

Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

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

A For the 2002 calendar year, or tax year period beginning and ending

B Check if applicable: X Address change, C Name of organization: AMERICAN LEGISLATIVE EXCHANGE COUNCIL, D Employer identification number: 52-0140979, E Telephone number: (202) 466-3800

G Web site WWW.ALEC.ORG, H(a) Is this a group return for affiliates? No, H(b) If 'Yes,' enter number of affiliates, H(c) Are all affiliates included? N/A, H(d) Is this a separate return filed by an organization covered by a group ruling? No

J Organization type (check only one) X 501(c)(3), K Check here if the organization's gross receipts are normally not more than \$25,000

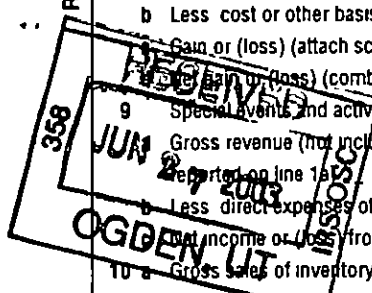
L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 4,990,388.

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

Table with 21 rows and 4 columns: Description, Sub-description, Amount, Total. Includes Revenue (Total: 4,990,388), Expenses (Total: 5,631,476), and Net Assets (Total: <118,039>).

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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

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 \$ _____				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc	257,099.	138,833.	74,559.	43,707.
26	Other salaries and wages	1,533,467.	835,569.	445,731.	252,167.
27	Pension plan contributions	78,499.	42,389.	22,765.	13,345.
28	Other employee benefits	203,799.	110,603.	59,629.	33,567.
29	Payroll taxes	125,017.	67,509.	36,255.	21,253.
30	Professional fundraising fees				
31	Accounting fees	24,225.		24,225.	
32	Legal fees	19,248.		19,248.	
33	Supplies	135,121.	21,064.	114,057.	
34	Telephone	71,260.		71,260.	
35	Postage and shipping	72,164.	28,133.	44,031.	
36	Occupancy	209,808.		209,808.	
37	Equipment rental and maintenance	93,192.	87,408.	5,784.	
38	Printing and publications	194,966.	180,420.	14,546.	
39	Travel	364,176.	313,042.	50,230.	904.
40	Conferences, conventions, and meetings	1,674,284.	1,637,957.	36,266.	61.
41	Interest	45,266.	24,115.	21,151.	
42	Depreciation, depletion, etc (attach schedule)	82,364.		82,364.	
43	Other expenses not covered above (itemize)				
a	_____				
b	_____				
c	_____				
d	_____				
e	SEE STATEMENT 2	447,521.	839,673.	<460,401.>	68,249.
44	<b>Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15</b>	<b>5,631,476.</b>	<b>4,326,715.</b>	<b>871,508.</b>	<b>433,253.</b>

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**

What is the organization's primary exempt purpose? **SEE STATEMENT 3**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**  
(Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts but optional for others)

a	SEE STATEMENT 4				
		(Grants and allocations \$ _____)			1,895,901.
b	SEE STATEMENT 5				
		(Grants and allocations \$ _____)			1,740,858.
c	SEE STATEMENT 6				
		(Grants and allocations \$ _____)			462,530.
d	SEE STATEMENT 7				
		(Grants and allocations \$ _____)			227,426.
e	Other program services (attach schedule)				
		(Grants and allocations \$ _____)			
f	<b>Total of Program Service Expenses (should equal line 44, column (B), Program services)</b>				<b>4,326,715.</b>

