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Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2000

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation), section 527, or section 4947(a)(1) nonexempt charitable trust
▶ For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year

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

A For the 2000 calendar year, or tax year beginning JULY 1, 2000, and ending JUNE 30, 2001

B Check if applicable:
 Change of address
 Change of name
 Initial return
 Final return
 Amended return

C Name of organization
MISSOURI PUBLIC INTEREST RESEARCH FOUNDATION
 Number and street (or P O box, if mail is not delivered to street address): Room/suite
59 REAR MARYLAND PLAZA
 City or town state or country, and ZIP + 4
ST LOUIS MO 63108-1501

D Employer identification number
43 0966840

E Telephone no
(314) 454 9560

F Check if application pending

G Accounting method Cash Accrual Other (specify) ▶ **H** Enter 4-digit group exemption no (GEM) ▶

I Organization type (check only one) — 501(c) (3) (insert no) 527 or 4947(a)(1)
 • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

J Check 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.

K Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$100,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$

L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ) ▶

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 34)

| | | | | |
|------------|--|--|-------|--------|
| Revenue | 1 | Contributions, gifts, grants, and similar amounts received | 1 | 41,000 |
| | 2 | Program service revenue including government fees and contracts | 2 | |
| | 3 | Membership dues and assessments | 3 | |
| | 4 | Investment income | 4 | 101 |
| | 5a | Gross amount from sale of assets other than inventory | 5a | |
| | 5b | Less cost or other basis and sales expenses | 5b | |
| | 5c | Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule) | 5c | |
| | 6 | Special events and activities (attach schedule) | 6 | |
| | 6a | Gross revenue (not including \$ _____ of contributions reported on line 1) | 6a | |
| 6b | Less direct expenses other than fundraising expenses | 6b | | |
| 6c | Net income or (loss) from special events and activities (line 6a less line 6b) | 6c | | |
| 7a | Gross sales of inventory, less returns and allowances | 7a | | |
| 7b | Less cost of goods sold | 7b | | |
| 7c | Gross profit or (loss) from sales of inventory (line 7a less line 7b) | 7c | | |
| 8 | Other revenue (describe ▶ _____) | 8 | | |
| 9 | Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) | 9 | 41101 | |
| Expenses | 10 | Grants and similar amounts paid (attach schedule) | 10 | |
| | 11 | Benefits paid to or for members | 11 | |
| | 12 | Salaries, other compensation, and employee benefits | 12 | 33214 |
| | 13 | Professional fees and other payments to independent contractors | 13 | |
| | 14 | Occupancy, rent, utilities, and maintenance | 14 | 2280 |
| | 15 | Printing, publications, postage, and shipping | 15 | 2369 |
| | 16 | Other expenses (describe ▶ PHONE, TRAVEL, SUPPLIES, INSURANCE) | 16 | 6547 |
| 17 | Total expenses (add lines 10 through 16) | 17 | 44410 | |
| Net Assets | 18 | Excess or (deficit) for the year (line 9 less line 17) | 18 | (3309) |
| | 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 19 | 22464 |
| | 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 through 20) | 21 | 19155 |

Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See Specific Instructions on page 37)

| | (A) Beginning of year | (B) End of year |
|--|-----------------------|-----------------|
| 22 Cash, savings, and investments | 22 22 464 | 22 66 627 |
| 23 Land and buildings | | 23 |
| 24 Other assets (describe ▶ _____) | | 24 |
| 25 Total assets | | 25 66 627 |
| 26 Total liabilities (describe ▶ ACCOUNTS PAYABLE) | | 26 47 472 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 27 22 464 | 27 19 155 |

For Paperwork Reduction Act Notice, see page 1 of the separate instructions.

