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Return of Organization Exempt from Income Tax

2001

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2001 calendar year, or tax year beginning, 2001, and ending, 20

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. Please use IRS label or print or type. See specific instructions. EDUCATIONAL FUND TO STOP GUN VIOLENCE, 1023 15TH STREET, N W, SUITE 600, WASHINGTON, DC 20005. D Employer Identification Number: 52-1114375. E Telephone number: 202-408-0061. F Accounting method: [X] Cash [] Accrual [] Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). H and I are not applicable to Section 527 organizations. H (a) Is this a group return for affiliates? [] Yes [X] No. H (b) If yes, enter number of affiliates. H (c) Are all affiliates included? [] Yes [] No. H (d) Is this a separate return filed by an organization covered by a group ruling? [] Yes [X] No.

G Web site: N/A

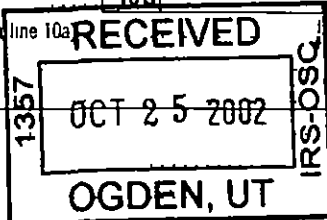
J Organization type (check only one): [X] 501(c) 3 (insert no) [] 4947(a)(1) or [] 527

K Check here [] if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return. I Enter 4 digit group GEN. M Check [] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 1,487,954

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see instructions)

Table with 21 rows and multiple columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less rental expenses; 6c Net rental income or (loss); 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less direct expenses; 9c Net income or (loss); 10a Gross sales of inventory; 10b Less cost of goods sold; 10c Gross profit or (loss); 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.



SCANNED NOV 06 07

Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b 9b, 10b or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att sch) (cash \$ _____ non cash \$ _____)	22			
23 Specific assistance to individuals (att sch)	23			
24 Benefits paid to or for members (att sch)	24			
25 Compensation of officers, directors, etc	25	75,500	56,625	14,345
26 Other salaries and wages	26	649,264	486,948	123,360
27 Pension plan contributions	27			
28 Other employee benefits	28			
29 Payroll taxes	29	57,866	43,399	10,995
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33	2,914	1,732	1,182
34 Telephone	34	29,447	25,663	2,732
35 Postage and shipping	35	19,061	10,872	6,298
36 Occupancy	36	92,217	69,163	17,521
37 Equipment rental and maintenance	37			
38 Printing and publications	38	25,994	23,105	1,784
39 Travel	39	27,650	19,914	1,894
40 Conferences, conventions, and meetings	40	23,100	23,100	
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42	10,422	7,817	1,980
43 Other expenses not covered above (itemize)	43			
a See Statement 2	43a	283,271	243,586	28,780
b	43b			
c	43c			
d	43d			
e	43e			
44 Total functional expenses (add lines 22-43) Organizations completing columns (B) - (D), carry these totals to lines 13-15	44	1,296,706	1,011,924	209,689

Joint Costs Check if you are following SOP 98 2

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

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? HANDGUN VIOLENCE EDUCATION
 All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) & (4) organizations & section 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others)

Program Service Expenses
 (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts but optional for others)

a See Statement 3	(Grants and allocations \$ _____)	1,011,924
b	(Grants and allocations \$ _____)	
c	(Grants and allocations \$ _____)	
d	(Grants and allocations \$ _____)	
e Other program services	(Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), program services)		1,011,924

Part IV Balance Sheets (See instructions)

Note Where required attached schedules and amounts within the description column should be for end of year amounts only		(A) Beginning of year		(B) End of year
ASSETS	45 Cash – non interest bearing	200,553	45	280,611
	46 Savings and temporary cash investments		46	2,582
	47 a Accounts receivable	47 a		
	b Less allowance for doubtful accounts	47 b	47 c	
	48 a Pledges receivable	48 a		
	b Less allowance for doubtful accounts	48 b	48 c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51 a Other notes & loans receivable (attach sch)	51 a		
	b Less allowance for doubtful accounts	51 b	51 c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 Investments – securities (attach schedule)	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
	55 a Investments – land, buildings, & equipment basis	55 a		
	b Less accumulated depreciation (attach schedule)	55 b	55 c	
	56 Investments – other (attach schedule)		56	
	57 a Land, buildings, and equipment basis	57 a	68,050	
	b Less accumulated depreciation (attach schedule)	57 b	48,267	57 c
	58 Other assets (describe ▶ <u>See Statement 5</u>)	Statement 4	19,700	19,783
59 Total assets (add lines 45 through 58) (must equal line 74)		220,443	59	303,238
LIABILITIES	60 Accounts payable and accrued expenses		60	
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64 a Tax exempt bond liabilities (attach schedule)		64 a	
	b Mortgages and other notes payable (attach schedule)		64 b	
	65 Other liabilities (describe ▶ _____)		26	65
66 Total liabilities (add lines 60 through 65)		26	66	0
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		70	
	71 Paid in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		220,417	72
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)		220,417	73	303,238
74 Total liabilities and net assets/fund balances (add lines 66 and 73)		220,443	74	303,238

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.