**Part IV Balance Sheets**

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
<b>Assets</b>	45 Cash - non-interest-bearing	298,120.	45 440,851.
	46 Savings and temporary cash investments	527,179.	46 618,057.
	47 a Accounts receivable	47a 7,604.	
	b Less allowance for doubtful accounts	47b	47c 7,722.
	48 a Pledges receivable	48a 364,325.	
	b Less allowance for doubtful accounts	48b 13,000.	48c 429,100.
	49 Grants receivable		49
	50 Receivables from officers, directors, trustees, and key employees		50
	51 a Other notes and loans receivable	51a	
	b Less allowance for doubtful accounts	51b	51c
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges		53 62,479.
	54 Investments - securities	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV	54
	55 a Investments - land, buildings, and equipment basis	55a	
	b Less accumulated depreciation	55b	55c
56 Investments - other		56	
57 a Land, buildings, and equipment basis	57a 1,035,640.		
b Less accumulated depreciation STMT 8	57b 783,339.	57c 126,575.	
58 Other assets (describe ▶ DEPOSITS)		58 16,618.	
59 Total assets (add lines 45 through 58) (must equal line 74)		59 1,467,793.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses		60 410,417.
	61 Grants payable		61
	62 Deferred revenue		62 489,225.
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable STMT 9		64b 35,691.
	65 Other liabilities (describe ▶ DEFERRED RENT PAYABLE)		65 9,411.
66 Total liabilities (add lines 60 through 65)		66 944,744.	
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74		
	67 Unrestricted	<216,251.>	67 <630,539.>
	68 Temporarily restricted	739,300.	68 512,500.
	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)	523,049.	73 <118,039.>
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	1,467,793.	74 1,725,243.

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 VI Other Information

		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	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	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes" has it filed a tax return on Form 990-T for this year? N/A	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	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	X
b	If "Yes," enter the name of the organization and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a	Enter direct or indirect political expenditures See line 81 instructions	81a	0.
b	Did the organization file Form 1120-POL for this year?	81b	X
82 a	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
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	35,000.
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	N/A
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	N/A
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	N/A
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	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) organizations Enter 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	501(c)(12) organizations Enter 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	X
89 a	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) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach 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		0.
d	Enter Amount of tax on line 89c, above, reimbursed by the organization		0.
90 a	List the states with which a copy of this return is filed SEE ATTACHED FOOTNOTE		
b	Number of employees employed in the pay period that includes March 12, 2002	90b	30
91	The books are in care of THE COUNCIL Telephone no (202) 466-3800		
	Located at 1129 20TH ST, NW 5TH FLR WASHINGTON, DC ZIP + 4 20036		
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	N/A

**Part VII Analysis of Income-Producing Activities** (See page 31 of the instructions)

	Unrelated business income		Excluded by section 512 513 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
<b>Note</b> Enter gross amounts unless otherwise indicated					
93 Program service revenue					
a CONFERENCES/SEMINARS			07	120,237.	744,900.
b PUBLICATIONS					2,059.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					55,021.
95 Interest on savings and temporary cash investments			14	21,897.	
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					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a MISCELLANEOUS INCOME			01	4,974.	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		147,108.	801,980.
105 Total (add line 104, columns (B), (D), and (E))					949,088.

**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)
▼	SEE STATEMENT 11

**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**

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to
  - (b) Did the organization during the year, pay premiums, directly or indirectly, on a
- Note** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Please Sign Here

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

Signature of officer: *[Signature]* Date: 6/2

Paid Preparer's Use Only

Preparer's signature: *[Signature]*

Firm's name (or yours if self-employed) address and ZIP + 4: BDO SEIDMAN, LLP 7101 WISCONSIN AVE., SU BETHESDA, MD 20814-4827

**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 **AMERICAN LEGISLATIVE EXCHANGE COUNCIL** Employer identification number **52 0140979**

**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
GARY BARRETT ----- 1129 20TH ST, NW WASHINGTON, DC 2003640	DIR-MEMBER	116,330.	18,665.	0.
JAMES FROGUE ----- 1129 20TH ST, NW WASHINGTON, DC 2003640	DIR-PROGRAMS	71,582.	3,230.	0.
MICHAEL FLYNN ----- 1129 20TH ST, NW WASHINGTON, DC 2003640	DIR-POLICY	119,407.	16,159.	0.
RICK GOWDY ----- 1129 20TH ST, NW WASHINGTON, DC 2003640	DIR-MEMBER	75,812.	9,085.	0.
DAVID WARGIN ----- 1129 20TH ST, NW WASHINGTON, DC 2003640	DIR-PUB AFFAI	81,624.	14,619.	0.
Total number of other employees paid over \$50,000 ▶	10			