Cat. No 106421

Form 990-EZ (2000)

SCANNED JUN 24 2002

| Part III Statement of Program Service Accomplishments (See Specific Instructions on page 38) | | Expenses |
|---|---|---|
| What is the organization's primary exempt purpose? <u>RESEARCH AND EDUCATION IN THE PUBLIC INTEREST</u> | | (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others) |
| 28 | <u>RESEARCH AND EDUCATION ON WILDERNESS ISSUES ENERGY AND CLEAN AIR ISSUES, TOXICS USE ISSUES, AND CAMPAIGN FINANCE REFORM</u> (Grants \$ <u>0</u>) | 28a <u>39,549</u> |
| 29 | (Grants \$ | 29a |
| 30 | (Grants \$ | 30a |
| 31 | Other program services (attach schedule) (Grants \$ | 31a |
| 32 | Total program service expenses (add lines 28a through 31a) | 32 |

| Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See Specific Instructions on page 38) | | | | |
|--|--|---|---|--|
| (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 |
| <u>IVAN FRISHBURG</u> <u>218 D STREET SE WASHINGTON DC 20003</u> | <u>PRESIDENT / .5</u> | <u>0</u> | <u>0</u> | <u>0</u> |
| <u>DAVID ROSEN FELD</u> <u>11965 VENICE BLVD LOS ANGELES CA 90066</u> | <u>SECRETARY / .5</u> | <u>0</u> | <u>0</u> | <u>0</u> |
| <u>RICHARD MCCLINTOCK</u> <u>1530 BLAKE ST STE220 DENVER CO 80202</u> | <u>TREASURER / .5</u> | <u>0</u> | <u>0</u> | <u>0</u> |

| Part V Other Information (See Specific Instructions on page 38 and General Instruction V on page 14) | | Yes | No |
|--|---|-----|-------------------------------------|
| 33 | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity | | <input checked="" type="checkbox"/> |
| 34 | Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes. | | <input checked="" type="checkbox"/> |
| 35 | If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but NOT reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T | | <input checked="" type="checkbox"/> |
| a | Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements? | | <input checked="" type="checkbox"/> |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | | <input checked="" type="checkbox"/> |
| 36 | Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement) | | <input checked="" type="checkbox"/> |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <u>37a</u> | | <input checked="" type="checkbox"/> |
| b | Did the organization file Form 1120-POL for this year? | | <input checked="" type="checkbox"/> |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee OR were any such loans made in a prior year and still unpaid at the start of the period covered by this return? | | <input checked="" type="checkbox"/> |
| b | If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved <u>38b</u> | | <input checked="" type="checkbox"/> |
| 39 | 501(c)(7) organizations Enter a initiation fees and capital contributions included on line 9 <u>39a</u> | | <input checked="" type="checkbox"/> |
| b | Gross receipts, included on line 9, for public use of club facilities <u>39b</u> | | <input checked="" type="checkbox"/> |
| 40a | 501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under section 4911 ▶, section 4912 ▶, section 4955 ▶ | | <input checked="" type="checkbox"/> |
| b | 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation | | <input checked="" type="checkbox"/> |
| c | Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 ▶ | | <input checked="" type="checkbox"/> |
| d | Enter: Amount of tax on line 40c, above, reimbursed by the organization ▶ | | <input checked="" type="checkbox"/> |
| 41 | List the states with which a copy of this return is filed ▶ | | <input checked="" type="checkbox"/> |
| 42 | The books are in care of ▶ <u>FFPIR</u> Telephone no ▶ <u>(617) 292 4805</u> Located at ▶ <u>29 TEMPLE PL BOSTON MA</u> ZIP + 4 ▶ <u>02111</u> | | <input checked="" type="checkbox"/> |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ 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 ▶ <u>43</u> | | <input checked="" type="checkbox"/> |

| | | | | |
|--------------------------|---|-------------------------|--|--------------------------|
| 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 (Important: See General Instruction W page 14) | | | |
| | <u>Peter L. Campbell</u> Signature of officer | <u>12/15/02</u> Date | <u>Peter L. Campbell, CFO</u> Type or print name and title. | |
| Paid Preparer's Use Only | Preparer's signature ▶ | Date ▶ | Check if self-employed ▶ <input type="checkbox"/> | Preparer's SSN or PTIN ▶ |
| | Firm's name (or yours if self-employed) and address and ZIP code ▶ | EIN ▶ | Phone no ▶ () - | |

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

2000

Department of the Treasury
Internal Revenue Service

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

Name of the organization

MISSOURI PUBLIC INTEREST RESEARCH FOUNDATION

Employer identification number

43:0966840

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 ▶



Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 1 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 ▶



