

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2001

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2001 calendar year, OR tax year beginning , and ending

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
We the People Foundation for Constitutional Education

Number and street (or P. O. box if mail is not delivered to street address) Room/suite
2458 Ridge Road

City or town State or country ZIP + 4
Queensbury NY 12804

D Employer identification number
14-1800415

E Telephone number
()

F Accounting method: Cash Accrual
 Other (specify)

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

- H and I are not applicable to section 527 organizations.
- H(a)** Is this a group return for affiliates? Yes No
- H(b)** If "Yes," enter number of affiliates
- H(c)** Are all affiliates included? Yes No
(If "No," attach a list. See instructions.)
- H(d)** Is this a separate return filed by an organization covered by a group ruling? Yes No

G Web site:

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

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

I Enter 4-digit GEN

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

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 375,731

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16.)

1 Contributions, gifts, grants, and similar amounts received:				
a	Direct public support	1a	375,669	
b	Indirect public support	1b		
c	Government contributions (grants)	1c		
d	Total (add lines 1a through 1c) (cash \$ noncash \$)	1d	375,669	
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		
3	Membership dues and assessments	3		
4	Interest on savings and temporary cash investments	4	62	
5	Dividends and interest from securities	5		
6a	Gross rents	6a		
b	Less: rental expenses	6b		
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c	0	
7	Other investment income (describe)	7		
8a	Gross amount from sales of assets other than inventory	8a		
b	Less: cost or other basis and sales expenses	8b		
c	Gain or (loss) (attach schedule)	8c	0	
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	0	
9	Special events and activities (attach schedule)			
a	Gross revenue (not including \$ of contributions reported on line 1a)	9a		
b	Less: direct expenses other than fundraising expenses	9b		
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	0	
10a	Gross sales of inventory, less returns and allowances	10a		
b	Less: cost of goods sold	10b		
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	0	
11	Other revenue (from Part VII, line 103)	11		
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	375,731	
13	Program services (from line 44, column (B))	13	340,669	
14	Management and general (from line 44, column (C))	14	17,357	
15	Fundraising (from line 44, column (D))	15	0	
16	Payments to affiliates (attach schedule)	16		
17	Total expenses (add lines 16 and 44, column (A))	17	358,026	
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	17,705	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	8,486	
20	Other changes in net assets or fund balances (attach explanation)	20		
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	26,191	

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 21.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	0			
23	Specific assistance to individuals (attach schedule)	0			
24	Benefits paid to or for members (attach schedule)	0			
25	Compensation of officers, directors, etc.	0			
26	Other salaries and wages	0			
27	Pension plan contributions	0			
28	Other employee benefits	0			
29	Payroll taxes	0			
30	Professional fundraising fees	0			
31	Accounting fees	2,505		2,505	
32	Legal fees	66,175	66,175		
33	Supplies	2,673	2,673		
34	Telephone	4,802	3,842	960	
35	Postage and shipping	7,316	7,316		
36	Occupancy	2,576		2,576	
37	Equipment rental and maintenance	0			
38	Printing and publications	15,771	15,771		
39	Travel	14,857	14,857		
40	Conferences, conventions, and meetings	224,835	224,835		
41	Interest	0			
42	Depreciation, depletion, etc. (attach schedule)	2,207		2,207	
43	Other expenses not covered above (itemize): a misc	160		160	
b	bank charges	1,057		1,057	
c	advertising	5,200	5,200		
d	office expense	7,367		7,367	
e	subscriptions	25		25	
f	amortization expense	500		500	
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	358,026	340,669	17,357	0

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____;
 (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

(See Specific Instructions on page 24.)