**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 ▶	0	

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

	Yes	No
<b>1</b> 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) 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.	1	X
<b>2</b> 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.)		
<b>a</b> Sale, exchange, or leasing of property?	2a	X
<b>b</b> Lending of money or other extension of credit?	2b	X
<b>c</b> Furnishing of goods, services, or facilities?	2c	X
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990	2d	X
<b>e</b> Transfer of any part of its income or assets?	2e	X
<b>3</b> Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below.)	3	X
<b>4</b> Do you have a section 403(b) annuity plan for your employees?	4	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	<input type="checkbox"/>	A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
6	<input type="checkbox"/>	A school Section 170(b)(1)(A)(ii) (Also complete Part V)
7	<input type="checkbox"/>	A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
8	<input type="checkbox"/>	A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
9	<input type="checkbox"/>	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	<input type="checkbox"/>	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	<input checked="" type="checkbox"/>	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	<input type="checkbox"/>	A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)
12	<input type="checkbox"/>	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	<input type="checkbox"/>	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.)	4,497,076.	4,608,027.	4,445,371.	4,137,870.	17,688,344.
16 Membership fees received	54,585.	56,126.	53,503.	42,942.	207,156.
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	1,211,770.	958,008.	1,214,414.	1,811,076.	5,195,268.
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	67,403.	64,863.	54,977.	79,210.	266,453.
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	5,830,834.	5,687,024.	5,768,265.	6,071,098.	23,357,221.
24 Line 23 minus line 17	4,619,064.	4,729,016.	4,553,851.	4,260,022.	18,161,953.
25 Enter 1% of line 23	58,308.	56,870.	57,683.	60,711.	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				26a 363,239.
	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 sum of all these excess amounts				26b 648,283.
	c Total support for section 509(a)(1) test. Enter line 24, column (e)				26c 18,161,953.
	d Add Amounts from column (e) for lines 18 <u>266,453.</u> 19 _____ 22 _____ 26b <u>648,283.</u>				26d 914,736.
	e Public support (line 26c minus line 26d total)				26e 17,247,217.
	f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				26f 94.9634%
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) _____ (1998) _____				N/A
	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) _____				N/A
	c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____				27c N/A
	d Add Line 27a total _____ and line 27b total _____				27d N/A
	e Public support (line 27c total minus line 27d total)				27e N/A
	f Total support for section 509(a)(2) test. Enter amount on line 23 column (e)				27f N/A
	g Public support percentage (line 27e (numerator) divided by line 27f (denominator))				27g N/A %
	h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				27h N/A %

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 )

N/A

(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 )		
34 a	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
		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	0.
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	0.
38	Total lobbying expenditures (add lines 36 and 37)	38	0.
39	Other exempt purpose expenditures	39	0.
40	Total exempt purpose expenditures (add lines 38 and 39)	40	0.
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	0.
42	Grassroots nontaxable amount (enter 25% of line 41)	42	0.
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	0.
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	0.

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				N/A
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

**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			N/A
	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 )			0.

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
<b>51a(i)</b>		X
<b>a(ii)</b>		X
<b>b(i)</b>		X
<b>b(ii)</b>		X
<b>b(iii)</b>		X
<b>b(iv)</b>		X
<b>b(v)</b>		X
<b>b(vi)</b>		X
<b>c</b>		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. N/A

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

**52 a** 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. N/A

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
	MANAGEMENT AND GENERAL											
1	OFFICE FURNITURE	VARI	ESSL	5.00	16	171,645.			171,645.	107,197.		9,395.
2	OFFICE EQUIPMENT	VARI	ESSL	5.00	16	645,401.			645,401.	555,273.		37,227.
3	LEASEHOLD IMPROVEMENTS	VARI	ESSL	8.00	16	117,383.			117,383.	11,756.		23,952.
4	CAPITAL LEASES	VARI	ESSL	5.00	16	101,211.			101,211.	50,261.		11,790.
	* 990 PAGE 2 TOTAL					1035640.		0.	1035640.	700,975.	0.	82,364.
	MANAGEMENT AND GENERAL											
	* GRAND TOTAL 990 PAGE					1035640.		0.	1035640.	700,975.	0.	82,364.
	2 DEPR											

