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**Return of Organization Exempt From Income Tax**

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

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2001 calendar year, or tax year period beginning and ending

|   |  |  |  |  |
|---|--|--|--|--|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | Please use IRS label or print or type. See Specific Instructions | <b>C</b> Name of organization<br><b>CONSORTIUM FOR WORKER EDUCATION</b>                                |  | <b>D</b> Employer identification number<br>13-3564313  |
|   |  | Number and street (or P O box if mail is not delivered to street address)<br><b>275 SEVENTH AVENUE</b> |  | Room/suite<br>E Telephone number<br>(212) 647-1900   |
|   |  | City or town, state or country, and ZIP + 4<br><b>NEW YORK, NY 10001</b>                               |  | F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual<br><input type="checkbox"/> Other (specify) |

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

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates?  Yes  No

H(b) If "Yes," enter number of affiliates

H(c) Are all affiliates included? N/A  Yes  No (If "No," attach a list)

H(d) Is this a separate return filed by an organization covered by a group ruling?  Yes  No

I Enter 4-digit GEN

**G** Web site **CWE.ORG**

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

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

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

**L** Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **52,083,632.**

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

|   |   |     |              |             |
|---|---|-----|--------------|-------------|
| <b>Revenue</b>  | <b>1</b> Contributions, gifts, grants, and similar amounts received                               |     |              |             |
|   | <b>a</b> Direct public support  | 1a  |              |             |
|   | <b>b</b> Indirect public support  | 1b  |              |             |
|   | <b>c</b> Government contributions (grants)  | 1c  | 52,083,632.  |             |
|   | <b>d</b> Total (add lines 1a through 1c)<br>(cash \$ 52,083,632. noncash \$ )                     | 1d  |              | 52,083,632. |
|   | <b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93) | 2   |              |             |
|   | <b>3</b> Membership dues and assessments  | 3   |              |             |
|   | <b>4</b> Interest on savings and temporary cash investments                                       | 4   |              |             |
|   | <b>5</b> Dividends and interest from securities   | 5   |              |             |
|   | <b>6 a</b> Gross rents  | 6a  |              |             |
|   | <b>b</b> Less rental expenses   | 6b  |              |             |
|   | <b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)                              | 6c  |              |             |
| <b>7</b> Other investment income (describe )  | 7   |     |              |             |
| <b>8 a</b> Gross amount from sale of assets other than inventory  | (A) Securities  | 8a  |              |             |
|   | (B) Other   | 8b  |              |             |
|   |   | 8c  |              |             |
| <b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))  | 8d  |     |              |             |
| <b>9</b> Special events and activities (attach schedule)  |   |     |              |             |
| <b>a</b> Gross revenue (not including \$ of contributions reported on line 1a)                              | 9a  |     |              |             |
|   | <b>b</b> Less direct expenses other than fundraising expenses                                     | 9b  |              |             |
| <b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)                           | 9c  |     |              |             |
| <b>10 a</b> Gross sales of inventory, less returns and allowances   | 10a   |     |              |             |
|   | <b>b</b> Less cost of goods sold  | 10b |              |             |
| <b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) | 10c   |     |              |             |
| <b>11</b> Other revenue (from Part VII, line 103)   | 11  |     |              |             |
| <b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)                              | 12  |     | 52,083,632.  |             |
| <b>13</b> Program services (from line 44, column (B))   | 13  |     | 45,322,066.  |             |
| <b>14</b> Management and general (from line 44, column (C))   | 14  |     | 12,679,540.  |             |
| <b>15</b> Fundraising (from line 44, column (D))  | 15  |     |              |             |
| <b>16</b> Payments to affiliates (attach schedule)  | 16  |     |              |             |
| <b>17</b> Total expenses (add lines 16 and 44, column (A))  | 17  |     | 58,001,606.  |             |
| <b>18</b> Excess (deficit) for the year (subtract line 17 from line 12)                                     | 18  |     | <5,917,974.> |             |
| <b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))                       | 19  |     | 0.           |             |
| <b>20</b> Other changes in net assets or fund balances (attach explanation)                                 | 20  |     | 0.           |             |
| <b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)                         | 21  |     | <5,917,974.> |             |