Part III Statements About Activities

| | 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 ▶ \$ _____ 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 of its 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 | | |
| 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? If the answer to any question is "Yes," attach a detailed statement explaining the transactions | | X |
| 3 Does the organization make grants for scholarships, fellowships, student loans, etc.? | | X |
| 4a Do you have a section 403(b) annuity plan for your employees? | | X |
| b Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See page 2 of the instructions.) | | |

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

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

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

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

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

| Calendar year (or fiscal year beginning in) | (a) 1999 | (b) 1998 | (c) 1997 | (d) 1996 | (e) Total |
|--|----------|----------|----------|----------|-----------|
| 15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28). | 5000 | 16950 | 10850 | 13756 | 46556 |
| 16 Membership fees received | | | | | |
| 17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose | | | | | |
| 18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 | | | | | |
| 19 Net income from unrelated business activities not included in line 18 | | | | | |
| 20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf | | | | | |
| 21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge. | | | | | |
| 22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets | | | | | |
| 23 Total of lines 15 through 22 | 5000 | 16950 | 10850 | 13756 | 46556 |
| 24 Line 23 minus line 17. | | | | | 46556 |
| 25 Enter 1% of line 23 | 50 | 169 | 109 | 138 | |
| 26 Organizations described on lines 10 or 11: | | | | | |
| a Enter 2% of amount in column (e), line 24 | | | | | 26a 931 |
| b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts | | | | | 26b 1469 |
| c Total support for section 509(a)(1) test. Enter line 24, column (e) | | | | | 26c 46556 |
| d Add Amounts from column (e) for lines 18 _____ 19 _____ | | | | | 26d 1469 |
| 22 _____ 26b 1469 | | | | | 26e 45087 |
| e Public support (line 26c minus line 26d total) | | | | | 26f 97% |
| f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) | | | | | |
| 27 Organizations described on line 12: | | | | | |
| a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year | | | | | |
| (1999) _____ (1998) _____ (1997) _____ (1996) _____ | | | | | |
| b For any amount included in line 17 that was received from a nondisqualified person, attach a list 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.) 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 | | | | | |
| (1999) _____ (1998) _____ (1997) _____ (1996) _____ | | | | | |
| c Add Amounts from column (e) for lines 15 _____ 16 _____ | | | | | 27c |
| 17 _____ 20 _____ 21 _____ | | | | | 27d |
| d Add Line 27a total _____ and line 27b total _____ | | | | | 27e |
| e Public support (line 27c total minus line 27d total) | | | | | 27f |
| f Total support for section 509(a)(2) test. Enter amount on line 23, column (e) | | | | | 27g % |
| g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) | | | | | 27h % |
| h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) | | | | | |

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See page 5 of the instructions)

Part V Private School Questionnaire (See page 5 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 7 of the instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

Check here **a** if the organization belongs to an affiliated group
 Check here **b** if you checked "a" above 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 | |
| 39 | Other exempt purpose expenditures | 39 | |
| 40 | Total exempt purpose expenditures (add lines 38 and 39) | 40 | |
| 41 | Lobbying nontaxable amount Enter the amount from the following table— If the amount on line 40 is— The lobbying nontaxable amount is— Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000 | 41 | |
| 42 | Grassroots nontaxable amount (enter 25% of line 41) | 42 | |
| 43 | Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 | 43 | |
| 44 | Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38 | 44 | |

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

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
 See the instructions for lines 45 through 50 on page 9 of the instructions)

| Calendar year (or fiscal year beginning in) ▶ | Lobbying Expenditures During 4-Year Averaging Period | | | | |
|--|--|-------------|-------------|-------------|--------------|
| | (a) 2000 | (b) 1999 | (c) 1998 | (d) 1997 | (e) Total |
| 45 | Lobbying nontaxable amount | | | | |
| 46 | Lobbying ceiling amount (150% of line 45(e)) | | | | |
| 47 | Total lobbying expenditures | | | | |
| 48 | Grassroots nontaxable amount | | | | |
| 49 | Grassroots ceiling amount (150% of line 48(e)) | | | | |
| 50 | Grassroots lobbying expenditures | | | | |

