

**Return of Organization Exempt From Income Tax**

**2002**

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)

Open to Public Inspection

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:  
 Address change  
 Name change  
 Initial return  
 Final return  
 Amended return  
 Application pending

**C** Name of organization: **THE LEXINGTON INSTITUTE**  
 Number and street (or P O box if mail is not delivered to street address): **1600 WILSON BLVD.**  
 City or town state or country, and ZIP + 4: **ARLINGTON, VA 22209**

**D** Employer identification number: **54-1880642**

**E** Telephone number: **703-522-5809**

**F** Accounting method:  Cash  Accrual  
 Other (specify) \_\_\_\_\_

**G** Web site: **WWW.LEXINGTONINSTITUTE.ORG**

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

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

**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12: **2,528,782.**

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

**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? **N/A**  Yes  No (if "No," attach a list)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
**I** Enter 4-digit GEN: \_\_\_\_\_

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

<b>1</b>	Contributions, gifts, grants, and similar amounts received				
<b>a</b>	Direct public support	<b>1a</b>	<b>2,229,424.</b>		
<b>b</b>	Indirect public support	<b>1b</b>			
<b>c</b>	Government contributions (grants)	<b>1c</b>			
<b>d</b>	Total (add lines 1a through 1c) (cash \$ <b>2,229,424.</b> noncash \$ _____)	<b>1d</b>		<b>2,229,424.</b>	
<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>			
<b>3</b>	Membership dues and assessments	<b>3</b>			
<b>4</b>	Interest on savings and temporary cash investments	<b>4</b>			
<b>5</b>	Dividends and interest from securities	<b>5</b>		<b>44,022.</b>	
<b>6 a</b>	Gross rents	<b>6a</b>			
<b>b</b>	Less rental expenses	<b>6b</b>			
<b>c</b>	Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>			
<b>7</b>	Other investment income (describe: <b>OTHER INCOME</b> )	<b>7</b>		<b>2,205.</b>	
<b>8 a</b>	Gross amount from sale of assets other than inventory	(A) Securities	<b>253,131.</b>	<b>8a</b>	
<b>b</b>	Less cost or other basis and sales expenses	(B) Other	<b>224,635.</b>	<b>8b</b>	
<b>c</b>	Gain or (loss) (attach schedule)		<b>28,496.</b>	<b>8c</b>	
<b>d</b>	Net gain or (loss) (combine line 8c, columns (A) and (B))			<b>8d</b>	<b>28,496.</b>
<b>9</b>	Special events and activities (attach schedule)				
	Gross revenue (not including \$ _____ of contributions reported on line 1a)	<b>9a</b>			
	Less direct expenses other than fundraising expenses	<b>9b</b>			
	Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>			
<b>10 a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>			
<b>b</b>	Less cost of goods sold	<b>10b</b>			
<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>			
<b>11</b>	Other revenue (from Part VII, line 103)	<b>11</b>			
<b>12</b>	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>		<b>2,304,147.</b>	
<b>13</b>	Program services (from line 44, column (B))	<b>13</b>		<b>1,484,169.</b>	
<b>14</b>	Management and general (from line 44, column (C))	<b>14</b>		<b>216,565.</b>	
<b>15</b>	Fundraising (from line 44, column (D))	<b>15</b>		<b>150,728.</b>	
<b>16</b>	Payments to affiliates (attach schedule)	<b>16</b>			
<b>17</b>	Total expenses (add lines 16 and 44, column (A))	<b>17</b>		<b>1,851,462.</b>	
<b>18</b>	Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>		<b>452,685.</b>	
<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		<b>2,524,080.</b>	
<b>20</b>	Other changes in net assets or fund balances (attach explanation)	<b>20</b>	<b>SEE STATEMENT 2</b>	<b>-76,240.</b>	
<b>21</b>	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>		<b>2,900,525.</b>	

