSTITUTE Telephone no <input type="checkbox"/> 205-870-9900 Located at <input type="checkbox"/> 402 OFFICE PARK DRIVE, SUITE 300 ZIP + 4 <input type="checkbox"/> 35223		
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 <input type="checkbox"/> 92 <input type="checkbox"/> N/A		

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	
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					318
96 Dividends and interest from securities					
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					
100 Gain or (loss) from sales of assets other than inventory			18	-68	
101 Net income or (loss) from special events			01	239,115	
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))				239,047	318
105 Total (add line 104 columns (B), (D), and (E))					239,365

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)
95	INTEREST EARNED ON CASH HELD TO PROVIDE PROGRAM SERVICES

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 8570 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 Here

Signature of officer: *[Signature]* Date: 11/19/03

Type or print name and title: **JEFF FINK Chief Operating Officer**

Paid Preparer's Use Only

Preparer's signature: *[Signature]* Date: 11/19/03

Check if self-employed:

Preparer's SSN or PTIN (See Gen. Inst. W-7): P0023181

Firm's name (or yours if self-employed): **TILL, EDDLEMAN & HESTER, P C** EIN: **63-0936973**

address and ZIP - 4: **2700 HIGHWAY 280 EAST, SUITE 400 BIRMINGHAM, AL 35223** Phone no: **205-871-9855**

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

2002

Name of the organization **THE ALABAMA POLICY INSTITUTE, INC** Employer identification number **63-0809568**

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	▶ 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)

	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 ▶ \$ <u>7,035</u> (Must equal amounts on line 38, Part VI-A or line i or Part VI-B) 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	X	
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?	X	
b Lending of money or other extension of credit?		X
c Furnishing of goods services or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1 000)?	X	
e Transfer of any part of its income or assets?		X
3 Does the organization make grants for scholarships fellowships student loans, etc? (See Note below)		X
4 Do you have a section 403(b) annuity plan for your employees?		X

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

- 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
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	598,917	531,225	518,667	832,142	2,480,951
16 Membership fees received					
17 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	160,179	306,192	341,742	13,679	821,792
18 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	652	1,460	1,902	941	4,955
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 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.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	759,748	838,877	862,311	846,762	3,307,698
24 Line 23 minus line 17	599,569	532,685	520,569	833,083	2,485,906
25 Enter 1% of line 23	7,597	8,389	8,623	8,468	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24 ▶ 26a				49,718
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				377,615
c Total support for section 509(a)(1) test. Enter line 24, column (e)	▶ 26c				2,485,906
d Add: Amounts from column (e) for lines 18 <u>4,955</u> 19 _____ 22 _____ 26b <u>377,615</u>	▶ 26d				382,570
e Public support (line 26c minus line 26d total)	▶ 26e				2,103,336
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	▶ 26f				84.6104 %
27 Organizations described on line 12	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) _____ (2000) _____ (1999) <u>NOT APPLICABLE</u> (1998) _____ 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) _____ (2000) _____ (1999) _____ (1998) _____ c Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ ▶ 27c d Add: Line 27a total _____ and line 27b total _____ ▶ 27d e Public support (line 27c total minus line 27d total) _____ ▶ 27e f Total support for section 509(a)(2) test. Enter amount from line 23, column (e) ▶ 27f g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶ 27g % h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶ 27h %				
28 Unusual Grants. 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
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)

- 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)	36	4,643
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	2,392
38 Total lobbying expenditures (add lines 36 and 37)	38	7,035
39 Other exempt purpose expenditures	39	691,304
40 Total exempt purpose expenditures (add lines 38 and 39)	40	698,339
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	129,751
42 Grassroots nontaxable amount (enter 25% of line 41)	42	32,438
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)

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	129,751	130,717	148,711	167,949	577,128
46 Lobbying ceiling amount (150% of line 45(e))					865,692
47 Total lobbying expenditures	7,035	8,073	8,454	95,580	119,142
48 Grassroots nontaxable amount	32,438	32,679	37,178	41,987	144,282
49 Grassroots ceiling amount (150% of line 48(e))					216,423
50 Grassroots lobbying expenditures	4,643	5,328	5,580	84,035	99,586

Part VI-B Lobbying Activity by Nonelecting Public Charities

NOT APPLICABLE

(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

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines d 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)

Yes	No	Amount

If "Yes" to any of the above also attach a statement giving a detailed description of the lobbying activities

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of

	Yes	No
51a(i)		X
a(ii)		X
b		
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

(i) Cash

(ii) Other assets

b Other transactions

(i) Sales or exchanges of assets with a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes" complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES

DESCRIPTION	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
BANQUET DINNERS	314,780.	75,665.	239,115.
TOTALS	314,780.	75,665.	239,115.