What is the organization's primary exempt purpose? **Review of State & National Constitutional Issues**

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	Local tax base issues with respect to contract for waste plant reverting to contractor rather municipality	(Grants and allocations \$ _____)	20,440
b	Symposiums in Washington DC regarding constitutionality of 16th Amendment, as well as meetings at the National Press Club presenting issues regarding the amendment	(Grants and allocations \$ _____)	313,415
c	Dissemination of information on issues pending and related website maintenance	(Grants and allocations \$ _____)	6,814
d		(Grants and allocations \$ _____)	
e	Other program services (attach schedule)	(Grants and allocations \$ _____)	340,669
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)		340,669

Part IV Balance Sheets

(See Specific Instructions on page 24.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.				(A)		(B)
				Beginning of year		End of year
Assets						
45	Cash - non-interest-bearing			4,483	45	-2,146
46	Savings and temporary cash investments				46	
47a	Accounts receivable	250				
b	Less: allowance for doubtful accounts			250	47c	250
48a	Pledges receivable					
b	Less: allowance for doubtful accounts			0	48c	0
49	Grants receivable				49	
50	Receivables from officers, directors, trustees, and key employees (attach schedule)				50	
51a	Other notes and loans receivable (attach schedule)					
b	Less: allowance for doubtful accounts			0	51c	0
52	Inventories for sale or use			2,353	52	17,353
53	Prepaid expenses and deferred charges				53	
54	Investments - securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV				54	
55a	Investments - land, buildings, and equipment: basis					
b	Less: accumulated depreciation (attach schedule)			0	55c	0
56	Investments - other (attach schedule)			0	56	0
57a	Land, buildings, and equipment: basis	12,441				
b	Less: accumulated depreciation (attach schedule)			400	57c	10,234
58	Other assets (describe organization costs, net of amortization)			1,000	58	500
59	Total assets (add lines 45 through 58) (must equal line 74)			8,486	59	26,191
Liabilities						
60	Accounts payable and accrued expenses				60	
61	Grants payable				61	
62	Deferred revenue				62	
63	Loans from officers, directors, trustees, and key employees (attach schedule)				63	
64a	Tax-exempt bond liabilities (attach schedule)				64a	
b	Mortgages and other notes payable (attach schedule)				64b	
65	Other liabilities (describe)			0	65	0
66	Total liabilities (add lines 60 through 65)			0	66	0
Net Assets or Fund Balances						
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.						
67	Unrestricted			8,486	67	26,191
68	Temporarily restricted				68	
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)			8,486	73	26,191
74	Total liabilities and net assets/fund balances (add lines 66 and 73)			8,486	74	26,191

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions, page 26.)

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

a	Total revenue, gains, and other support per audited financial statements	a	375,731
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments .. \$		
(2)	Donated services and use of facilities .. \$		
(3)	Recoveries of prior year grants .. \$		
(4)	Other (specify):		
	\$		
	Add amounts on lines (1) thru (4)	b	0
c	Line a minus line b	c	375,731
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	375,731

a	Total expenses and losses per audited financial statements	a	358,026
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) thru (4)	b	0
c	Line a minus line b	c	358,026
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	358,026

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see Specific Instructions on page 26.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
See Attached Listing				

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? Yes No
 If "Yes," attach schedule - see Specific Instructions on page 27.

Part VI Other Information (See Specific Instructions on page 27.)		Yes or 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 no
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 No
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b No
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79 No
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a No
b	If "Yes," enter the name of the organization <u>n/a</u> and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt.	
81a	Enter direct or indirect political expenditures. See line 81 instructions <u>81a</u>	
b	Did the organization file Form 1120-POL for this year?	81b
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a No
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.) <u>82b</u>	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a Yes
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b
85	501(c)(4), (5), or (6) organizations. 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
c	Dues, assessments, and similar amounts from members	85c
	Section 162(e) lobbying and political expenditures	85d
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f 0
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h
86	501(c)(7) orgs. Enter: a. Initiation fees and capital contributions included on line 12	86a
b	Gross receipts, included on line 12, for public use of club facilities	86b
87	501(c)(12) orgs. Enter: a. Gross income from members or shareholders	87a
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b
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 No
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.00</u> ; section 4912 <u>0.00</u> ; section 4955 <u>0.00</u>	
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b No
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	0.00
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization	0.00
90a	List the states with which a copy of this return is filed <u>New York</u>	
b	Number of employees employed in the pay period that includes March 12, 2001 (See instructions.)	90b none
91	The books are in care of <u>Burr Dietz</u> Telephone no. <u>518-489-0167</u> Located at <u>444 Whitehall Road Albany, NY</u> ZIP + 4 <u>12208</u>	
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	92