588  
 RECEIVED  
 MAY 14 2003  
 OGDEN UT

SCANNED MAY 31 2003

25

**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 \$ _____	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	730,000.	580,565.	87,445.
26	Other salaries and wages	26	571,554.	452,156.	69,913.
27	Pension plan contributions	27			
28	Other employee benefits	28	41,568.	32,882.	5,084.
29	Payroll taxes	29	61,674.	48,787.	7,543.
30	Professional fundraising fees	30			
31	Accounting fees	31	12,740.		12,740.
32	Legal fees	32	957.		957.
33	Supplies	33	44,870.	35,494.	5,488.
34	Telephone	34	19,913.	15,752.	2,436.
35	Postage and shipping	35	8,948.	7,078.	1,094.
36	Occupancy	36	90,563.	71,639.	11,077.
37	Equipment rental and maintenance	37	8,959.	7,087.	1,096.
38	Printing and publications	38	50,812.	40,195.	6,215.
39	Travel	39	48,259.	39,355.	
40	Conferences, conventions, and meetings	40	54,765.	54,765.	
41	Interest	41			
42	Depreciation, depletion etc (attach schedule)	42	18,193.	14,391.	2,225.
43	Other expenses not covered above (itemize)				
	a _____	43a			
	b _____	43b			
	c _____	43c			
	d _____	43d			
	e SEE STATEMENT 3	43e	87,687.	84,023.	3,252.
44	<small>Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D) carry these totals to lines 13-15</small>	44	1,851,462.	1,484,169.	216,565.
					150,728.

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 4**

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	THE INSTITUTE SUPPORTS AND PROVIDES RESEARCH REGARDING ISSUES OF PUBLIC POLICY HAVING EFFECTS ON THE RIGHTS, FREEDOM, SECURITY, AND QUALITY OF LIFE OF AMERICAN CITIZENS.	(Grants and allocations \$ _____)	1,484,169.
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)		1,484,169.

**Part IV Balance Sheets**

Note		(A) Beginning of year		(B) End of year	
<i>Where required, attached schedules and amounts within the description column should be for end-of-year amounts only</i>					
<b>Assets</b>	45	Cash - non-interest-bearing		45	
	46	Savings and temporary cash investments		1,925,351.	2,116,096.
	47 a	47a	362,134.		
		b	47b		47c
					362,134.
	48 a	48a			
		b	48b		48c
	49	Grants receivable		49	
	50	Receivables from officers, directors, trustees, and key employees		50	
	51 a	51a			
		b	51b		51c
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges		13,732.	15,301.
	54	Investments - securities STMT 5 STMT 6 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		558,421.	412,475.
	55 a	55a			
	b	55b		55c	
56	Investments - other		56		
57 a	57a	88,820.			
	b	57b	45,011.	57c	
	STMT 7			34,366.	
58	Other assets (describe ► SEE STATEMENT 8 )		5,022.	58	
				9,037.	
59	Total assets (add lines 45 through 58) (must equal line 74)		2,547,537.	59	
				2,949,409.	
<b>Liabilities</b>	60	Accounts payable and accrued expenses		23,457.	60
	61	Grants payable		61	18,276.
	62	Deferred revenue		62	
	63	Loans from officers, directors, trustees, and key employees		63	
	64 a	Tax-exempt bond liabilities		64a	
		b	Mortgages and other notes payable		64b
	65	Other liabilities (describe ► PAYROLL TAXES PAYABLE )		65	30,608.
66	Total liabilities (add lines 60 through 65)		23,457.	66	
				48,884.	
<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		2,524,080.	67
	68	Temporarily restricted		68	2,840,525.
	69	Permanently restricted		69	60,000.
	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)		2,524,080.	73	
74	Total liabilities and net assets / fund balances (add lines 66 and 73)		2,547,537.	74	
				2,949,409.	

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	
a Total revenue, gains, and other support per audited financial statements	a 2,227,907.
b Amounts included on line a but not on line 12 Form 990	
(1) Net unrealized gains on investments \$ -76,240.	
(2) Donated services and use of facilities \$	
(3) Recoveries of prior year grants \$	
(4) Other (specify) \$	
Add amounts on lines (1) through (4)	b -76,240.
c Line a minus line b	c 2,304,147.
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 0.
e Total revenue per line 12, Form 990 (line c plus line d)	e 2,304,147.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return	
a Total expenses and losses per audited financial statements	a 1,851,462.
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) \$	
Add amounts on lines (1) through (4)	b 0.
c Line a minus line b	c 1,851,462.
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 0.
e Total expenses per line 17, Form 990 (line c plus line d)	e 1,851,462.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated)