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| <b>Part II Statement of Functional Expenses</b>                          |  | All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others |                      |                            |                 |
|--|--|--|----------------------|----------------------------|-----------------|
| Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I |  | (A) Total  | (B) Program services | (C) Management and general | (D) Fundraising |
| 22   | Grants and allocations (attach schedule)   |  |                      |                            |                 |
|  | cash \$ _____ noncash \$ _____   | 22   |                      |                            |                 |
| 23   | Specific assistance to individuals (attach schedule)   | 23   |                      |                            |                 |
| 24   | Benefits paid to or for members (attach schedule)  | 24   |                      |                            |                 |
| 25   | Compensation of officers, directors, etc   | 25   | 547,250.             | 0.                         | 547,250.        |
| 26   | Other salaries and wages   | 26   | 19,438,832.          | 14,614,177.                | 4,824,655.      |
| 27   | Pension plan contributions   | 27   | 1,607,382.           | 1,157,315.                 | 450,067.        |
| 28   | Other employee benefits  | 28   | 1,463,406.           | 1,053,652.                 | 409,754.        |
| 29   | Payroll taxes  | 29   | 3,361,572.           | 2,475,524.                 | 886,048.        |
| 30   | Professional fundraising fees  | 30   |                      |                            |                 |
| 31   | Accounting fees  | 31   | 76,500.              |                            | 76,500.         |
| 32   | Legal fees   | 32   | 306,565.             |                            | 306,565.        |
| 33   | Supplies   | 33   | 1,066,314.           | 831,475.                   | 234,839.        |
| 34   | Telephone  | 34   | 632,836.             | 319,613.                   | 313,223.        |
| 35   | Postage and shipping   | 35   | 133,258.             | 94,154.                    | 39,104.         |
| 36   | Occupancy  | 36   | 2,838,897.           | 1,907,359.                 | 931,538.        |
| 37   | Equipment rental and maintenance   | 37   |                      |                            |                 |
| 38   | Printing and publications  | 38   | 231,511.             | 176,178.                   | 55,333.         |
| 39   | Travel   | 39   | 198,573.             | 93,348.                    | 105,225.        |
| 40   | Conferences, conventions, and meetings   | 40   | 418,982.             | 135,608.                   | 283,374.        |
| 41   | Interest   | 41   | 600,968.             |                            | 600,968.        |
| 42   | Depreciation, depletion, etc (attach schedule)   | 42   | 555,307.             |                            | 555,307.        |
| 43   | Other expenses not covered above (itemize)   |  |                      |                            |                 |
| a  | _____  | 43a  |                      |                            |                 |
| b  | _____  | 43b  |                      |                            |                 |
| c  | _____  | 43c  |                      |                            |                 |
| d  | _____  | 43d  |                      |                            |                 |
| e  | See Statement 1  | 43e  | 24,523,453.          | 22,463,663.                | 2,059,790.      |
| 44   | Total functional expenses (add lines 22 through 43)<br>Organizations completing columns (B)-(D), carry these totals to lines 13-15 | 44   | 58,001,606.          | 45,322,066.                | 12,679,540.     |

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 \$ \_\_\_\_\_

| <b>Part III Statement of Program Service Accomplishments</b>   |  | Program Service Expenses   |
|--|--|--|
| What is the organization's primary exempt purpose? <b>TO PROVIDE EDUCATION AND RE-TRAINING TO DISLOCATED WORKERS</b> |  | (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts but optional for others) |
| a  | See Statement 2  |  |
|  | (Grants and allocations \$ _____)  | 45,322,066.  |
| b  | (Grants and allocations \$ _____)  |  |
| c  | (Grants and allocations \$ _____)  |  |
| d  | (Grants and allocations \$ _____)  |  |
| e  | Other program services (attach schedule)   | (Grants and allocations \$ _____)  |
| f  | Total of Program Service Expenses (should equal line 44, column (B), Program services) | 45,322,066.  |