Part VII Analysis of Income-Producing Activities

(See Specific Instructions on page 32.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E)
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function income
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				62	
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 _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add cols. (B), (D), and (E))		0		62	0
105 Total (add line 104, columns (B), (D), and (E))					62

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 Specific Instructions on page 32.)

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 Specific Instructions on page 33.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts

(See Specific Instructions on page 33.)

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

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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

Please Sign Here

Signature of officer: _____ Date: 11/15/2002

Type or print name and title: _____

Paid Preparer's Use Only

Preparer's signature: *David W. Hunter* Date: 11/18/2002 Check if self-employed: Preparer's SSN or PTIN (See Gen. Inst. W-131-46-5972): _____

Firm's name (or yours if self-employed), address, and ZIP + 4: David W. Hunter, CPA
P.O. Box 156, Coxsack, NY 12051

EIN: _____ Phone no.: 518-731-6790

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

2001

Supplementary Information - (See separate instructions.)

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

Department of the Treasury
Internal Revenue Service

Name of the organization
We the People Foundation for Constitutional Education

Employer identification number
14-1800415

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000 NONE				

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services NONE		

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

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities. \$ _____ (Must equal amounts on line 38, Part VI-A, or line i 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

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 6 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 6 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) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total	
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	124,050	20,786	1,653	100	146,589	
16 Membership fees received					0	
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					0	
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					0	
19 Net income from unrelated business activities not included in line 18					0	
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0	
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					0	
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					0	
23 Total of lines 15 through 22	124,050	20,786	1,653	100	146,589	
24 Line 23 minus line 17	124,050	20,786	1,653	100	146,589	
25 Enter 1% of line 23	1,241	208	17	1		
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 0	
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 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b	
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 0	
d Add: Amounts from column (e) for lines:	18 0	19 0			26d 0	
	22 0	26b 0			26e 0	
e Public support (line 26c minus line 26d total)					26e 0	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 0.00%	
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:	(2000) 0	(1999) 0	(1998) 0	(1997) 0		
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:	(2000) 0	(1999) 0	(1998) 0	(1997) 0		
c Add: Amounts from column (e) for lines:	15 146,589	16 0			27c 146,589	
	17 0	20 0	21 0			27d 0
d Add: Line 27a total	0	and line 27b total		0	27e 146,589	
e Public support (line 27c total minus line 27d total)					27e 146,589	
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27f 146,589	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 100.00%	
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h 0.00%	
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.						

Part V Private School Questionnaire

(See page 7 of the instructions.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions?		
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities?		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34a Does the organization receive any financial aid or assistance from a governmental agency?		
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

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

(To be completed ONLY by an eligible organization that filed Form 5768)

Check a if the organization belongs to an affiliated group. Check b if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a)	(b)
		Affiliated group totals	To be completed for ALL electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)		
37	Total lobbying expenditures to influence a legislative body (direct lobbying)		
38	Total lobbying expenditures (add lines 36 and 37)	0	0
39	Other exempt purpose expenditures		
40	Total exempt purpose expenditures (add lines 38 and 39)	0	0
41	Lobbying nontaxable amount. Enter the amount from the following table - If the amount on line 40 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
42	Grassroots nontaxable amount (enter 25% of line 41)	0	0
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	0	0
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	0	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				
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45					0
46					0
47					0
48					0
49					0
50					0

Part VI-B Lobbying Activity by Nontaxing Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
	a Volunteers		
b Paid staff or management (include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			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:

- (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

Table with 3 columns: Question label (51a(i), a(ii), b(i), b(ii), b(iii), b(iv), b(v), b(vi), c), Yes, No. All 'No' boxes are checked.