(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
MERRICK CAREY 4135 LORCOM LANE ARLINGTON, VA 22207	CEO / EXEC. CHAIRMAN	282,500.	8,750.	0.
JAMES COURTER 520 BROAD STREET, 16TH FLOOR NEWARK, NJ 07102	DIRECTOR AND CHAIRMAN	15,000.	0.	0.
DONALD SOIFER 3032 Q STREET, NW, APT. 5 WASHINGTON, VA 20007	EXEC. VICE-PRESIDENT	150,000.	9,300.	0.
LOREN THOMPSON 5608 UPLAND WOODS DRIVE ALEXANDRIA, VA 22310	COO / PRESIDENT	282,500.	0.	0.
RUSSELL G. REDENBAUGH P.O. BOX 58668 PHILADELPHIA, PA 19102	DIRECTOR	0.	0.	0.
DANIEL STRICKBERGER 30 PETERSVILLE ROAD MT KISCO, NY 10549	DIRECTOR	0.	0.	0.

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? If "Yes," attach schedule  Yes  No

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? <span style="float:right">N/A</span>	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 <input type="checkbox"/> 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 <span style="float:right">81a 0.</span>		
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) <span style="float:right">82b N/A</span>		
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	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? <span style="float:right">N/A</span>	84b	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? <span style="float:right">N/A</span>	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? <span style="float:right">N/A</span>	85b	
	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		
c	Dues, assessments, and similar amounts from members <span style="float:right">85c N/A</span>		
d	Section 162(e) lobbying and political expenditures <span style="float:right">85d N/A</span>		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices <span style="float:right">85e N/A</span>		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) <span style="float:right">85f N/A</span>		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? <span style="float:right">N/A</span>	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? <span style="float:right">N/A</span>	85h	
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12 <span style="float:right">86a N/A</span>		
b	Gross receipts, included on line 12, for public use of club facilities <span style="float:right">86b N/A</span>		
87	501(c)(12) organizations Enter a Gross income from members or shareholders <span style="float:right">87a N/A</span>		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) <span style="float:right">87b N/A</span>		
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 <input type="checkbox"/> 0., section 4912 <input type="checkbox"/> 0., section 4955 <input type="checkbox"/> 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 <span style="float:right">0.</span>		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization <span style="float:right">0.</span>		
90 a	List the states with which a copy of this return is filed <input type="checkbox"/> VIRGINIA		
b	Number of employees employed in the pay period that includes March 12, 2002 <span style="float:right">90b 9</span>		
91	The books are in care of <input type="checkbox"/> THE INSTITUTE Telephone no <input type="checkbox"/> 703-522-5809		
Located at <input type="checkbox"/> 1600 WILSON BOULEVARD, SUITE 900, ARLINGTON, VA ZIP + 4 <input type="checkbox"/> 22209			
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 <span style="float:right">92 N/A</span>		

**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 _____					
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					
96 Dividends and interest from securities			14	44,022.	
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			41	2,205.	
100 Gain or (loss) from sales of assets other than inventory			18	28,496.	
101 Net income or (loss) from special events					
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))		0.		74,723.	0.
105 Total (add line 104, columns (B), (D), and (E))					74,723.

**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)
▼	

**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 p...  
**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, this return and all information furnished hereon is true, correct, and complete. Declaration of preparer (other than officer) is based on all information furnished to him.

Signature of officer: *[Signature]* Date: 8/14

Paid Preparer's Use Only

Preparer's signature: *Paul D. Burk*

Firm's name (or yours if self-employed), address and ZIP + 4: SWART, LALANDE & ASSOCIATES, 11166 MAIN STREET, SUITE FAIRFAX, VIRGINIA 2203

223161 01-22-03

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

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

OMB No 1545-0047

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

**2002**

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

**THE LEXINGTON INSTITUTE**

Employer identification number

**54 1880642**

**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
PHILLIP PETERS ----- 1600 N. CLEVELAND, ARLINGTON, VA	VICE-PRES. 40	122,000.	10,000.	
BONNER COHEN ----- 1600 N. OAK ST., ARLINGTON, VA	SENIOR FELLOW 40	85,000.		
ROBERT HOLLAND ----- 15056 SILVER LEAF CT., MONTCLAIR, VA	SENIOR FELLOW 40	105,000.	12,000.	
----- ----- -----				
DANIEL GOURE ----- 708 NORTH JACKSON ST, ARLINGTON, VA	SENIOR FELLOW 40	160,000.		
Total number of other employees paid over \$50,000 ▶	0			

**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
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B) 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
<b>Note:</b> Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments.		