**Part IV Balance Sheets**

| Note  |   | (A)   |             | (B)         |              |
|---|---|---|-------------|-------------|--------------|
| Where required, attached schedules and amounts within the description column should be for end-of-year amounts only |   | Beginning of year   |             | End of year |              |
| Assets  | 45  | Cash - non-interest-bearing   | 12,554.     | 45          | 2,829,628.   |
|   | 46  | Savings and temporary cash investments  |             | 46          |              |
|   | 47 a  | Accounts receivable   | 47a         |             |              |
|   | b   | Less allowance for doubtful accounts  | 47b         | 47c         |              |
|   | 48 a  | Pledges receivable  | 48a         |             |              |
|   | b   | Less allowance for doubtful accounts  | 48b         | 48c         |              |
|   | 49  | Grants receivable   | 11,741,493. | 49          | 11,952,276.  |
|   | 50  | Receivables from officers, directors, trustees, and key employees                   |             | 50          |              |
|   | 51 a  | Other notes and loans receivable  | 51a         |             |              |
|   | b   | Less allowance for doubtful accounts  | 51b         | 51c         |              |
|   | 52  | Inventories for sale or use   |             | 52          |              |
|   | 53  | Prepaid expenses and deferred charges   | 24,577.     | 53          |              |
|   | 54  | Investments - securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV |             | 54          |              |
|   | 55 a  | Investments - land, buildings, and equipment basis                                  | 55a         |             |              |
| b   | Less accumulated depreciation   | 55b   | 55c         |             |              |
| 56  | Investments - other   |   | 56          |             |              |
| 57 a  | Land, buildings, and equipment basis  | 57a   | 3,910,394.  |             |              |
| b   | Less accumulated depreciation Stmt 3  | 57b   | 1,110,615.  | 57c         | 2,799,779.   |
| 58  | Other assets (describe <input type="checkbox"/> )   |   | 3,355,086.  | 58          |              |
| 59  | <b>Total assets (add lines 45 through 58) (must equal line 74)</b>  |   | 15,133,710. | 59          | 17,581,683.  |
| Liabilities   | 60  | Accounts payable and accrued expenses   | 7,913,344.  | 60          | 14,644,291.  |
|   | 61  | Grants payable  |             | 61          |              |
|   | 62  | Deferred revenue  |             | 62          |              |
|   | 63  | Loans from officers, directors, trustees, and key employees                         |             | 63          |              |
|   | 64 a  | Tax-exempt bond liabilities   |             | 64a         |              |
|   | b   | Mortgages and other notes payable   | 7,220,366.  | 64b         | 8,855,366.   |
| 65  | Other liabilities (describe <input type="checkbox"/> )  |   | 65          |             |              |
| 66  | <b>Total liabilities (add lines 60 through 65)</b>  |   | 15,133,710. | 66          | 23,499,657.  |
| Net Assets or Fund Balances   | Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74                            |   |             |             |              |
|   | 67  | Unrestricted  |             | 67          |              |
|   | 68  | Temporarily restricted  |             | 68          |              |
|   | 69  | Permanently restricted  |             | 69          |              |
|   | Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74                              |   |             |             |              |
|   | 70  | Capital stock, trust principal, or current funds                                    | 0.          | 70          | 0.           |
|   | 71  | Paid-in or capital surplus, or land, building, and equipment fund                   | 0.          | 71          | 0.           |
|   | 72  | Retained earnings, endowment, accumulated income, or other funds                    | 0.          | 72          | <5,917,974.> |
| 73  | <b>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)</b> |   | 0.          | 73          | <5,917,974.> |
| 74  | <b>Total liabilities and net assets / fund balances (add lines 66 and 73)</b>   |   | 15,133,710. | 74          | 17,581,683.  |

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 VII Analysis of Income-Producing Activities (See Specific Instructions on page 32)

Table with 5 main columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include 93 Program service revenue, 94 Membership dues and assessments, 95 Interest on savings and temporary cash investments, 96 Dividends and interest from securities, 97 Net rental income or (loss) from real estate, 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, 104 Subtotal, 105 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 Specific Instructions on page 32)

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 Specific Instructions on page 33)

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. Row 1 contains 'N/A'.

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 33)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

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

Signature and title section for Robert Norris, Deputy Exec Director. Includes fields for Preparer's signature (Scott Gildea, CPA), Date (10/1/02), Preparer's SSN or PTIN (051-48-2821), EIN (11-3321696), and Phone no ((212) 983-8400).





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

|  | Yes | No |
|--|-----|----|
| <p>1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B )</p> <p>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</p> |     | X  |
| <p>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 )</p> <p>a Sale, exchange, or leasing of property?</p>   |     | X  |
| <p>b Lending of money or other extension of credit?</p>  |     | X  |
| <p>c Furnishing of goods, services, or facilities?</p>   |     | X  |
| <p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? See Part V, Form 990</p>  | X   |    |
| <p>e Transfer of any part of its income or assets?</p>   |     | X  |
| <p>3 Does the organization make grants for scholarships, fellowships, student loans, etc ? (See Note below )</p>   |     | X  |
| <p>4 Do you have a section 403(b) annuity plan for your employees?</p>   |     | X  |
| <p><b>Note</b> Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments</p>   |     |    |

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions )

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

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

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

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

- 14  An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions )

