

Return of Organization Exempt From Income Tax

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

2002

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2002 calendar year, or tax year beginning and ending		D Employer identification number	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending		E Telephone number	
C Name of organization We the People Foundation for Constitutional Education		14-1800415	
Please use IRS label or print or type. See Specific Instructions. Number and street (or P.O. box if mail is not delivered to street address) Room/suite		F Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶	
2458 Ridge Road			
City or town State or country ZIP + 4			
Queensbury NY 12804			
<p>• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).</p>		<p>H and I are not applicable to section 527 organizations.</p> <p>H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>H(b) If "Yes," enter number of affiliates ▶</p> <p>H(c) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No. (If "No," attach a list. See instructions.)</p> <p>H(d) Is this a separate return filed by an organization covered by a group ruling? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>I Enter 4-digit GEN ▶</p>	
G Web site: ▶		M Check <input type="checkbox"/> if the organization is NOT required to attach Sch. B (Form 990, 990-EZ, or 990-PF).	
J ORGANIZATION TYPE (check only one) ▶ <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) OR <input type="checkbox"/> 527			
K Check here <input type="checkbox"/> 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 ▶		427,175	

Revenue, Expenses, and Changes in Net Assets or Fund Balances		(See page 17 of the instructions.)	
Revenue	1 Contributions, gifts, grants, and similar amounts received:		
	a Direct public support	427,129	
	b Indirect public support		
	c Government contributions (grants)		
	d TOTAL (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)		427,129
	2 Program service revenue including government fees and contracts (from Part VII, line 93)		
	3 Membership dues and assessments		
	4 Interest on savings and temporary cash investments		46
	5 Dividends and interest from securities		
	6a Gross rents		
	6b Less: rental expenses		
	6c Net rental income or (loss) (subtract line 6b from line 6a)		0
7 Other investment income (describe _____)			
Revenue	8a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other
	b Less: cost or other basis and sales expenses	8a	8b
	c Gain or (loss) (attach schedule)	0	0
	d Net gain or (loss) (combine line 8c, columns (A) and (B))		0
Revenue	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)		0	
Revenue	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)		0
	11 Other revenue (from Part VII, line 103)		
	12 TOTAL REVENUE (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)		427,175
Expenses	13 Program services (from line 44, column (B))		406,798
	14 Management and general (from line 44, column (C))		20,565
	15 Fundraising (from line 44, column (D))		0
	16 Payments to affiliates (attach schedule)		
	17 TOTAL EXPENSES (add lines 16 and 44, column (A))		427,363
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)		-188
	19 Net assets or fund balances at beginning of year (from line 73, column (A))		26,191
	20 Other changes in net assets or fund balances (attach explanation)		
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)		26,003

Part III

Statement of Functional Expenses

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	0			
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	0			
32	Legal fees	0			
33	Supplies	6,315		6,315	
34	Telephone	8,725	8,725		
35	Postage and shipping	614		614	
36	Occupancy	972	972		
37	Equipment rental and maintenance	3,907	3,617	290	
38	Printing and publications	78,666	78,666		
39	Travel	37,907	37,907		
40	Conferences, conventions, and meetings	275,751	275,751		
41	Interest	0			
42	Depreciation, depletion, etc. (attach schedule)	4,614		4,614	
43	Other expenses not covered above (itemize):				
	a bank charges	2,244		2,244	
	b advertising	1,160	1,160		
	c office expense	4,501		4,501	
	d subscriptions	464		464	
	e insurance	1,523		1,523	
	f misc	0			
44	TOTAL FUNCTIONAL EXPENSES (add lines 22 through 43). ORGANIZATIONS COMPLETING COLUMNS (B)-(D), CARRY THESE TOTALS TO LINES 13-15	427,363	406,798	20,565	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 page 24 of the instructions.)