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. The table is currently empty.

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

Yes No

b If "Yes," complete the following schedule.

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. The table is currently empty.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No. 1545-0047

2001

Name of organization

We the People Foundation for Constitutional Education

Employer identification number

14-1800415

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the General rule or a Special rule. (Note: Only a section 501(c)(7), (8), or (10) organization can check box(es) for both the General rule and a Special rule - see instructions.)

General Rule -

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules -

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the Parts unless the General rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) \$ _____

Caution: Organizations that are not covered by the General rule and/or the Special rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
We the People Foundation for Constitutional Education

Employer identification number
 14-1800415

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	DMI Mechanical Bakersfield, CA	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> Complete Part II if there is a noncash contribution.)
2	Anonymous	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> Complete Part II if there is a noncash contribution.)
3	Anonymous	\$ 33,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> Complete Part II if there is a noncash contribution.)
---	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> Complete Part II if there is a noncash contribution.)
---	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> Complete Part II if there is a noncash contribution.)
---	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> Complete Part II if there is a noncash contribution.)

Name of organization
We the People Foundation for Constitutional Education

Employer identification number
14-1800415

Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	____/____/____
_____	_____ _____ _____	\$ _____	____/____/____
_____	_____ _____ _____	\$ _____	____/____/____
_____	_____ _____ _____	\$ _____	____/____/____
_____	_____ _____ _____	\$ _____	____/____/____
_____	_____ _____ _____	\$ _____	____/____/____
_____	_____ _____ _____	\$ _____	____/____/____
_____	_____ _____ _____	\$ _____	____/____/____
_____	_____ _____ _____	\$ _____	____/____/____

Name of organization
 We the People Foundation for Constitutional Education

Employer identification number
 14-1800415

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year.
 (Complete columns (a) through (e) and the following line entry.)

For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this information once-see instructions) \$ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	

If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box
Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part II Additional (not automatic) 3-Month Extension of Time-Must File Original and One Copy.

Name of Exempt Organization: We the People Foundation for Constitutional Education
Employer identification number: 14-1800415
Address: 2458 Ridge Road, Queensbury, NY 12804

Check type of return to be filed (File a separate application for each return):
[X] Form 990 [] Form 990-EZ [] Form 990-T (sec. 401(a) or 408(a) trust) [] Form 1041-A [] Form 5227 [] Form 8870
[] Form 990-BL [] Form 990-PF [] Form 990-T (trust other than above) [] Form 4720 [] Form 6069

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.
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 is for.

4 I request an additional 3-month extension of time until 11/15/2002
5 For calendar year 2001 or other tax year beginning _____ and ending _____
6 If this tax year is for less than 12 months, check reason: [] Initial return [] Final return [] Change in accounting period
7 State in detail why you need the extension: waiting for information needed to complete audited financial statements, which are needed to complete form 990

8a 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, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.
c Balance Due. Subtract line 8b from line 8a. 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. 0

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 _____ Title _____ Date _____

Notice to Applicant-To Be Completed by the IRS

[] We have approved this application. Please attach this form to the organization's return.
[] We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
[] We have not approved this application. After considering the reasons stated in Item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
[] We cannot consider this application because it was filed after the due date of the return for which an extension was requested.
[] Other _____

By: _____ Date _____
Director

Alternate Mailing Address- Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Name: David W. Hunter, CPA
Number and street (include suite, room, or apt. no.) Or a P.O. box number: P.O. Box 156
City or town, province or state, and country (including postal or ZIP code): Coxsackie, NY 12051

If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box
Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time-Must File Original and One Copy.