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.  
 Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

| Calendar year (or fiscal year beginning in)   | (a) 2000   | (b) 1999    | (c) 1998    | (d) 1997    | (e) Total        |
|---|--|-------------|-------------|-------------|------------------|
| 15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)  | 41,860,591.  | 33,836,345. | 29,776,868. | 20,074,158. | 125,547,962.     |
| 16 Membership fees received   |  |             |             |             |                  |
| 17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose  |  |             |             |             |                  |
| 18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 |  |             |             |             |                  |
| 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   | 41,860,591.  | 33,836,345. | 29,776,868. | 20,074,158. | 125,547,962.     |
| 24 Line 23 minus line 17  | 41,860,591.  | 33,836,345. | 29,776,868. | 20,074,158. | 125,547,962.     |
| 25 Enter 1% of line 23  | 418,606.   | 338,363.    | 297,769.    | 200,742.    |                  |
| 26 Organizations described on lines 10 or 11  | a Enter 2% of amount in column (e), line 24  |             |             |             | 26a 2,510,959.   |
|   | b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.  |             |             |             | 26b 0.           |
|   | c Total support for section 509(a)(1) test. Enter line 24, column (e).   |             |             |             | 26c 125,547,962. |
|   | d Add: Amounts from column (e) for lines 18 _____ 19 _____<br>22 _____ 26b _____   |             |             |             | 26d _____        |
|   | e Public support (line 26c minus line 26d total)   |             |             |             | 26e 125,547,962. |
|   | f Public support percentage (line 26e (numerator) divided by line 26c (denominator))   |             |             |             | 26f 100.0000%    |
| 27 Organizations described on line 12   | a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A  |             |             |             |                  |
|   | (2000)   | (1999)      | (1998)      | (1997)      |                  |
|   | b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A |             |             |             |                  |
|   | (2000)   | (1999)      | (1998)      | (1997)      |                  |
|   | c Add: Amounts from column (e) for lines 15 _____ 16 _____<br>17 _____ 20 _____ 21 _____   |             |             |             | 27c N/A          |
|   | d Add: Line 27a total _____ and line 27b total _____   |             |             |             | 27d N/A          |
|   | e Public support (line 27c total minus line 27d total)   |             |             |             | 27e N/A          |
|   | f Total support for section 509(a)(2) test. Enter amount on line 23, column (e):   |             |             |             | 27f N/A          |
|   | g Public support percentage (line 27e (numerator) divided by line 27f (denominator))   |             |             |             | 27g N/A %        |
|   | h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))   |             |             |             | 27h N/A %        |
| 28 Unusual Grants   | For an organization described in line 10, 11, or 12, that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.   |             |             |             | None             |

**Part V Private School Questionnaire** (See page 7 of the instructions )

N/A

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

|       |  | Yes | No |
|-------|--|-----|----|
| 29    | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?  |     |    |
| 30    | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?   |     |    |
| 31    | Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?<br>If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement ) |     |    |
| <hr/> |  |     |    |
| <hr/> |  |     |    |
| 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?<br>If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )  |     |    |
| <hr/> |  |     |    |
| 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?<br>If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )  |     |    |
| <hr/> |  |     |    |
| <hr/> |  |     |    |
| 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?<br>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 )

N/A

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

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

| Limits on Lobbying Expenditures<br>(The term "expenditures" means amounts paid or incurred ) |   | (a)<br>Affiliated group<br>totals                 | (b)<br>To be completed for ALL<br>electing organizations |
|--|---|---|--|
|  |   | N/A   |  |
| 36   | Total lobbying expenditures to influence public opinion (grassroots lobbying) | 36  |  |
| 37   | Total lobbying expenditures to influence a legislative body (direct lobbying) | 37  |  |
| 38   | Total lobbying expenditures (add lines 36 and 37)                             | 38  |  |
| 39   | Other exempt purpose expenditures   | 39  |  |
| 40   | Total exempt purpose expenditures (add lines 38 and 39)                       | 40  |  |
| 41   | Lobbying nontaxable amount Enter the amount from the following table -        |   |  |
|  | <b>If the amount on line 40 is -</b>  |   |  |
|  | <b>The lobbying nontaxable amount is -</b>                                    |   |  |
|  | Not over \$500,000  | 20% of the amount on line 40                      |  |
|  | Over \$500,000 but not over \$1,000,000                                       | \$100,000 plus 15% of the excess over \$500,000   |  |
|  | Over \$1,000,000 but not over \$1,500,000                                     | \$175,000 plus 10% of the excess over \$1,000,000 |  |
|  | Over \$1,500,000 but not over \$17,000,000                                    | \$225,000 plus 5% of the excess over \$1,500,000  |  |
|  | Over \$17,000,000   | \$1,000,000                                       |  |
| 42   | Grassroots nontaxable amount (enter 25% of line 41)                           | 42  |  |
| 43   | Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36       | 43  |  |
| 44   | Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38       | 44  |  |