What is the organization's primary exempt purpose? <input checked="" type="checkbox"/> Review of State & National Constitutional Issues	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	
(Grants and allocations \$ _____)	30,261
b Symposiums regarding constitutionality of 16th Amendment, as well as meetings at the National Press Club presenting issues regarding the amendment	
(Grants and allocations \$ _____)	366,784
c Dissemination of information on issues pending and related website maintenance	
(Grants and allocations \$ _____)	9,753
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)	406,798

Part IV Balance Sheets (See page 24 of the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	-2,146	45	2,280
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	250		
	47a			
	47b	0	250	47c
	b Less: allowance for doubtful accounts			250
	48 a Pledges receivable	0		
	48a			
	48b	0	0	48c
	b Less: allowance for doubtful accounts			0
	49 Grants receivable			49
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		0	50
	51 a Other notes and loans receivable (attach schedule)	0		
	51a			
	51b	0	0	51c
52 Inventories for sale or use		17,353	52	
53 Prepaid expenses and deferred charges			53	
54 Investments - securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		0	54	
55 a Investments - land, buildings, and equipment: basis	0			
55a				
55b	0	0	55c	
b Less: accumulated depreciation (attach schedule)			0	
56 Investments - other (attach schedule)		0	56	
57 a Land, buildings, and equipment: basis	12,441			
57a				
57b	6,321	10,234	57c	
b Less: accumulated depreciation (attach schedule)			6,120	
58 Other assets (describe <input type="checkbox"/> See attached worksheet)		500	58	
59 TOTAL ASSETS (add lines 45 through 58) (must equal line 74)		26,191	59	
			26,003	
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)		0	63
	64 a Tax-exempt bond liabilities (attach schedule)		0	64a
	64a			
	64b	0	0	64b
65 Other liabilities (describe <input type="checkbox"/>)		0	65	
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		26,191	67
	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)		26,191	73
	74 TOTAL LIABILITIES AND NET ASSETS / FUND BALANCES (add lines 66 and 73)		26,191	74
			26,003	

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

Part IV A		Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 26 of the instructions.)	
a	Total revenue, gains, and other support per audited financial statements	a	427,175
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) through (4) . . .	b	0
c	Line a minus line b	c	427,175
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	427,175

Part IV B		Reconciliation of Expenses per Audited Financial Statements with Expenses per Return	
a	Total expenses and losses per audited financial statements	a	427,363
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	427,363
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	427,363

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (IF NOT PAID, ENTER -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
See 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 page 26 of the instructions.

Part VII Other Information (See page 27 of the instructions.)

76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity 76

77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes. 77

78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78a

b If "Yes," has it filed a tax return on FORM 990-T for this year? 78b

79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement 79

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

b If "Yes," enter the name of the organization n/a and check whether it is exempt OR nonexempt. 81a

81 a Enter direct or indirect political expenditures. See line 81 instructions 81b

b Did the organization file FORM 1120-POL for this year? 81b

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

b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b

83 a Did the organization comply with the public inspection requirements for returns and exemption applications? 83a

b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? 83b

84 a Did the organization solicit any contributions or gifts that were not tax deductible? 84a

b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 84b

85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? 85a

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

d Section 162(e) lobbying and political expenditures 85d

e 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

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

89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0; section 4912 0; section 4955 0 89a

b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction 89b

c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0

d Enter: Amount of tax on line 89c, above, reimbursed by the organization 0

90 a List the states with which a copy of this return is filed New York 90a

b Number of employees employed in the pay period that includes March 12, 2002 (See instructions.) 90b none

The books are in care of Burr Deitz Telephone no. 518-489-0167

Located at 444 Whitehall Road Albany, NY ZIP + 4 12208

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of FORM 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 92

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

Note: Enter gross amounts unless otherwise indicated.

Table with 5 columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include Program service revenue, Medicare/Medicaid payments, Fees and contracts from government agencies, Membership dues and assessments, Interest on savings and temporary cash investments, Dividends and interest from securities, Net rental income or (loss) from real estate, Net rental income or (loss) from personal property, Other investment income, Gain or (loss) from sales of assets other than inventory, Net income or (loss) from special events, Gross profit or (loss) from sales of inventory, Other revenue, Subtotal, and TOTAL.