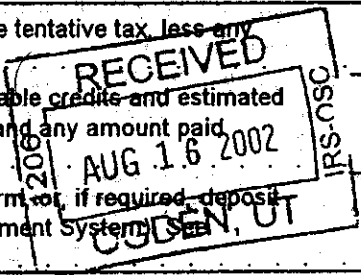
Table with 3 columns: Type or print, Name of Exempt Organization, Employer identification number. Row 1: We the People Foundation for Constitutional Education, 14-1800415, 2458 Ridge Road, Queensbury, NY 12804.

Check type of return to be filed (File a separate application for each return):
[X] Form 990 [] Form 990-EZ [] Form 990-T (sec. 401(a) or 408(a) trust) [] Form 1041-A [] Form 5227 [] Form 8870
[] Form 990-BL [] Form 990-PF [] Form 990-T (trust other than above) [] Form 4720 [] Form 6069

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.
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 is for.

4 I request an additional 3-month extension of time until 11/15/2002
5 For calendar year 2001, or other tax year beginning _____ and ending _____
6 If this tax year is for less than 12 months, check reason: [] Initial return [] Final return [] Change in accounting period
7 State in detail why you need the extension waiting for information needed to complete audited financial statements, which are needed to complete form 990

8a 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, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868
c Balance Due. Subtract line 8b from line 8a. 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

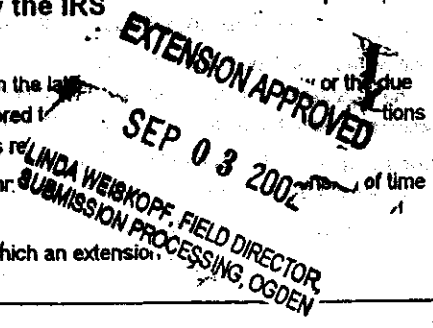


Signature and Verification
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature: [Signature] Title: CPA Date: 8/13/2002

Notice to Applicant-To Be Completed by the IRS

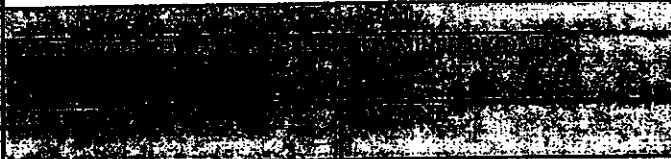
[X] We have approved this application. Please attach this form to the organization's return.
[] We have not approved this application. However, we have granted a 10-day grace period from the last date of the organization's return (including any prior extensions). This grace period is considered otherwise required to be made on a timely return. Please attach this form to the organization's return to file. We are not granting a 10-day grace period.
[] We have not approved this application. After considering the reasons stated in item 7, we cannot consider this application because it was filed after the due date of the return for which an extension is requested.
[] Other



By: _____ Date: _____
Director

Alternate Mailing Address- Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print: Name David W. Hunter, CPA; Number and street (include suite, room, or apt. no.) Or a P.O. box number P.O. Box 156; City or town, province or state, and country (including postal or ZIP code) Coxsackie, NY 12051

CHAR 497 ANNUAL FINANCIAL REPORT (Charitable Organization) FOR THE YEAR ENDED <u>12/31/2001</u>		STATE OF NEW YORK DEPARTMENT OF LAW CHARITIES BUREAU - REGISTRATION SECTION 120 BROADWAY New York, NY 10271 www.oag.state.ny.us/charities/charites.html	
FULL OFFICIAL NAME AND ADDRESS OF ORGANIZATION Official Name: <u>WE THE PEOPLE FOUNDATION FOR CONSTITUTIONAL EDUCATION, INC.</u> Street Address: <u>2458 RIDGE ROAD</u> City: <u>QUEENSBURY</u> State: <u>NY</u> Zip: <u>12804</u>		ORGANIZATION'S MAIL ADDRESS, TELEPHONE NUMBER & EMAIL Street Address: _____ City: _____ State: _____ Zip: _____ Phone Number: (____) _____ - _____ Ext: _____ Email: _____	
STATE REGISTRATION NUMBER	FEDERAL I.D. NUMBER		
	<u>14-1800415</u>		
This form, including any attachments, is a public record and a copy will be provided upon request to any interested persons.			
<input type="checkbox"/> "X" box if your total contributions did not exceed \$25,000 and you did not engage the services of a professional fund raiser or a fund raising counsel during this fiscal year. (See INSTRUCTIONS - CHAR023 or CHAR026 - for report categories and fees)			
<input type="checkbox"/> This is a combined report for _____ organizations. (Prior written approval of Attorney General required to submit combined reports)			