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

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 11 of the instructions )

| Calendar year (or fiscal year beginning in) | Lobbying Expenditures During 4-Year Averaging Period |             |             |             | N/A<br>(e)<br>Total |
|---|--|-------------|-------------|-------------|---------------------|
|   | (a)<br>2001  | (b)<br>2000 | (c)<br>1999 | (d)<br>1998 |                     |
| 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 12 of the instructions )

N/A

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

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h )
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h )

| Yes | No | Amount |
|-----|----|--------|
|     |    |        |
|     |    |        |
|     |    |        |
|     |    |        |
|     |    |        |
|     |    |        |
|     |    |        |
|     |    | 0.     |

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities



- 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)

|  |  |   |
|--|--|---|
| <b>Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.</b> |  |   |
| Type or print  | Name of Exempt Organization<br><b>CONSORTIUM FOR WORKER EDUCATION</b>  | Employer identification number<br><b>13-3564313</b> |
| File by the extended due date for filing the return See instructions                                   | Number street, and room or suite no. If a P O box see instructions<br><b>275 SEVENTH AVENUE</b>                    | For IRS use only                                    |
|  | City, town or post office state, and ZIP code For a foreign address, see instructions<br><b>NEW YORK, NY 10001</b> |   |

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

|  |                                      |  |                                      |                                    |                                    |
|--|--------------------------------------|--|--------------------------------------|------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990 EZ | <input type="checkbox"/> Form 990 T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 1041 A | <input type="checkbox"/> Form 5227 | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990 BL         | <input type="checkbox"/> Form 990 PF | <input type="checkbox"/> Form 990 T (trust other than above)     | <input type="checkbox"/> Form 4720   | <input type="checkbox"/> 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 November 15, 2002

5 For calendar year 2001, or other tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_

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

7 State in detail why you need the extension  
**AWAITING INFORMATION FROM THIRD PARTIES VITAL TO THE PREPARATION OF A COMPLETE AND ACCURATE RETURN.**

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 \$ N/A

**Signature and Verification**

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

Signature Marc Was Title CPA Date 8/6/02

**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 the 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<br><b>SCOTT GILDEA &amp; COMPANY, LLP</b>   | <b>EXTENSION APPROVED</b>             |
|                 | Number and street (include suite, room, or apt no) Or a P O box number<br><b>551 FIFTH AVENUE, SUITE 900</b>   | <b>AUG 14 2002</b>                    |
|                 | City or town, province or state, and country (including postal or ZIP code)<br><b>NEW YORK, NEW YORK 10176</b> | <b>LINDA WEISKOPF, FIELD DIRECTOR</b> |
| 123832 07-16-01 |  | <b>SUBMISSION PROCESSING CENTER</b>   |

| Asset No | Description                               | Date Acquired | Method | Life | Line No  | Unadjusted Cost Or Basis | Bus % Excl | Reduction In Basis - ITC, 179, Salvage | Basis For Depreciation | Accumulated Depreciation | Current Sec 179 | Amount Of Depreciation |
|----------|---|---------------|--------|------|----------|--------------------------|------------|--|------------------------|--------------------------|-----------------|------------------------|
| 1        | Management and General FURNITURE          | 010100SL      | 5.00   | 16   | 201,117. |                          |            |  | 201,117.               | 40,223.                  |                 | 40,222.                |
| 2        | COMPUTER EQUIPMENT                        | 010100SL      | 7.00   | 16   | 211,990. |                          |            |  | 211,990.               | 302,856.                 |                 | 302,856.               |
| 3        | LEASEHOLD IMPROVEMENTS                    | 010100SL      | 8.00   | 16   | 152,416. |                          |            |  | 152,416.               | 190,520.                 |                 | 190,520.               |
| 4        | COMPUTER SOFTWARE                         | 010100SL      | 3.00   | 16   | 65,126.  |                          |            |  | 65,126.                | 21,709.                  |                 | 21,709.                |
|          | * 990 Page 2 Total Management and General |               |        |      | 391,039. |                          | 0.         | 0.                                     | 391,039.               | 555,308.                 | 0.              | 555,307.               |
|          | * Grand Total 990 Page 2 Depr             |               |        |      | 391,039. |                          | 0.         | 0.                                     | 391,039.               | 555,308.                 | 0.              | 555,307.               |

| Form 990                                   | Other Expenses |                            |                                  | Statement 1        |
|--|----------------|----------------------------|----------------------------------|--------------------|
| Description                                | (A)<br>Total   | (B)<br>Program<br>Services | (C)<br>Management<br>and General | (D)<br>Fundraising |
| INSURANCE                                  | 269,771.       | 135,326.                   | 134,445.                         |                    |
| MISCELLANEOUS                              | 29,396.        | 21,848.                    | 7,548.                           |                    |
| TUITION ASSISTANCE                         | 9,752,242.     | 9,752,242.                 |                                  |                    |
| EQUIPMENT                                  | 1,536,337.     | 830,736.                   | 705,601.                         |                    |
| MAINTENANCE &<br>REPAIRS                   | 216,061.       | 145,638.                   | 70,423.                          |                    |
| PROFESSIONAL FEES &<br>CONTRACTED SERVICES | 12,719,646.    | 11,577,873.                | 1,141,773.                       |                    |
| Total to Fm 990, ln 43                     | 24,523,453.    | 22,463,663.                | 2,059,790.                       |                    |