Part VI-B Lobbying Activity by Nonelecting Public Charities
 (For reporting only by organizations that did not complete Part VI-A) (See page 9 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 |
|--------------------------|-------------------------------------|--------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | |

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 9 of the instructions)

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

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

- (i) Cash
- (ii) Other assets

b Other transactions

- (i) Sales or exchanges of assets with a noncharitable exempt organization
- (ii) Purchases of assets from a noncharitable exempt organization
- (iii) Rental of facilities, equipment, or other assets
- (iv) Reimbursement arrangements
- (v) Loans or loan guarantees
- (vi) Performance of services or membership or fundraising solicitations

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

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

| | Yes | No |
|---------------|-----|-------------------------------------|
| 51a(i) | | <input checked="" type="checkbox"/> |
| a(ii) | | <input checked="" type="checkbox"/> |
| b(i) | | <input checked="" type="checkbox"/> |
| b(ii) | | <input checked="" type="checkbox"/> |
| b(iii) | | <input checked="" type="checkbox"/> |
| b(iv) | | <input checked="" type="checkbox"/> |
| b(v) | | <input checked="" type="checkbox"/> |
| b(vi) | | <input checked="" type="checkbox"/> |
| c | | <input checked="" type="checkbox"/> |

| (a) Line no | (b) Amount involved | (c) Name of noncharitable exempt organization | (d) Description of transfers, transactions, and sharing arrangements |
|----------------|------------------------|--|---|
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52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule

| (a) Name of organization | (b) Type of organization | (c) Description of relationship |
|------------------------------|-----------------------------|------------------------------------|
| MODIRE CITIZENS ORGANIZATION | 501(c)4 | JOINT EFFORTS ON COMMON PURPOSES |
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Schedule B
(Form 990 or 990-EZ)

Schedule of Contributors

OMB No 1545-0047

2000

Department of the Treasury
Internal Revenue Service

Supplementary Information for line 1d of Form 990 or
line 1 of Form 990-EZ (see instructions)

Name of organization

MISSOURI PUBLIC INTEREST RESEARCH FOUNDATION

Employer identification number

43 0966840

Organization type (check one)—Section 501(c)(3) (enter number) 527 or 4947(a)(1) nonexempt charitable trust

A Section 501(c)(7), (8), or (10) organizations—

Check this box if the organization had no charitable contributors who contributed more than \$1,000 during the year (But see General rule below)

Enter here the total gifts received during the year for a religious, charitable, etc., purpose ▶ \$

Note: This form is generally not open to public inspection except for section 527 organizations.

General Instructions

Purpose of Form

Schedule B (Form 990 or 990-EZ) is used by organizations required to file Form 990, Return of Organization Exempt From Income Tax, or Form 990-EZ, Short Form Return of Organization Exempt From Income Tax, to provide the information regarding their contributors that is required for line 1d of Form 990 (or line 1 of Form 990-EZ).

Attach the Schedule B (Form 990 or 990-EZ) to Form 990 or 990-EZ. Attach Schedule B after Schedule A (Form 990 or 990-EZ), Organization Exempt Under Section 501(c)(3), if that return is required for the organization.

Who Must File Schedule B (Form 990 or 990-EZ)

All organizations must file Schedule B (Form 990 or 990-EZ) unless they certify that they do not meet the filing requirements of Schedule B (Form 990 or 990-EZ) by checking the box in item L of the heading of their Form 990 or Form 990-EZ.

See the instructions for item L in the Instructions for Form 990 and Form 990-EZ.

Caution: Schedule B (Form 990 or 990-EZ) is not a substitute for the list of "contributors" required for Part IV-A, Support Schedule, of Schedule A (Form 990 or 990-EZ).

Public Inspection

Schedule B (Form 990 or 990-EZ) is:

- Open to public inspection for a section 527 political organization
- Generally not open to public inspection for the other organizations that must file this form.