FINANCIAL SUMMARY		TOTAL
Support and Revenue		
1. Direct public support (line 14, Schedule 1, page 2)		<u>375669</u>
2. Indirect public support (line 18, Schedule 1, page 2)		
3. Government grants (line 20, Schedule 1, page 2)		
4. Program service revenue		
5. Other revenue <u>INTEREST</u>		<u>62</u>
6. Total support and revenue (add lines 1 through 5)		<u>375731</u>
Expenses		
Program services (list individually):		
7.		<u>340669</u>
8.		
9.		
10.		
11. Public information combined with fund raising		
12. Payments to affiliates/services to affiliates		
13. Total program services (add lines 7 through 12)		
14. Management and general expenses		<u>17357</u>
15. Fund raising expenses		
16. Total expenses (add lines 13 through 15)		<u>358026</u>
17. Excess (deficit) of support and revenue over expenses (line 6 minus line 16)		<u>17705</u>
18. Fund balances or net worth at beginning of year		<u>8486</u>
19. Other changes in fund balances or net worth (attach explanation)		
20. Fund balances or net worth at end of year (add lines 17 through 19)		<u>26191</u>
Summary of Balance Sheet (as of <u>12/31/2001</u>)		
21. Assets		<u>26191</u>
22. Liabilities		<u>-0-</u>
23. Fund balances (line 21 minus line 22)		<u>26191</u>
Explanation of income and expense items, if required:		

SCHEDULE 1: CONTRIBUTIONS		Total Amount	Portion Other Than Cash
NOTE: Do not report donated services or facilities in this schedule.			
Direct Public Support			
1. Direct mail		146815	
2. Telephone solicitation campaigns			
3. Commercial co-venturers (complete Schedule 4)			
4. Door-to-Door			
5. Special events (contribution portion only)		228854	
6. Telethon			
7. Other (specify):			
8. Other (specify):			
9. Other (specify):			
10. Total general public support (add lines 1 through 9)		375669	
11. Foundation and trust grants			
12. Corporate and other business grants			
13. Legacies and bequests			
14. Total direct public support (add lines 10 through 13) (Transfer total line 14 to page 1, line 1)		375669	
Indirect Public Support			
15. From Federated Fund Raising Agencies			
16. From affiliates			
17. From other fund raising agencies			
18. Total indirect public support (add lines 15 through 17) (Transfer total line 18 to page 1, line 2)			
Government Grants			
19. Specify Agency:			
(a)			
(b)			
(c)			
(d)			
(e) All other government grants			
20. Total government grants (add lines 19(a) through 19(e)) (Transfer total line 20 to page 1, line 3)			
21. Total contributions (sum of lines 14, 18 and 20)		375669	

ACTIVITY STATEMENTS

- Have your books/records been audited by or for any government agency/funding source this fiscal year? YES* NO
 *If YES, specify agency: _____ Period audited: _____
- Does your organization allocate costs of multipurpose activities among program services, management and general, and fund raising; i.e., Direct Mail, Telethon? YES* NO
 *If YES, See IRS Instructions - Reporting Joint Costs of Multi-Purpose Activities.
- Did your organization receive donated services or the use of materials, equipment or facilities at no charge or at substantially less than fair rental value? YES* NO
 *If YES, indicate the value: _____. Do not include this amount as support or as an expense on page 1.