Form 990 Statement of Program Service Accomplishments Statement 2

Description of Program Service One

THE ORGANIZATION'S PURPOSE IS TO ASSIST INDIVIDUALS IN MAINTAINING AND IMPROVING EMPLOYMENT OPPORTUNITIES THROUGH THE ESTABLISHMENT, MAINTENANCE, AND/OR SUPPORT OF TECHNICAL TRAINING AND LITERACY PROGRAMS.

|                               | Grants | Expenses    |
|-------------------------------|--------|-------------|
| To Form 990, Part III, line a |        | 45,322,066. |

Form 990 Depreciation of Assets Not Held for Investment Statement 3

| Description                       | Cost or<br>Other Basis | Accumulated<br>Depreciation | Book Value |
|-----------------------------------|------------------------|-----------------------------|------------|
| FURNITURE                         | 201,117.               | 80,445.                     | 120,672.   |
| COMPUTER EQUIPMENT                | 2,119,990.             | 605,712.                    | 1,514,278. |
| LEASEHOLD IMPROVEMENTS            | 1,524,161.             | 381,040.                    | 1,143,121. |
| COMPUTER SOFTWARE                 | 65,126.                | 43,418.                     | 21,708.    |
| Total to Form 990, Part IV, ln 57 | 3,910,394.             | 1,110,615.                  | 2,799,779. |



Form 990 Part V - List of Officers, Directors, Trustees and Key Employees Statement 4

| Name and Address                                     | Title and<br>Avg Hrs/Wk  | Compen-<br>sation | Employee<br>Ben Plan<br>Contrib | Expense<br>Account |
|--|--------------------------|-------------------|---------------------------------|--------------------|
| JOSEPH MCDERMOTT<br>240-38 42ND AVE., DOUGLASTON, NY | EXECUTIVE DIRECTOR<br>40 | 220,000.          | 26,400.                         | 0.                 |
| BARRY FEINSTEIN<br>7 WEST 34th ST., NY, NY           | CHAIRMAN<br>1            | 0.                | 0.                              | 0.                 |
| JAY MAZUR<br>1710 BROADWAY, NY, NY                   | PRESIDENT EMERITUS<br>1  | 0.                | 0.                              | 0.                 |
| EDWARD MOLLOY<br>275 SEVENTH AVE., NY, NY            | TREASURER<br>1           | 0.                | 0.                              | 0.                 |
| ANTHONY RUMORE<br>275 SEVENTH AVE., NY, NY           | SECRETARY<br>1           | 0.                | 0.                              | 0.                 |
| BRIAN MCLAUGHLIN<br>275 SEVENTH AVE., NY, NY         | PRESIDENT<br>1           | 0.                | 0.                              | 0.                 |
| BARRY LIEBOWITZ<br>275 SEVENTH AVE., NY, NY          | VICE PRES<br>1           | 0.                | 0.                              | 0.                 |
| SONNY HALL<br>275 SEVENTH AVE., NY, NY               | VICE PRES<br>1           | 0.                | 0.                              | 0.                 |
| JOSEPHINE LEBEAU<br>275 SEVENTH AVE., NY, NY         | VICE PRES<br>1           | 0.                | 0.                              | 0.                 |
| JACK CAFFEY<br>275 SEVENTH AVE., NY, NY              | VICE PRES<br>1           | 0.                | 0.                              | 0.                 |
| PETER WARD<br>275 SEVENTH AVE., NY, NY               | VICE PRES<br>1           | 0.                | 0.                              | 0.                 |