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.)

Table with 2 columns: 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.)

Table with 5 columns: (A) Name, address, and EIN of corporation, partnership, or disregarded entity; (B) Percentage of ownership interest; (C) Nature of activities; (D) Total income; (E) End-of-year assets.

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

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

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

Please Sign Here: Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer: Burr Deitz, Date: 4/19/2005, Title: Treasurer.

Paid Preparer's Use Only: Preparer's signature: David W. Hunter, Date: 4/19/2005, Check if self-employed: [X], Preparer's SSN or PTIN: 131-46-5972, Firm's name (or yours if self-employed), address, and ZIP + 4: David W. Hunter, CPA, P.O. Box 156, Coxsackie, NY 12051, EIN: [], Phone no.: 518-731-6790.

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments				46	
95 Interest on savings and temporary cash investments					
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 columns (B), (D), and (E))		0		46	0
105 TOTAL (add line 104, columns (B), (D), and (E))					46

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
	%			
	%			
	%			
	%			

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

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

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

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

Please Sign Here

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

Burr Deitz _____ Date 4/19/2005
Signature of officer

Burr Deitz _____ Treasurer
Type or print name and title.

Paid Preparer's Use Only

Preparer's signature *David W. Hunter* Date 4/19/2005 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, Coxsackie, NY 12051

EIN _____ Phone no. 518-731-6790

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust
Supplementary Information - (See separate instructions.)

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

OMB No. 1545-0047

2002

Name of the organization

Employer identification number

We the People Foundation for Constitutional Education

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	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 \$ 0 (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)

Table with 2 columns: Yes, No. Row 1: Yes (shaded), No (X)

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.

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.)

Table with 2 columns: Yes, No. Row 2: Yes (shaded), No (shaded)

a Sale, exchange, or leasing of property?

Table with 2 columns: Yes, No. Row 2a: Yes (shaded), No (X)

b Lending of money or other extension of credit?

Table with 2 columns: Yes, No. Row 2b: Yes (shaded), No (X)

c Furnishing of goods, services, or facilities?

Table with 2 columns: Yes, No. Row 2c: Yes (shaded), No (X)

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

Table with 2 columns: Yes, No. Row 2d: Yes (shaded), No (X)

e Transfer of any part of its income or assets?

Table with 2 columns: Yes, No. Row 2e: Yes (shaded), No (X)

3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See NOTE below.)

Table with 2 columns: Yes, No. Row 3: Yes (shaded), No (X)

4 Do you have a section 403(b) annuity plan for your employees?

Table with 2 columns: Yes, No. Row 4: Yes (shaded), No (X)

Note: Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments.

Part IV Reason for Non-Private Foundation Status

(See pages 3 through 5 of the instructions.)

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

- 5 [] A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
6 [] A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
7 [] A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
8 [] A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
9 [] A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). ENTER THE HOSPITAL'S NAME, CITY, AND STATE
10 [] An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the SUPPORT SCHEDULE in Part IV-A.)
11 a [] 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.)
11 b [] A community trust. Section 170(b)(1)(A)(vi). (Also complete the SUPPORT SCHEDULE in Part IV-A.)
12 [X] 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.)