## LIST OF STATES WITH WHICH A COPY OF FORM 990 IS FILED:

ARIZONA  
ARKANSAS  
ALASKA  
CALIFORNIA  
DISTRICT OF COLUMBIA  
FLORIDA  
GEORGIA  
ILLINOIS  
KANSAS  
KENTUCKY  
LOUISIANA  
MAINE  
MARYLAND  
MICHIGAN  
MINNESOTA  
MISSISSIPPI  
MISSOURI  
NEW HAMPSHIRE  
NEW JERSEY  
NEW MEXICO  
NEW YORK  
NORTH CAROLINA  
NORTH DAKOTA  
OHIO  
OKLAHOMA  
PENNSYLVANIA  
RHODE ISLAND  
SOUTH CAROLINA  
TENNESSEE  
UTAH  
VIRGINIA  
WASHINGTON  
WEST VIRGINIA  
WISCONSIN

FORM 990

OTHER EXPENSES

STATEMENT 2

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
ARTWORK AND GRAPHICS	50,681.	44,406.	6,275.	
BAD DEBT EXPENSE	50,000.		50,000.	
COMPUTER SERVICES	66,662.	3,936.	62,726.	
CONSULTANT FEES	70,493.	70,493.		
DUES AND MEMBERSHIPS	32,342.	28,348.	3,853.	141.
INSURANCE	45,195.		45,195.	
MISCELLANEOUS	79,579.	79,579.		
PROMOTIONAL EXPENSE	500.	500.		
RESEARCH	52,069.	47,866.	3,882.	321.
OVERHEAD ALLOCATION	0.	564,545.	<632,332.>	67,787.
<b>TOTAL TO FM 990, LN 43</b>	<b>447,521.</b>	<b>839,673.</b>	<b>&lt;460,401.&gt;</b>	<b>68,249.</b>

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FORM 990      STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE      STATEMENT      3  
PART III

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EXPLANATION

TO ASSIST STATE LEGISLATORS, MEMBERS OF CONGRESS, AND THE GENERAL & BUSINESS PUBLIC BY SHARING RESEARCH AND EDUCATIONAL INFORMATION.



FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT 4

DESCRIPTION OF PROGRAM SERVICE ONE

ALEC HOLDS NATIONAL CONFERENCES, PROVIDING WORKSHOPS ON CURRENT ISSUES WITH LEADING EXPERTS, PUBLIC FIGURES, AND ELECTED OFFICIALS. THE TWO NATIONAL CONFERENCES HELD WERE THE ANNUAL MEETING, AND THE STATES AND NATION POLICY SUMMIT MEETING.

TO FORM 990, PART III, LINE A

GRANTS

EXPENSES

1,895,901.

FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT 5

DESCRIPTION OF PROGRAM SERVICE TWO

THE NINE POLICY TASK FORCES PROVIDE A FORUM FOR LEGISLATORS AND THE PRIVATE SECTOR TO DISCUSS ISSUES, DEVELOP POLICIES, AND DRAFT MODEL LEGISLATION. THE NINE TASK FORCES ARE: CRIMINAL JUSTICE; CIVIL JUSTICE; EDUCATION; ENERGY, ENVIRONMENT, NATURAL RESOURCES, AND AGRICULTURE; COMMERCE AND ECONOMIC DEVELOPMENT; TRADE AND TRANSPORTATION; TELECOMMUNICATIONS AND INFORMATION TECHNOLOGY; HEALTH AND HUMAN SERVICES; AND TAX AND FISCAL POLICY. EACH TASK FORCE IS CO-CHAIRLED BY A PUBLIC AND PRIVATE SECTOR MEMBER OF ALEC.

	<u>GRANTS</u>	<u>EXPENSES</u>
TO FORM 990, PART III, LINE B	<u>                    </u>	<u>1,740,858.</u>

FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT 6

DESCRIPTION OF PROGRAM SERVICE THREE

PUBLIC AFFAIRS CONDUCTS AN ON-GOING COMMUNICATIONS PROGRAM THAT INTEGRATES ALL DEPARTMENTS OF ALEC TO PROMOTE POLICIES BASED ON JEFFERSONIAN PRINCIPLES AMONG ELECTED OFFICIALS, THE PRIVATE SECTOR, THE GENERAL PUBLIC, AND ALEC'S INSTITUTIONAL GOALS AND OBJECTIVES.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE C	_____	462,530.
	=====	=====

FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT 7

DESCRIPTION OF PROGRAM SERVICE FOUR

MEMBERSHIP MANAGES THE PROGRAMS FOR THE RECRUITMENT AND RETENTION OF ALEC STATE LEGISLATOR MEMBERS. THIS INCLUDES LIAISON WITH THE ALEC STATE CHAIRS, PRIVATE SECTOR STATE CHAIRS, AND SIX STATE LEADERSHIP TEAMS. IN ADDITION, MEMBERSHIP PROVIDES ASSISTANCE TO ALEC STATE CHAIRS IN RAISING STATE STIPEND FUNDS, TRACKING THE EXPENDITURES OF THESE FUNDS, AND ENSURING THAT MEMBERS OF ALEC LEADERSHIP ARE IN ACCORDANCE WITH ALEC POLICIES AND PROCEDURES.

	<u>GRANTS</u>	<u>EXPENSES</u>
TO FORM 990, PART III, LINE D	-	227,426.

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**FORM 990      DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT      STATEMENT      8**


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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
OFFICE FURNITURE	171,645.	116,592.	55,053.
OFFICE EQUIPMENT	645,401.	592,500.	52,901.
LEASEHOLD IMPROVEMENTS	117,383.	12,196.	105,187.
CAPITAL LEASES	101,211.	62,051.	39,160.
<b>TOTAL TO FORM 990, PART IV, LN 57</b>	<b>1,035,640.</b>	<b>783,339.</b>	<b>252,301.</b>

FORM 990

OTHER NOTES AND LOANS PAYABLE

STATEMENT 9

<u>LENDER'S NAME</u>	<u>TERMS OF REPAYMENT</u>
SEQUOIA NATIONAL BANK - LINE OF CREDIT	DEMAND W/INT MONTHLY AT WSJ PRIME + 1%

<u>DATE OF NOTE</u>	<u>MATURITY DATE</u>	<u>ORIGINAL LOAN AMOUNT</u>	<u>INTEREST RATE</u>
05/21/01	05/31/05	400,000.	VARIABLE

<u>SECURITY PROVIDED BY BORROWER</u>	<u>PURPOSE OF LOAN</u>
UNSECURED	TO COVER OPERATING EXPENSES

RELATIONSHIP OF LENDER

NONE

<u>DESCRIPTION OF CONSIDERATION</u>	<u>FMV OF CONSIDERATION</u>	<u>BALANCE DUE</u>
CASH	0.	400,000.

<u>LENDER'S NAME</u>	<u>TERMS OF REPAYMENT</u>
CAPITAL LEASE	\$944/MONTH

<u>DATE OF NOTE</u>	<u>MATURITY DATE</u>	<u>ORIGINAL LOAN AMOUNT</u>	<u>INTEREST RATE</u>
02/23/01	03/01/06	40,000.	14.64%

<u>SECURITY PROVIDED BY BORROWER</u>	<u>PURPOSE OF LOAN</u>
EQUIPMENT	LEASE OF COPIERS

RELATIONSHIP OF LENDER

NONE

<u>DESCRIPTION OF CONSIDERATION</u>	<u>FMV OF CONSIDERATION</u>	<u>BALANCE DUE</u>
CASH	0.	29,163.

<u>LENDER'S NAME</u>	<u>TERMS OF REPAYMENT</u>
US BANCORP	421/MONTH

<u>DATE OF NOTE</u>	<u>MATURITY DATE</u>	<u>ORIGINAL LOAN AMOUNT</u>	<u>INTEREST RATE</u>
06/15/02	06/30/07	18,950.	11.95%

<u>SECURITY PROVIDED BY BORROWER</u>	<u>PURPOSE OF LOAN</u>
EQUIPMENT	LEASE OF PHONE SYSTEM

RELATIONSHIP OF LENDER  
NONE

<u>DESCRIPTION OF CONSIDERATION</u>	<u>FMV OF CONSIDERATION</u>	<u>BALANCE DUE</u>
CASH	0.	17,275.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B	<u><u>446,438.</u></u>
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FORM 990