CONSORTIUM FOR WORKER EDUCATION

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|  |                           |                 |                |           |
|--|---------------------------|-----------------|----------------|-----------|
| PHILLIP WHEELER<br>275 SEVENTH AVE., NY, NY  | VICE PRES<br>1            | 0.              | 0.             | 0.        |
| JAMES CONIGLIARO<br>275 SEVENTH AVE., NY, NY | VICE PRES<br>1            | 0.              | 0.             | 0.        |
| DAN DONOHUE<br>275 SEVENTH AVE., NY, NY      | VICE PRES<br>1            | 0.              | 0.             | 0.        |
| MICHAEL FISHMAN<br>275 SEVENTH AVE., NY, NY  | VICE PRES<br>1            | 0.              | 0.             | 0.        |
| DENIS HUGHES<br>275 SEVENTH AVE., NY, NY     | VICE PRES<br>1            | 0.              | 0.             | 0.        |
| FRANK MEEHAN<br>275 SEVENTH AVE., NY, NY     | VICE PRES<br>1            | 0.              | 0.             | 0.        |
| EDGAR ROMNEY<br>275 SEVENTH AVE., NY, NY     | VICE PRES<br>1            | 0.              | 0.             | 0.        |
| ROBERT NORRIS<br>110 WEST 86th ST., NY, NY   | EXEC VICE PRES<br>40      | 190,000.        | 22,800.        | 0.        |
| SAUL ROSEN<br>275 SEVENTH AVE., NY, NY       | ASST EXEC VICE PRES<br>40 | 137,250.        | 16,470.        | 0.        |
| Totals Included on Form 990, Part V          |                           | <u>547,250.</u> | <u>65,670.</u> | <u>0.</u> |

**Depreciation and Amortization**  
(Including Information on Listed Property) **990**

**2001**

Attachment  
Sequence No 67

▶ See separate instructions. ▶ Attach to your tax return

Name(s) shown on return

Business or activity to which this form relates

Identifying number

CONSORTIUM FOR WORKER EDUCATION

Form 990 Page 2

13-3564313

**Part I Election To Expense Certain Tangible Property Under Section 179** Note If you have any listed property, complete Part V before you complete Part I

|    |   |                              |                  |
|----|---|------------------------------|------------------|
| 1  | Maximum amount See instructions for a higher limit for certain businesses   | 1                            | 24,000.          |
| 2  | Total cost of section 179 property placed in service (see instructions)   | 2                            |                  |
| 3  | Threshold cost of section 179 property before reduction in limitation   | 3                            | \$200,000        |
| 4  | Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-  | 4                            |                  |
| 5  | Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter 0- If married filing separately, see instructions | 5                            |                  |
| 6  | (a) Description of property   | (b) Cost (business use only) | (c) Elected cost |
| 7  | Listed property Enter amount from line 29   | 7                            |                  |
| 8  | Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7   | 8                            |                  |
| 9  | Tentative deduction Enter the smaller of line 5 or line 8   | 9                            |                  |
| 10 | Carryover of disallowed deduction from line 13 of your 2000 Form 4562   | 10                           |                  |
| 11 | Business income limitation Enter the smaller of business income (not less than zero) or line 5                                      | 11                           |                  |
| 12 | Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11  | 12                           |                  |
| 13 | Carryover of disallowed deduction to 2002 Add lines 9 and 10, less line 12  | 13                           |                  |

Note Do not use Part II or Part III below for listed property Instead, use Part V

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)**

|    |   |    |          |
|----|---|----|----------|
| 14 | Special depreciation allowance for certain property (other than listed property) acquired after September 10, 2001 (see instructions) | 14 |          |
| 15 | Property subject to section 168(f)(1) election (see instructions)   | 15 |          |
| 16 | Other depreciation (including ACRS) (see instructions)  | 16 | 555,307. |

**Part III MACRS Depreciation (Do not include listed property) (See instructions)**

**Section A**

|    |  |    |  |
|----|--|----|--|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2001   | 17 |  |
| 18 | If you are electing under section 168(f)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> |    |  |

**Section B - Assets Placed in Service During 2001 Tax Year Using the General Depreciation System**

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only - see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19a 3 year property            |                                      |  |                     |                |            |                            |
| b 5 year property              |                                      |  |                     |                |            |                            |
| c 7-year property              |                                      |  |                     |                |            |                            |
| d 10-year property             |                                      |  |                     |                |            |                            |
| e 15 year property             |                                      |  |                     |                |            |                            |
| f 20-year property             |                                      |  |                     |                |            |                            |
| g 25 year property             |                                      |  | 25 yrs              |                | S/L        |                            |
| h Residential rental property  | /                                    |  | 27.5 yrs            | MM             | S/L        |                            |
|                                | /                                    |  | 27.5 yrs            | MM             | S/L        |                            |
| i Nonresidential real property | /                                    |  | 39 yrs              | MM             | S/L        |                            |
|                                | /                                    |  |                     | MM             | S/L        |                            |