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

The organization is not a private foundation because it is (Please check only ONE applicable box.)

- 5  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6  A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8  A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ► \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)
- 11b  A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)
- 12  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the Support Schedule in Part IV-A)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3).)

Provide the following information about the supported organizations (See page 5 of the instructions.)

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

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



**Part 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)	2,577,442.	1,797,733.	1,696,894.	491,300.	6,563,369.
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					
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	72,349.	62,690.	23,436.	4,094.	162,569.
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	2,649,791.	1,860,423.	1,720,330.	495,394.	6,725,938.
24 Line 23 minus line 17	2,649,791.	1,860,423.	1,720,330.	495,394.	6,725,938.
25 Enter 1% of line 23	26,498.	18,604.	17,203.	4,954.	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24 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 c Total support for section 509(a)(1) test Enter line 24, column (e) d Add Amounts from column (e) for lines 18 <u>162,569.</u> 19 _____ 22 _____ 26b <u>2,793,329.</u> e Public support (line 26c minus line 26d total) f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				▶ 26a 134,519. ▶ 26b 2,793,329. ▶ 26c 6,725,938. ▶ 26d 2,955,898. ▶ 26e 3,770,040. ▶ 26f 56.0523%
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 N/A (2001) _____ (2000) _____ (1999) _____ (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 N/A (2001) _____ (2000) _____ (1999) _____ (1998) _____ c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ d Add Line 27a total _____ and line 27b total _____ e Public support (line 27c total minus line 27d total) 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 %				▶ 27c N/A ▶ 27d N/A ▶ 27e N/A ▶ 27g N/A % ▶ 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	NONE				

**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 )		
<hr/> <hr/> <hr/>			
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
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 )	32d	
<hr/> <hr/> <hr/>			
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )	33h	
<hr/> <hr/> <hr/>			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
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	34b	
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	35	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions)

N/A

(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	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
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	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
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				N/A (e) Total
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	
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)

N/A

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 c through h)
  - c Media advertisements
  - d Mailings to members, legislators, or the public
  - e Publications, or published or broadcast statements
  - f Grants to other organizations for lobbying purposes
  - g Direct contact with legislators, their staffs, government officials, or a legislative body
  - h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
  - i Total lobbying expenditures (Add lines c through h)
- If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Yes	No	Amount
		0.

**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

(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

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

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
	LEASEHOLD IMPROVEMENTS											
19	(D) LEASEHOLD IMPROVEMENTS	071299	SL	3.00	16	11,345.			11,345.	9,455.		1,890.
43	LEASEHOLD IMPROVEMENTS	080102	SL	5.00	16	837.			837.			70.
	* 990 PAGE 2 TOTAL - LEASEHOLD IMPROVEMENTS					12,182.		0.	12,182.	9,455.	0.	1,960.
	FURNITURE & FIXTURES											
23	DESKS & 6 CHAIRS	062398	SL	7.00	16	1,698.			1,698.	851.		243.
14	FURNITURE	081699	SL	7.00	16	1,249.			1,249.	445.		178.
16	FURNITURE	093099	SL	7.00	16	448.			448.	160.		64.
26	5 DRAWER FILE CABINET	010901	SL	7.00	16	104.			104.	15.		15.
27	5 DRAWER LATERAL FILE	010901	SL	7.00	16	464.			464.	66.		66.
28	2 48" WALNUT BOOKCASES	010901	SL	7.00	16	198.			198.	28.		28.
29	DESK & TABLE	020801	SL	7.00	16	1,462.			1,462.	191.		209.
30	5 DRAWER FILE CABINET	121901	SL	7.00	16	348.			348.			50.
32	5 DRAWER FILE CABINET	011801	SL	7.00	16	104.			104.	14.		15.
33	5 DRAWER LATERAL FILE	011801	SL	7.00	16	464.			464.	61.		66.
34	2 48" WALNUT BOOKCASES	011801	SL	7.00	16	198.			198.	26.		28.
36	5 DRAWER LATERAL FILE	081501	SL	7.00	16	829.			829.	49.		118.
40	DESK	081202	SL	7.00	16	494.			494.			29.