PART V - LIST OF OFFICERS, DIRECTORS,  
TRUSTEES AND KEY EMPLOYEES

STATEMENT 10

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
DUANE PARDE 1129 20TH ST., NW, 5TH FLOOR WASHINGTON, DC 20036	EXECUTIVE DIRECTOR 40	150,000.	23,071.	0.
BEVERLEE LEE 1129 20TH ST., NW, 5TH FLOOR WASHINGTON, DC 20036	DIRECTOR OF FINANCE 40	107,099.	22,758.	0.
DONALD RAY KENNARD 1129 20TH ST., NW, 5TH FLOOR WASHINGTON, DC 20036	NATIONAL CHAIRMAN 1	0.	0.	0.
SUSAN WAGLE 1129 20TH ST., NW, 5TH FLOOR WASHINGTON, DC 20036	FIRST VICE CHAIRMAN 1	0.	0.	0.
BILLY HEWES 1129 20TH ST., NW, 5TH FLOOR WASHINGTON, DC 20036	SECOND VICE CHAIRMAN 1	0.	0.	0.
EARL EHRHART 1129 20TH ST., NW, 5TH FLOOR WASHINGTON, DC 20036	TREASURER 1	0.	0.	0.
DOLORES MERTZ 1129 20TH ST., NW, 5TH FLOOR WASHINGTON, DC 20036	SECRETARY 1	0.	0.	0.
JIM DUNLAP 1129 20TH ST., NW, 5TH FLOOR WASHINGTON, DC 20036	IMMEDIATE PAST CHAIR 1	0.	0.	0.
HAROLD J. BRUBAKER 1129 20TH ST., NW, 5TH FLOOR WASHINGTON, DC 20036	DIRECTOR 1	0.	0.	0.
L. PATRICK ENGEL 1129 20TH ST., NW, 5TH FLOOR WASHINGTON, DC 20036	DIRECTOR 1	0.	0.	0.
NOBLE ELLINGTON 1129 20TH ST., NW, 5TH FLOOR WASHINGTON, DC 20036	DIRECTOR 1	0.	0.	0.



STEVE FARIS 1129 20TH ST., NW, 5TH FLOOR WASHINGTON, DC 20036	DIRECTOR 1	0.	0.	0.
GEORGE L. GUNTHER 1129 20TH ST., NW, 5TH FLOOR WASHINGTON, DC 20036	DIRECTOR 1	0.	0.	0.
RAY HAYNES 1129 20TH ST., NW, 5TH FLOOR WASHINGTON, DC 20036	DIRECTOR 1	0.	0.	0.
OWEN H. JOHNSON 1129 20TH ST., NW, 5TH FLOOR WASHINGTON, DC 20036	VICE PRESIDENT PRO TEMPORE 1	0.	0.	0.
STEVE MCDANIEL 1129 20TH ST., NW, 5TH FLOOR WASHINGTON, DC 20036	DIRECTOR 1	0.	0.	0.
TERRY T MARQUARDT 1129 20TH ST., NW, 5TH FLOOR WASHINGTON, DC 20036	DIRECTOR 1	0.	0.	0.
STEPHEN H MARTIN 1129 20TH ST., NW, 5TH FLOOR WASHINGTON, DC 20036	DIRECTOR 1	0.	0.	0.
DAVE OWEN 1129 20TH ST., NW, 5TH FLOOR WASHINGTON, DC 20036	DIRECTOR 1	0.	0.	0.
WILLIAM RAGGIO 1129 20TH ST., NW, 5TH FLOOR WASHINGTON, DC 20036	DIRECTOR 1	0.	0.	0.
DEAN A. RHOADS 1129 20TH ST., NW, 5TH FLOOR WASHINGTON, DC 20036	DIRECTOR 1	0.	0.	0.
ROBERT WELCH 1129 20TH ST., NW, 5TH FLOOR WASHINGTON, DC 20036	DIRECTOR 1	0.	0.	0.
KURT L. MALMGREN 1129 20TH ST., NW, 5TH FLOOR WASHINGTON, DC 20036	P E CHAIRMAN 1	0.	0.	0.
JERRY WATSON 1129 20TH ST., NW, 5TH FLOOR WASHINGTON, DC 20036	P E FIRST VICE CHAIRMAN 1	0.	0.	0.