If a non-section 527 organization files a copy of Form 990, or Form 990-EZ, and attachments with any state, it should not include its Schedule B (Form 990 or 990-EZ) in the attachments for the state unless a schedule of contributors is specifically required by the state. States that do not require the information might make the schedule available for public inspection along with the rest of the Form 990 or Form 990-EZ.

See the Instructions for Form 990 and Form 990-EZ for phone help and the public inspection rules for those forms and their attachments, which include Schedule B (Form 990 or 990-EZ)

Contributors Required To Be Listed on Part I

"Contributor" includes individuals, fiduciaries, partnerships, corporations, associations, trusts, and exempt organizations.

General rule. Unless the organization is covered by one of the special rules below, it must list on Part I every contributor who, during the year, gave the organization directly or indirectly, money, securities, or any other type of property totaling \$5,000 or more for the year. Also complete Part II for a noncash contribution. In determining the \$5,000 amount, total all of the contributor's gifts of \$1,000 or more for the year

Section 501(c)(3) organizations. For an organization described in section 501(c)(3) that meets the 33⅓% support test of the Regulations under sections 509(a)(1)/170(b)(1)(A)(vii) (whether or not the organization is otherwise described in section 170(b)(1)(A))—

List in Part I only those contributors whose contribution of \$5,000 or more is greater than 2% of the amount reported on line 1d of Form 990 (or line 1 of Form 990-EZ) (Regulations section 1.6033-2(a)(2)(iii)(a))

Example. A section 501(c)(3) organization, of the type described above, reported \$700,000 in total contributions, gifts, grants, and similar amounts received on line 1d of its Form 990. The organization is only required to list in Parts I and II of its Schedule B (Form 990 or 990-EZ) each person who contributed more than the greater of \$5,000 or \$14,000 (2% of \$700,000). Thus, a contributor who gave a total of \$11,000 would not be reported in Parts I and II for this section 501(c)(3) organization. Even though the \$11,000 contribution to the organization exceeded \$5,000, it did not exceed \$14,000

Section 501(c)(7), (8), or (10) organizations. For noncharitable contributions to one of these organizations, list in Part I contributors who gave \$5,000 or more as described in the General rule discussed above

Name of organization: MISSOURI PUBLIC INTEREST RESEARCH FOUNDATION Employer identification number: 43 0966840

Part I Contributors

| (a) No. | (b) Name, address and zip code | (c) Aggregate contributions | (d) Type of contribution |
|------------|-----------------------------------|--------------------------------|--|
| <u>1</u> | | \$ <u>21,000.00</u> | Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution) |
| <u>2</u> | | \$ <u>20,000.00</u> | Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution) |
| | | \$ | Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution) |
| | | \$ | Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution) |
| | | \$ | Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution) |
| | | \$ | Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution) |
| | | \$ | Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution) |

MOPIRG Support Schedule

| Funder | Limited | 1999 FY00 | 1998 FY99 | 1997 FY98 | 1996 FY97 | Total | Excess |
|--------|----------|--------------|--------------|--------------|--------------|----------|----------|
| Y | | \$ 2,400 | | | | \$ 2,400 | \$ 1,469 |
| N | | | | | | \$ - | N/A |
| N | \$ 5,000 | \$ 14,550 | \$ 10,850 | \$ 13,756 | \$ 44,156 | | N/A |
| | \$ 5,000 | \$ 16,950 | \$ 10,850 | \$ 13,756 | \$ 46,556 | | |
| | | | | | 2% | \$ 931 | |