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
	* 990 PAGE 2 TOTAL - FURNITURE & FIXTURES					8,060.		0.	8,060.	1,906.	0.	1,109.
	MACHINERY & EQUIPMENT											
1	OFFICE EQUIPMENT	060198	SL	5.00	16	15,000.			15,000.	10,500.		3,000.
3	PRINTER	072198	SL	5.00	16	1,225.			1,225.	858.		245.
4	GC COMPUTER	082198	SL	5.00	16	1,909.			1,909.	1,337.		382.
5	COPIER	100198	SL	5.00	16	2,391.			2,391.	1,673.		478.
6	TELEPHONE SYSTEM	010499	SL	5.00	16	4,084.			4,084.	2,043.		817.
7	TELEPHONE SYSTEM	030199	SL	5.00	16	4,152.			4,152.	2,075.		830.
8	COMPUTER EQUIPMENT	030199	SL	5.00	16	3,560.			3,560.	1,780.		712.
9	OFFICE EQUIPMENT	041199	SL	5.00	16	1,387.			1,387.	693.		277.
10	COMPUTER EQUIPMENT	042999	SL	5.00	16	1,735.			1,735.	868.		347.
11	TELEPHONE SYSTEM	072099	SL	5.00	16	4,553.			4,553.	2,278.		911.
13	COMPUTER EQUIPMENT	081099	SL	5.00	16	2,995.			2,995.	1,498.		599.
15	TELEPHONE SYSTEM	081699	SL	5.00	16	4,353.			4,353.	2,178.		871.
17	FAX MACHINE	100799	SL	5.00	16	852.			852.	425.		170.
18	TELEPHONE SYSTEM	110399	SL	5.00	16	2,398.			2,398.	1,200.		480.
23	CANON COPIER 6551	022800	SL	5.00	16	14,234.			14,234.	5,219.		2,847.
242	DELL COMPUTERS	081500	SL	5.00	16	3,108.			3,108.	881.		622.

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
25	DELL COMPUTER	121600	SL	5.00	16	1,450.			1,450.	290.		290.
31	DELL DESKTOP	022701	SL	5.00	16	1,439.			1,439.	240.		288.
35	DELL COMPUTER	063001	SL	5.00	16	1,287.			1,287.	129.		257.
37	COMPUTER EQUIPMENT	092601	SL	5.00	16	1,594.			1,594.	80.		319.
38	COMPUTER SOFTWARE, QUICKBOOKS	020702	SL	5.00	16	1,654.			1,654.			303.
39	PRO 2002	052202	SL	3.00	16	264.			264.			51.
41	SPEAKERPHONE W/ LCD	090502	SL	7.00	16	585.			585.			28.
42	COMPUTER	122602	SL	5.00	16	3,714.			3,714.			0.
	* 990 PAGE 2 TOTAL - MACHINERY & EQUIPMENT					79,923.		0.	79,923.	36,245.	0.	15,124.
	* GRAND TOTAL 990 PAGE 2 DEPR					100,165.		0.	100,165.	47,606.	0.	18,193.

FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES			STATEMENT	1
DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)	
NORTHROP GRUMMAN STOCK	115,546.	75,761.	0.	39,785.	
T. ROWE PRICE EQUITY INCOME FUND	37,585.	50,524.	0.	-12,939.	
U.S. TREASURY BILL	100,000.	98,350.	0.	1,650.	
TO FORM 990, PART I, LINE 8	253,131.	224,635.	0.	28,496.	

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES		STATEMENT	2
DESCRIPTION	AMOUNT			
UNREALIZED LOSSES ON INVESTMENTS	-76,240.			
TOTAL TO FORM 990, PART I, LINE 20	-76,240.			