SCOTT FISHER 1129 20TH ST., NW, 5TH FLOOR WASHINGTON, DC 20036	P E SECOND VICE CHAIRMAN 1	0.	0.	0.
PETE POYNTER 1129 20TH ST., NW, 5TH FLOOR WASHINGTON, DC 20036	P E TREASURER 1	0.	0.	0.
EDWARD D. FAILOR, SR. 1129 20TH ST., NW, 5TH FLOOR WASHINGTON, DC 20036	P E SECRETARY 1	0.	0.	0.
MICHAEL K. MORGAN 1129 20TH ST., NW, 5TH FLOOR WASHINGTON, DC 20036	P E IMMEDIATE PAST CHAIR 1	0.	0.	0.
ALLEN E. AUGER 1129 20TH ST., NW, 5TH FLOOR WASHINGTON, DC 20036	P E CHAIRMAN EMERITUS 1	0.	0.	0.
RONALD F. SCHEBERLE 1129 20TH ST., NW, 5TH FLOOR WASHINGTON, DC 20036	P E CHAIRMAN EMERITUS 1	0.	0.	0.
KENNETH A ARDOIN 1129 20TH ST., NW, 5TH FLOOR WASHINGTON, DC 20036	P E DIRECTOR 1	0.	0.	0.
WALT F BUCHHOLTZ 1129 20TH ST., NW, 5TH FLOOR WASHINGTON, DC 20036	P E DIRECTOR 1	0.	0.	0.
JOHN DEL GIORNO 1129 20TH ST., NW, 5TH FLOOR WASHINGTON, DC 20036	P E DIRECTOR 1	0.	0.	0.
C.T. HOWLETT 1129 20TH ST., NW, 5TH FLOOR WASHINGTON, DC 20036	P E DIRECTOR 1	0.	0.	0.
JEFFREY A. LANE 1129 20TH ST., NW, 5TH FLOOR WASHINGTON, DC 20036	P E DIRECTOR 1	0.	0.	0.
KENNETH F LANE 1129 20TH ST., NW, 5TH FLOOR WASHINGTON, DC 20036	P E DIRECTOR 1	0.	0.	0.
BERNARD MCKAY 1129 20TH ST., NW, 5TH FLOOR WASHINGTON, DC 20036	P E DIRECTOR 1	0.	0.	0.

AMERICAN LEGISLATIVE EXCHANGE COUNCIL

52-0140979

ROGER L. MOZINGO 1129 20TH ST., NW, 5TH FLOOR WASHINGTON, DC 20036	P E DIRECTOR 1	0.	0.	0.
J. PATRICK ROONEY 1129 20TH ST., NW, 5TH FLOOR WASHINGTON, DC 20036	P E DIRECTOR 1	0.	0.	0.
ALAN B. SMITH 1129 20TH ST., NW, 5TH FLOOR WASHINGTON, DC 20036	P E DIRECTOR 1	0.	0.	0.
PATRICK THOMAS 1129 20TH ST., NW, 5TH FLOOR WASHINGTON, DC 20036	P E DIRECTOR 1	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		<u>257,099.</u>	<u>45,829.</u>	<u>0.</u>

FORM 990

PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES

STATEMENT 11

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	CONFERENCES FOR STATE LEGISLATORS AND CORPORATE LEADERS ARE HELD APPROXIMATELY FOUR TIMES A YEAR.
93B	SALE OF PUBLICATIONS ON STATE LEGISLATIVE ISSUES TO ALL STATE LEGISLATORS.
94	MEMBERSHIP PROVIDES A FORUM FOR STATE LEGISLATORS TO COMMUNICATE ON COMMON ISSUES AND POLICY AS WELL AS ACCESS TO VARIOUS PROGRAMS.

# Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return

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

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

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

**Note** Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only   
 All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print  File by the due date for filing your return. See instructions	Name of Exempt Organization <b>AMERICAN LEGISLATIVE EXCHANGE COUNCIL</b>	Employer identification number <b>52-0140979</b>
	Number, street, and room or suite no. If a P O box, see instructions <b>1129 20TH STREET, NW, 5TH FL</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>WASHINGTON, DC 20036</b>	

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

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

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

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until **AUGUST 15, 2003** to file the exempt organization return for the organization named above. The extension is for the organization's return for  calendar year **2002** or  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

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

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

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

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

### Signature and Verification

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

Signature ▶ *Joyce Underwood* Title ▶ *CPA* Date ▶ *4/29/2003*  
 LHA For Paperwork Reduction Act Notice, see instruction Form 8868 (12-2000)