**Section C - Assets Placed in Service During 2001 Tax Year Using the Alternative Depreciation System**

|     |            |   |        |    |     |  |
|-----|------------|---|--------|----|-----|--|
| 20a | Class life |   |        |    | S/L |  |
| b   | 12-year    |   | 12 yrs |    | S/L |  |
| c   | 40-year    | / | 40 yrs | MM | S/L |  |

**Part IV Summary (See instructions)**

|    |  |    |          |
|----|--|----|----------|
| 21 | Listed property Enter amount from line 28  | 21 |          |
| 22 | Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations see instr | 22 | 555,307. |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs  | 23 |          |

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)  
**Note** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

**Section A - Depreciation and Other Information** (Caution See instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed?  Yes  No 24b If "Yes," is the evidence written?  Yes  No

| (a)<br>Type of property<br>(list vehicles first)   | (b) Date<br>placed in<br>service | (c) Business/<br>investment<br>use percentage | (d) Cost or<br>other basis | (e) Basis for depreciation<br>(business/investment<br>use only) | (f) Recovery<br>period | (g) Method/<br>Convention | (h) Depreciation<br>deduction | (i) Elected<br>section 179<br>cost |
|--|----------------------------------|---|----------------------------|---|------------------------|---------------------------|-------------------------------|------------------------------------|
| 25 Special depreciation allowance for listed property acquired after September 10, 2001,<br>and used more than 50% in a qualified business use |                                  |   |                            |   |                        |                           | 25                            |                                    |
| 26 Property used more than 50% in a qualified business use   |                                  |   |                            |   |                        |                           |                               |                                    |
|  |                                  | %   |                            |   |                        |                           |                               |                                    |
|  |                                  | %   |                            |   |                        |                           |                               |                                    |
|  |                                  | %   |                            |   |                        |                           |                               |                                    |
| 27 Property used 50% or less in a qualified business use   |                                  |   |                            |   |                        |                           |                               |                                    |
|  |                                  | %   |                            |   |                        | S/L                       |                               |                                    |
|  |                                  | %   |                            |   |                        | S/L                       |                               |                                    |
|  |                                  | %   |                            |   |                        | S/L                       |                               |                                    |
| 28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1  |                                  |   |                            |   |                        |                           | 28                            |                                    |
| 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1   |                                  |   |                            |   |                        |                           |                               | 29                                 |

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person  
 If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

|  | (a)<br>Vehicle |    | (b)<br>Vehicle |    | (c)<br>Vehicle |    | (d)<br>Vehicle |    | (e)<br>Vehicle |    | (f)<br>Vehicle |    |
|--|----------------|----|----------------|----|----------------|----|----------------|----|----------------|----|----------------|----|
|  | Yes            | No | Yes            | No | Yes            | No | Yes            | No | Yes            | No | Yes            | No |
| 30 Total business/investment miles driven during the year (do not include commuting miles) |                |    |                |    |                |    |                |    |                |    |                |    |
| 31 Total commuting miles driven during the year  |                |    |                |    |                |    |                |    |                |    |                |    |
| 32 Total other personal (noncommuting) miles driven  |                |    |                |    |                |    |                |    |                |    |                |    |
| 33 Total miles driven during the year<br>Add lines 30 through 32                           |                |    |                |    |                |    |                |    |                |    |                |    |
| 34 Was the vehicle available for personal use during off-duty hours?                       |                |    |                |    |                |    |                |    |                |    |                |    |
| 35 Was the vehicle used primarily by a more than 5% owner or related person?               |                |    |                |    |                |    |                |    |                |    |                |    |
| 36 Is another vehicle available for personal use?  |                |    |                |    |                |    |                |    |                |    |                |    |

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons

|   | Yes | No |
|---|-----|----|
| 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?  |     |    |
| 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See instructions for vehicles used by corporate officers, directors, or 1% or more owners |     |    |
| 39 Do you treat all use of vehicles by employees as personal use?   |     |    |
| 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?   |     |    |
| 41 Do you meet the requirements concerning qualified automobile demonstration use?<br><b>Note</b> If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles                |     |    |

**Part VI Amortization**

| (a)<br>Description of costs   | (b)<br>Date amortization<br>begins | (c)<br>Amortizable<br>amount | (d)<br>Code<br>section | (e)<br>Amortization<br>period or percentage | (f)<br>Amortization<br>for this year |
|---|------------------------------------|------------------------------|------------------------|---|--------------------------------------|
| 42 Amortization of costs that begins during your 2001 tax year          |                                    |                              |                        |   |                                      |
|   |                                    |                              |                        |   |                                      |
| 43 Amortization of costs that began before your 2001 tax year           |                                    |                              |                        |   | 43                                   |
| 44 Total Add amounts in column (f) See instructions for where to report |                                    |                              |                        |   | 44                                   |