SCHEDULE 2: PROFESSIONAL FUND RAISERS (PFR)

Item	Contract 1	Contract 2	Contract 3	Contract 4
1. Name, address and telephone number of PFR				
2. Contract Period				
3. Type of services provided by PFR				
4. Total gross revenue				
5. Total expenses, including payments to PFR				
6. Total uncollected pledges				
7. Accounting method use in preparing this report	<input type="checkbox"/> CASH <input type="checkbox"/> ACCRUAL <input type="checkbox"/> OTHER (Specify)	<input type="checkbox"/> CASH <input type="checkbox"/> ACCRUAL <input type="checkbox"/> OTHER (Specify)	<input type="checkbox"/> CASH <input type="checkbox"/> ACCRUAL <input type="checkbox"/> OTHER (Specify)	<input type="checkbox"/> CASH <input type="checkbox"/> ACCRUAL <input type="checkbox"/> OTHER (Specify)
8. Did service result in solicitation in New York State	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

* DO NOT exclude amounts retained by PFR (e.g. amounts reported on line 5).

SCHEDULE 3: FUND RAISING COUNSEL (FRC)

Item	Contract 1	Contract 2	Contract 3	Contract 4
1. Name, address, telephone number of FRC				
2. Contract period				
3. Type of services provided by FRC				
4. Total paid to FRC				
5. Did services result in solicitation in New York State?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

SCHEDULE 4: COMMERCIAL CO-VENTURERS (CCV)

Item	Contract 1	Contract 2	Contract 3	Contract 4
1. Name, address and telephone number of CCV				
2. Contract period				
3. Description of co-venture				
4. Brief description of financial terms and conditions of written contract				
5. Has the organization received an accounting from the CCV as required by §173-a(3) of Article 7-A of the Executive Law?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

ATTACHMENTS REQUIRED TO ACCOMPANY CHAR497

WHERE TOTAL SUPPORT AND REVENUE IS:

- \$100,000 or less: No Public Accountant's Report is needed - Certification by Charitable Organization is required.
- \$100,001 to \$250,000: An Independent Public Accountant's review and Certification by Charitable Organization are required.
- More than \$250,000: An Independent Public Accountant's audit and Certification by Charitable Organization are required.

DOCUMENT ATTACHMENT CHECKOFF

(See Instructions for Completing Annual Financial Report - CHAR023 or CHAR026 - for required attachments)

Check the boxes for the documents which you are attaching:

Independent Accountant's Report

- Audit Report (Total revenue & support more than \$250,000)
- Review Report (Total revenue & support \$100,001 to \$250,000)
- No Accountant's Report Required (Total revenue & support \$100,000 or less or Contributions Received \$25,000 or less)

Completed Internal Revenue Service Forms

- | | | |
|---|--|--|
| <input type="checkbox"/> IRS Form 990 | <input type="checkbox"/> IRS Form 990-EZ | <input type="checkbox"/> IRS Form 990-PF |
| <input type="checkbox"/> Schedule A to IRS Form 990 | <input type="checkbox"/> Schedule A to IRS Form 990-EZ | <input type="checkbox"/> Schedule B to IRS Form 990-PF |
| <input type="checkbox"/> Schedule B to IRS Form 990 | <input type="checkbox"/> Schedule B to IRS Form 990-EZ | <input type="checkbox"/> IRS Form 990-T |
| <input type="checkbox"/> IRS Form 990-T | <input type="checkbox"/> IRS Form 990-T | |

Other Attachments (if any)

List: _____

CERTIFICATION BY CHARITABLE ORGANIZATION

We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

Signature of President or Authorized Officer	Printed Name	Title	Date Signed
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Signature of Chief Financial Officer	Printed Name	Title	Date Signed
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After this report has been executed by two distinct officials, please send it with the appropriate attachments and fee to:

State of New York
Department of Law
Charities Bureau - Registration Section
120 Broadway
New York, NY 10271-0332

NOTE: If the registrant is also required to register with the Attorney General pursuant to the Estates, Powers and Trusts Law (EPTL) another filing fee and additional documents may be due pursuant to that statute. See filing instructions - CHAR023 or CHAR026 - for EPTL fee schedule.