FORM 990	OTHER EXPENSES			STATEMENT	3
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
CONSULTANTS AND RESEARCH	71,900.	71,900.			
TAXES & LICENSES	2,287.		2,287.		
INSURANCE	4,752.	3,759.	581.	412.	
DUES & SUBSCRIPTIONS	8,364.	8,364.			
MISCELLANEOUS	384.		384.		
TOTAL TO FM 990, LN 43	87,687.	84,023.	3,252.	412.	



---



---

FORM 990      STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE      STATEMENT      4  
PART III

---

EXPLANATION

THE INSTITUTE SUPPORTS AND PERFORMS RESEARCH INTO PUBLIC POLICY ISSUES WHICH AFFECT THE RIGHTS, FREEDOM, SECURITY AND QUALITY OF LIFE OF AMERICANS.

---



---

FORM 990      NON-GOVERNMENT SECURITIES      STATEMENT      5

---

SECURITY DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
SCHWAB INVESTMENT ACCOUNT	104,364.				104,364.
RIGGS INVESMENT ACCOUNT			106,986.		106,986.
TO 990, LN 54 COL B	104,364.		106,986.		211,350.

---



---

FORM 990      GOVERNMENT SECURITIES      STATEMENT      6

---

DESCRIPTION	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
SCHWAB INVESTMENT ACCOUNT	101,594.		101,594.
T.ROWE PRICE INVESTMENT ACCOUNT	99,531.		99,531.
TOTAL TO FORM 990, LINE 54, COL B	201,125.		201,125.

---



---

FORM 990      DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT      STATEMENT      7

---

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
OFFICE EQUIPMENT	15,000.	13,500.	1,500.
3 DESKS & 6 CHAIRS	1,698.	1,094.	604.
PRINTER	1,225.	1,103.	122.
GC COMPUTER	1,909.	1,719.	190.
COPIER	2,391.	2,151.	240.

TELEPHONE SYSTEM	4,084.	2,860.	1,224.
TELEPHONE SYSTEM	4,152.	2,905.	1,247.
COMPUTER EQUIPMENT	3,560.	2,492.	1,068.
OFFICE EQUIPMENT	1,387.	970.	417.
COMPUTER EQUIPMENT	1,735.	1,215.	520.
TELEPHONE SYSTEM	4,553.	3,189.	1,364.
COMPUTER EQUIPMENT	2,995.	2,097.	898.
FURNITURE	1,249.	623.	626.
TELEPHONE SYSTEM	4,353.	3,049.	1,304.
FURNITURE	448.	224.	224.
FAX MACHINE	852.	595.	257.
TELEPHONE SYSTEM	2,398.	1,680.	718.
CANON COPIER 6551	14,234.	8,066.	6,168.
2 DELL COMPUTERS	3,108.	1,503.	1,605.
DELL COMPUTER	1,450.	580.	870.
5 DRAWER FILE CABINET	104.	30.	74.
5 DRAWER LATERAL FILE	464.	132.	332.
2 48" WALNUT BOOKCASES	198.	56.	142.
DESK & TABLE	1,462.	400.	1,062.
5 DRAWER FILE CABINET	348.	50.	298.
DELL DESKTOP	1,439.	528.	911.
5 DRAWER FILE CABINET	104.	29.	75.
5 DRAWER LATERAL FILE	464.	127.	337.
2 48" WALNUT BOOKCASES	198.	54.	144.
DELL COMPUTER	1,287.	386.	901.
5 DRAWER LATERAL FILE	829.	167.	662.
COMPUTER EQUIPMENT	1,594.	399.	1,195.
COMPUTER	1,654.	303.	1,351.
SOFTWARE, QUICKBOOKS PRO 2002	264.	51.	213.
DESK	494.	29.	465.
SPEAKERPHONE W/ LCD	585.	28.	557.
COMPUTER	3,714.	0.	3,714.
LEASEHOLD IMPROVEMENTS	837.	70.	767.
<b>TOTAL TO FORM 990, PART IV, LN 57</b>	<b>88,820.</b>	<b>54,454.</b>	<b>34,366.</b>

FORM 990	OTHER ASSETS	STATEMENT	8
----------	--------------	-----------	---

DESCRIPTION	AMOUNT
EMPLOYEE ADVANCES	-100.
PAYROLL TAX REFUNDS	0.
SECURITY DEPOSITS	9,137.
<b>TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B</b>	<b>9,037.</b>