Table with 2 columns: (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 IVA 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.)	375,669	124,050	20,786	1,653	522,158
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	62				62
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	375,731	124,050	20,786	1,653	522,220
Line 23 minus line 17	375,731	124,050	20,786	1,653	522,220
25 Enter 1% of line 23	3,757	1,241	208	17	5,222
26 ORGANIZATIONS DESCRIBED ON LINES 10 OR 11: a Enter 2% of amount in column (e), line 24					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 1998 through 2001 exceeded the amount shown in line 26a. DO NOT FILE THIS LIST WITH YOUR RETURN. Enter the total of all these excess amounts					0
c Total support for section 509(a)(1) test: Enter line 24, column (e)					0
d Add: Amounts from column (e) for lines: 18 0 19 0					0
22 0 26b 0					0
e Public support (line 26c minus line 26d total)					0
f PUBLIC SUPPORT PERCENTAGE (LINE 26E (NUMERATOR) DIVIDED BY LINE 26C (DENOMINATOR))					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:	(2001) 0	(2000) 0	(1999) 0	(1998) 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:	(2001) 0	(2000) 0	(1999) 0	(1998) 0	
c Add: Amounts from column (e) for lines: 15 522,158 16 0					522,158
17 0 20 0 21 0					0
d Add: Line 27a total 0 and line 27b total 0					0
e Public support (line 27c total minus line 27d total)					522,158
Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					522,220
g PUBLIC SUPPORT PERCENTAGE (LINE 27E (NUMERATOR) DIVIDED BY LINE 27F (DENOMINATOR))					99.99%
h INVESTMENT INCOME PERCENTAGE (LINE 18, COLUMN (E) (NUMERATOR) DIVIDED BY LINE 27F (DENOMINATOR))					0.01%
28 UNUSUAL GRANTS: For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. DO NOT FILE THIS LIST WITH YOUR RETURN. Do not include these grants in line 15.					

Part IV

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.)		
34 a Does the organization receive any financial aid or assistance from a governmental agency?		
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A

Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

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

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

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred.)			
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	0
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	0
41	Lobbying nontaxable amount. Enter the amount from the following table -		
If the amount on line 40 is -		The lobbying nontaxable amount is -	
Not over \$500,000	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	41	0
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)	42	0
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	0
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	0

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
45	Lobbying nontaxable amount				0
46	Lobbying ceiling amount (150% of line 45(e))				0
47	Total lobbying expenditures				0
48	Grassroots nontaxable amount				0
49	Grassroots ceiling amount (150% of line 48(e))				0
50	Grassroots lobbying expenditures				0

Part VI-B

Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- 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.)

Yes	No	Amount
		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:

Table with 3 columns: Question, Yes, No. Rows include 51a(i) Cash, a(ii) Other assets, b Other transactions (i-vi), and c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.

- (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:

Table with 4 columns: (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:

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship.

Schedule B

(Form 990, 990-EZ, - 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

2002

Name of organization

Employer identification number

We the People Foundation for Constitutional Education

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, 990-EZ, or 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
	various anonymous contributors, giving more than \$5000.00	\$ 155,000	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.)
		\$ _____	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.)

WE THE PEOPLE FOUNDATION FOR CONSTITUTIONAL
EDUCATION
BOARD OF DIRECTORS AND EXECUTIVE BOARD

ALL SERVE AS VOLUNTEERS AND ARE NOT COMPENSATED
THEY DO NOT HAVE EXPENSE ACCOUNTS
ALL ARE PART TIME

BOARD OF DIRECTORS
We The People Foundation for Constitutional Education, Inc

Robert L. Schulz, 2458 Ridge Road, Queensbury, New York 12804
Fairlene G. Rabenda, 8 Claudia Lane, Poughkeepsie, New York 12630
Peter Candela, 7 Nautilus Ct., Hampton Bays, New York 11946
David Carney, Ph.D., PO Box 1465, Sag Harbor, New York 11963
Carl Lanzisera, 1395 N.Y. Avenue, Huntington, New York 11746
Chris Garvey, Esq., 16 Nicoll Avenue, Amityville, New York 11701
Elena Sassower, 16 Lake Street, Apt. 2C, White Plains, New York 10603
Lloyd F. Wright, 16 Farview Road, Hopewell Jct., New York 12533
Patricia A. Friedman, 175 Roxbury Road So., Garden City, New York 11530
Burr V. Deitz, 444 Whitehall Road, Albany, New York 12208

Paul Gilchrist, Ph.D., 14 Stevens Road, Queensbury, New York 12804
Keith W. McCart, RD#1 Box 211A, White Creek, New York 12057
Ruth E.A. Davis, 4057 State Rt. 9, Plattsburgh, New York 12901
Lenore Clesceri, Ph.D., Lake Shore Drive, Bolton Landing, New York 12814