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
TAXES & LICENSES	1,194.	651.	267.	276.
OFFICE EXPENSE	7,745.	4,219.	1,736.	1,790.
PENALTIES	7,999.		7,999.	
DUES & SUBSCRIPTIONS	3,822.	3,249.	573.	
AUTOMOBILE EXPENSE	20,115.	8,145.	8,516.	3,454.
EQUIPMENT LEASE	4,034		4,034.	
INSURANCE	34,812.	16,331.	11,555.	6,926.
CONTRACT FEES	31,712.	985.	10,495.	20,232.
RESEARCH & EDUCATION	2,472.	2,472.		
NETWORK ADMINISTRATION	7,883.		7,883.	
FUNDRAISING	93.			93.
EVENTS	7,362.			7,362.
MISCELLANEOUS	4,657.	2,329.	2,328.	
TOTALS	133,900.	38,381.	55,386.	40,133.

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

TO EDUCATE PUBLIC ON MORAL ISSUES OF OUR SOCIETY BASED ON
BIBLICAL PRINCIPALS AND TO PROMOTE CHRISTIAN EDUCATION BY
MAILINGS, FAXES AND SEMINARS.

FORM 990, PART IV - PREPAID EXPENSES AND DEFERRED CHARGES

DESCRIPTION	ENDING BOOK VALUE
-----	-----
PREPAID INSURANCE	8,000.
TOTALS	----- 8,000. =====

FORM 990, PART IV - OTHER LIABILITIES

DESCRIPTION	ENDING BOOK VALUE
-----	-----
CAPITAL LEASE OBLIGATION	10,970.
NOTE PAYABLE - AUTOMOBILE	28,479.
TOTALS	----- 39,449. -----

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

DESCRIPTION	AMOUNT
-----	-----
SPECIAL EVENT	75,665.
TOTAL	----- 75,665. =====

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

DESCRIPTION	AMOUNT
-----	-----
SPECIAL EVENT	75,665.

TOTAL	75,665.
	=====

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 ACCT AND OTHER ALLOWANCES
MICHAEL A. CIAMARRA P.O. BOX 59692 BIRMINGHAM, AL 35259	VICE PRESI	67,500.	NONE	NONE
GARY J. PALMER 1983 CAHABA CREST DRIVE BIRMINGHAM, AL 35242	PRESIDENT	80,000.		
MR. THOMAS & MARY ANNE BRADFORD 400 OFFICE PARK DRIVE BIRMINGHAM, AL 35223	SECRETARY			
MR. HUGH & JAN JACKS 510 CARNOUSTIE SOUTH SHOAL CREEK, AL 35242	CHAIRMAN			
MR. ROY & SUE NICHOLS 2430 COVEMONT DRIVE HUNTSVILLE, AL 35801	COMMITTEE			
MR. JOHN AND MAY MOSS PARKER 395 BELLANGE E AVENUE FAIRHOPE, AL 36532	COMMITTEE			
MR. JONATHAN & NANCY PUTMAN 1500 HAMILTON DRIVE BIRMINGHAM, AL 35243	SECRETARY			
MR. GUICE & LEAH SLAWSON 2155 ROSEMONT DRIVE MONTGOMERY, AL 36111	COMMITTEE			

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 ACCT AND OTHER ALLOWANCES
MR. CHARLES & SUSAN STEPHENS 2706 VICTORIA DRIVE JASPER, AL 35504	COMMITTEE			
MR. WILLIAM & JEAN STIMPSON 65 OAKLAND AVENUE MOBILE, AL 36608-2486	COMMITTEE			
DR. DARREL & DENISE WEAVER 3717 WYNGATE COVE BIRMINGHAM, AL 35242	VICE-CHAIR			
DR. EVAN & PEGGY ZEIGER 3009 CANTERBURY LANE BIRMINGHAM, AL 35223	COMMITTEE			
MR. JEFF FINK	COO	71,352.		
GRAND TOTALS		218,852.	NONE	NONE

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D

SEE PART V, FORM 990

SCH. A, PART IV-A - ORGANIZATIONS DESCRIBED IN PART IV, BOX 10 OR 11
(NOT OPEN TO PUBLIC INSPECTION)

CONTRIBUTOR NAME	TOTAL CONTRIBUTION	MINUS 2% OF LINE 24	EXCESS CONTRIBUTION AMOUNT
	87,500.	49,718.	37,782.
	77,500.	49,718.	27,782.
	110,000.	49,718.	60,282.
	190,200.	49,718.	140,482.
	95,000.	49,718.	45,282.
	50,000.	49,718.	282.
	55,000.	49,718.	5,282.
	85,000.	49,718.	35,282.
	74,425.	49,718.	24,707.
	50,170.	49,718.	452.
TOTAL	874,795.		377,615.