| MOPIRG FOUNDATION | | | | | | |
|-------------------|----------------------|---------------|------------------|-----------------------------------|-------------|---------|
| ASSETS | | 07/01/00 | 06/30/01 | | | |
| | BANK OF AMERICA - 00 | \$ 22,464.07 | \$ 1,426.07 | | | |
| | BANK OF AMERICA - 00 | \$ - | \$ 65,200.60 | | | |
| | TOTAL CASH | \$ 22,464.07 | \$ 66,626.67 | | | |
| | PYBLE TO MO STDT | \$ 3,062.00 | MISDEP STDT FEES | | | |
| | CHANGE TO CASH | \$ 41,100.60 | | | | |
| | CASH | | \$ 66,626.67 | | | |
| | PYBLE TO FUND | | \$ 44,409.92 | | | |
| | PYBLE TO STDT P | | \$ 3,062.00 | | | |
| | PRIOR BAL | | \$ 22,464.07 | | | |
| | NET INCOME | | \$ (3,309.32) | | | |
| | LAIB & EQUITY | | \$ 66,626.67 | | | |
| | INCOME | | \$ 20,000.00 | ALLIANCE FOR BETTER CAMPAIGNS INC | | |
| | | | \$ 21,000.00 | USPIRG ED FUND | | |
| | | | \$ 100.60 | INTEREST | | |
| | Income | | \$ 41,100.60 | | | |
| | | | | \$ 0.91 | \$ 0.04 | \$ 0.05 |
| LINE | | TOTAL | PROG | M&G | F/R | |
| \$ 16.00 | Local Phones | \$ 1,098.81 | \$ 999.92 | \$ 43.95 | \$ 54.94 | |
| \$ 16.00 | Long Distance Phones | \$ 621.48 | \$ 565.55 | \$ 24.86 | \$ 31.07 | |
| \$ 14.00 | Utilities | \$ 983.77 | \$ 895.23 | \$ 39.35 | \$ 49.19 | |
| \$ 16.00 | Travel | \$ 2,152.33 | \$ 1,958.62 | \$ 86.09 | \$ 107.62 | |
| \$ 16.00 | Rental Cars | \$ 84.73 | \$ 77.10 | \$ 3.39 | \$ 4.24 | |
| \$ 14.00 | Rent | \$ 1,296.00 | \$ 1,179.36 | \$ 51.84 | \$ 64.80 | |
| \$ 16.00 | Postage | \$ 256.28 | \$ 233.21 | \$ 10.25 | \$ 12.81 | |
| \$ 15.00 | Copies | \$ 183.29 | \$ 166.79 | \$ 7.33 | \$ 9.16 | |
| \$ 16.00 | Member Refund | \$ 36.00 | | | \$ 36.00 | |
| \$ 16.00 | Computers | \$ 722.91 | \$ 657.85 | \$ 28.92 | \$ 36.15 | |
| \$ 16.00 | Supplies | \$ 478.71 | \$ 435.63 | \$ 19.15 | \$ 23.94 | |
| \$ 15.00 | Shipping | \$ 102.38 | \$ 93.16 | \$ 4.10 | \$ 5.12 | |
| \$ 15.00 | Equipment (printer) | \$ 240.37 | \$ 218.74 | \$ 9.61 | \$ 12.02 | |
| \$ 15.00 | Printing | \$ 466.88 | \$ 466.88 | | | |
| \$ 16.00 | Insurance | \$ 1,042.80 | | \$ 1,042.80 | | |
| \$ 16.00 | Legal Filing Fees | \$ 52.80 | | \$ 52.80 | | |
| \$ 12.00 | Payroll | \$ 27,963.99 | \$ 25,447.23 | \$ 1,118.56 | \$ 1,398.20 | |
| \$ 12.00 | Payroll Taxes | \$ 2,382.87 | \$ 2,168.41 | \$ 95.31 | \$ 119.14 | |
| \$ 12.00 | PENSION | \$ 587.31 | \$ 534.45 | \$ 23.49 | \$ 29.37 | |
| \$ 12.00 | Health Insurance | \$ 2,280.12 | \$ 2,074.91 | \$ 91.20 | \$ 114.01 | |
| \$ 15.00 | Report Design | \$ 1,376.09 | \$ 1,376.09 | | | |
| | | \$ 44,409.92 | \$ 39,549.13 | \$ 2,753.01 | \$ 2,107.77 | |
| | | \$ (3,309.32) | | | | |
| LINE | | | | | | |
| \$ 12.00 | | \$ 33,214.29 | | | | |
| \$ 14.00 | | \$ 2,279.77 | | | | |
| \$ 15.00 | | \$ 2,369.01 | | | | |
| \$ 16.00 | | \$ 6,546.85 | | | | |
| | | \$ 44,409.92 | | | | |

U S PIRG & Ed Fund Grants to States (July 1995 - Sept 6, 2000)

| PIRG | Issue | Year | Amount | |
|--------|----------------|--------|------------|---------------------|
| MOPIRG | RTKM | Jan-97 | \$5,850 00 | FY97 \$60,324 50 |
| MOPIRG | RTKM | Apr-97 | \$5 850 00 | |
| MOPIRG | RTKM | Apr-97 | \$2,056 00 | |
| MOPIRG | Polluter Pork | Jun-97 | \$2 000 00 | FY96 |
| MOPIRG | Polluter Pay | Jun-97 | \$3 000 00 | |
| MOPIRG | RTKM | Jun-97 | \$5 850 00 | 99 |
| MOPIRG | Polluter Pork | Jun-98 | \$6 250 00 | |
| MOPIRG | Polluter Pay | Jun-98 | \$3 000 00 | |
| MOPIRG | RTKM | Jun-98 | \$5,000 00 | FY00 |
| MOPIRG | RTKM | Dec-98 | \$300 00 | |
| MOPIRG | Clean Cars | Jun-99 | \$5 000 00 | |
| MOPIRG | Forest | Jun-00 | \$5 000 00 | |
| MOPIRG | Deregulation | Jun-00 | \$5 000 00 | |
| MOPIRG | Global Warming | Jun-00 | \$6 000 00 | |
| MOPIRG | Clean Air | FY96 * | \$168 50 | |

1150 17th St NW
 Ste 600
 Washington DC
 20036

FY98
 FY97

Direct Grants to MO

| Funder | Submitted | Received Date | Amount | Proposal Title | |
|-------------------------------|-----------|---------------|------------|----------------|--------------------|
| Milarepa Foundation | | 8/1/1998 | 11/17/1998 | \$2,400 00 | RTK in Kansas City |
| Alliance for Better Campaigns | | 4/1/2000 | 4/15/2000 | \$10,000 00 | Missouri |
| Alliance for Better Campaigns | | | 4/1/2001 | \$10,000 00 | Missouri--check 2 |

USPIRG Subawards

| Grant Issue | Subaward Amount | Date | |
|-------------------------|-----------------|-------|---|
| Polluter Pork | \$6250 | 06/98 | FY99-14550 |
| Polluter Pays | \$3000 | 06/98 | |
| RTKM | \$5000 | 06/98 | |
| RTKM | \$300 | 12/98 | FY00 |
| Clean Cars | \$5000 | 06/99 | |
| Deregulation | \$5000 | 07/00 | went to student |
| Forest Protection | \$5000 | 06/00 | |
| Global Warming | \$6000 | 06/00 | |
| Youth Vote | \$19000 | 09/00 | (This one probably came from Youth Vote directly) |
| Arctic | \$3000 | 06/01 | all FY02 |
| Forest Protection | \$4000 | 06/01 | |
| Health Trac/RTK | \$1000 | 06/01 | |
| Deregulation | \$10000 | 06/01 | |
| Global Warming | \$6000 | 06/01 | |
| Diesel | \$1000 | 06/01 | |
| Collab Defense Campaign | \$20000 | 06/01 | |
| Wilderness | \$5000 | 06/01 | |

#16

- 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.

| | | |
|---|--|---|
| Type or print File by the extended due date for filing the return. See instructions. | Name of Exempt Organization <i>Missouri Public Interest Research Foundation</i> | Employer identification number <i>43-0966840</i> |
| | Number, street, and room or suite no. If a P.O. box, see instructions. <i>59 Rear Maryland Plaza</i> | For IRS use only |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. <i>St Louis MO 63108</i> | |

Check type of return to be filed (File a separate application for each return):

- 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 *May 15*, 200*2*

5 For calendar year _____, or other tax year beginning *7/1*, 2000 and ending *6/30, 2001*

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 *Information needed for the return is coming from outside sources, and is currently being processed*

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 *Peter J. Coughell* Title *Sr Accountant* Date *2/15/02*

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 _____

Director _____ By: _____ Date _____

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 |
| | Number and street (include suite, room, or apt. no.) Or a P.O. box number |
| | City or town, province or state, and country (including postal or ZIP code) |