The Alabama Policy Institute, Inc
 EIN # 63-0809568
 Depreciation Schedule
 Statement 990 Part II - Line 42
 Statement 990 Part IV - Line 57b

<u>Description</u>	<u>Date of Purchase</u>	<u>Method</u>	<u>Cost</u>	<u>Prior Year Accumulated Depreciation</u>	<u>Current Depreciation</u>	<u>Disposals</u>	<u>Total Accumulated Depreciation</u>	<u>Book Value</u>
Furniture & Fixtures	Various	Various	\$ 21,443	\$ 20,500	\$ 439	\$ -	\$ 20,939	\$ 504
Equipment	Various	Various	147,697	117,170	22,259	(21,156)	118,273	29,424
Leasehold Improvements	Various	Various	3,925	3,925	-	-	3,925	-
Vehicle	6/3/2003	200% DB	28,479	-	949	-	949	27,530
			<u>\$ 201,544</u>	<u>\$ 141,596</u>	<u>\$ 23,647</u>	<u>\$ (21,156)</u>	<u>\$ 144,086</u>	<u>\$ 57,457</u>

Sales of Business Property
 (Also Involuntary Conversions and Recapture Amounts
 Under Sections 179 and 280F(b)(2))

▶ Attach to your tax return ▶ See separate instructions

Name(s) shown on return

Identifying number

THE ALABAMA POLICY INSTITUTE, INC

63-0809568

1 Enter the gross proceeds from sales or exchanges reported to you for 2002 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 (see instructions)

1

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year (See instructions)

(a) Description of property	(b) Date acquired (mo day yr)	(c) Date sold (mo day yr)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
2 SEE STATEMENT 1						-68

- 3 Gain, if any, from Form 4684 line 39
- 4 Section 1231 gain from installment sales from Form 6252 line 26 or 37
- 5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824
- 6 Gain, if any, from line 32 from other than casualty or theft
- 7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows:
Partnerships (except electing large partnerships) and S corporations: Report the gain or (loss) following the instructions for Form 1065 Schedule K line 6 or Form 1120S Schedule K, line 5. Skip lines 8, 9, 11, and 12 below.
All others: If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on Schedule D and skip lines 8, 9, 11, and 12 below.
- 8 Nonrecaptured net section 1231 losses from prior years (see instructions)
- 9 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on Schedule D (see instructions)

3	
4	
5	
6	
7	-68
8	
9	

Part II Ordinary Gains and Losses

10 Ordinary gains and losses not included on lines 11 through 17 (include property held 1 year or less)

- 11 Loss, if any, from line 7
- 12 Gain, if any, from line 7 or amount from line 8, if applicable
- 13 Gain, if any, from line 31
- 14 Net gain or (loss) from Form 4684 lines 31 and 38a
- 15 Ordinary gain from installment sales from Form 6252 line 25 or 36
- 16 Ordinary gain or (loss) from like-kind exchanges from Form 8824
- 17 Recapture of section 179 expense deduction for partners and S corporation shareholders from property dispositions by partnerships and S corporations (see instructions)
- 18 Combine lines 10 through 17. Enter the gain or (loss) here and on the appropriate line as follows:
a For all except individual returns: Enter the gain or (loss) from line 18 on the return being filed.
b For individual returns:
 (1) If the loss on line 11 includes a loss from Form 4684 line 35 column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040) line 27 and the part of the loss from property used as an employee on Schedule A (Form 1040), line 22. Identify as from "Form 4797 line 18b(1)." See instructions.
 (2) Redetermine the gain or (loss) on line 18 excluding the loss, if any, on line 18b(1). Enter here and on Form 1040 line 14.

11	(68)
12	
13	
14	
15	
16	
17	
18	-68
18b(1)	
18b(2)	

For Paperwork Reduction Act Notice, see page 7 of the instructions

Form **4797** (2002)

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property		(b) Date acquired (mo, day, yr)	(c) Date sold (mo, day, yr)		
A					
B					
C					
D					
These columns relate to the properties on lines 19A through 19D		Property A	Property B	Property C	Property D
20	Gross sales price (Note: See line 1 before completing)	20			
21	Cost or other basis plus expense of sale	21			
22	Depreciation (or depletion) allowed or allowable	22			
23	Adjusted basis. Subtract line 22 from line 21	23			
24	Total gain. Subtract line 23 from line 20	24			
25	If section 1245 property				
a	Depreciation allowed or allowable from line 22	25a			
b	Enter the smaller of line 24 or 25a	25b			
26	If section 1250 property. If straight line depreciation was used, enter 0 on line 26g, except for a corporation subject to section 291				
a	Additional depreciation after 1975 (see instructions)	26a			
b	Applicable percentage multiplied by the smaller of line 24 or line 26a (see instructions)	26b			
c	Subtract line 26a from line 24. If residential rental property or line 24 is not more than line 26a, skip lines 26d and 26e	26c			
d	Additional depreciation after 1969 and before 1976	26d			
e	Enter the smaller of line 26c or 26d	26e			
f	Section 291 amount (corporations only)	26f			
g	Add lines 26b, 26e, and 26f	26g			
27	If section 1252 property. Skip this section if you did not dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership)				
a	Soil, water, and land clearing expenses	27a			
b	Line 27a multiplied by applicable percentage (see instructions)	27b			
c	Enter the smaller of line 24 or 27b	27c			
28	If section 1254 property				
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, and mining exploration costs (see instructions)	28a			
b	Enter the smaller of line 24 or 28a	28b			
29	If section 1255 property				
a	Applicable percentage of payments excluded from income under section 126 (see instructions)	29a			
b	Enter the smaller of line 24 or 29a (see instructions)	29b			

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30

30	Total gains for all properties. Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (See instructions)

	(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33
34	Recomputed depreciation. See instructions	34
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35