BAA

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions)

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

Table with 5 columns: Description, a, b, c, d, e. Rows include: Total revenue, gains, and other support per audited financial statements; Amounts included on line a but not on line 12, Form 990; (1) Net unrealized gains on investments; (2) Donated services and use of facilities; (3) Recoveries of prior year grants; (4) Other (specify); Add amounts on lines (1) through (4); Line a minus line b; Amounts included on line 12, Form 990 but not on line a; (1) Investment expenses not included on line 6b, Form 990; (2) Other (specify); Add amounts on lines (1) and (2); Total revenue per line 12, Form 990 (line c plus line d).

Table with 5 columns: Description, a, b, c, d, e. Rows include: Total expenses and losses per audited financial statements; Amounts included on line a but not on line 17, Form 990; (1) Donated services and use of facilities; (2) Prior year adjustments reported on line 20, Form 990; (3) Losses reported on line 20, Form 990; (4) Other (specify); Add amounts on lines (1) through (4); Line a minus line b; Amounts included on line 17, Form 990 but not on line a; (1) Investment expenses not included on line 6b, Form 990; (2) Other (specify); Add amounts on lines (1) and (2); Total expenses per line 17, Form 990 (line c plus line d).

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

Table with 5 columns: (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 and deferred compensation, (E) Expense account and other allowances. Row 1: See Statement 6, [blank], 75,500, 0, 0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?

Yes No

If 'Yes,' attach schedule - see instructions

Part VI Other Information (See specific instructions)

Yes No

76 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	76		X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	77		X
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	78b	N/A	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	79		X
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
b If 'Yes,' enter the name of the organization <u>N/A</u> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt			
81a Enter direct or indirect political expenditures See line 81 instructions	81a		0
b Did the organization file Form 1120-POL for this year?	81b		X
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
b If 'Yes,' you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82b	N/A	
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84a Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
85 501(c)(4) (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	N/A	
b Did the organization make only in house lobbying expenditures of \$2,000 or less?	85b	N/A	
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year			
c Dues, assessments, and similar amounts from members	85c	N/A	
d Section 162(e) lobbying and political expenditures	85d	N/A	
e Aggregate nondeductible amount of Section 6033(e)(1)(A) dues notices	85e	N/A	
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A	
g Does the organization elect to pay the Section 6033(e) tax on the amount on line 85f?	85g	N/A	
h If Section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A	
86 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86a	N/A	
b Gross receipts, included on line 12, for public use of club facilities	86b	N/A	
87 501(c)(12) organizations Enter a Gross income from members or shareholders	87a	N/A	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A	
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations Sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX	88		X
89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under Section 4911 <u>0</u> , Section 4912 <u>0</u> , Section 4955 <u>0</u>			
b 501(c)(3) and 501(c)(4) organizations Did the organization engage in any Section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction	89b		X
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under Sections 4912, 4955, and 4958			<u>0</u>
d Enter Amount of tax on line 89c, above, reimbursed by the organization			<u>0</u>
90a List the states with which a copy of this return is filed <u>None</u>			
b Number of employees employed in the pay period that includes March 12, 2001 (see instructions)	90b		16
91 The books are in care of <u>JOSHUA M HORWITZ, ESQ</u> Telephone number <u>202-408-0061</u>			
Located at <u>1023 15TH STREET, N W, SUITE 600</u> ZIP + 4 <u>20005</u>			
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax exempt interest received or accrued during the tax year	92	N/A	<input type="checkbox"/>

Part VII Analysis of Income-Producing Activities (See instructions)

Note Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			1	13,942	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate					
a debt financed property					
b not debt financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			2	-3,667	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a _____					
b CONTR TO OVERHEAD			1	125,365	
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				135,640	
105 Total (add line 104, columns (B), (D), and (E))					135,640

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 instructions)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
N/A	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions)

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

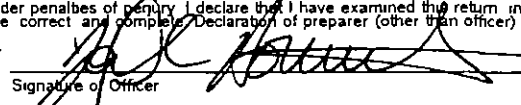
Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions)

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

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


Please Sign Here

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

Signature of Officer:  Date: _____

Type or Print Name and Title: _____

Paid Preparer's Use Only

Preparer's Signature:  Date: 10/17/02

Check if self-employed:

Preparer's SSN or PTIN (see General Instruction W): P00059736

Firm's name (or yours if self-employed) and address and ZIP + 4: Summers & Brown, Chartered
14448 Old Mill Rd, Ste 101
Upper Marlboro, MD 20772

EIN: 52-1524091

Phone no: (301) 952-0914

Schedule A
(Form 990 or 990-EZ)

Organization Exempt Under
Section 501(c)(3)

OMB No 1545-0047

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

2001

Supplementary Information – (see separate instructions)

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

Department of the Treasury
Internal Revenue Service

Name of the Organization

EDUCATIONAL FUND TO STOP GUN VIOLENCE

Employer Identification Number

52-1114375

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

(See instructions List each one If there are none, enter 'None')

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

Total number of other employees paid over \$50,000 ▶

0

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

(See instructions List each one (whether individuals or firms) If there are none, enter 'None')

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		

Total number of others receiving over \$50,000 for professional services ▶

0

Part III Statements About Activities (See instructions)

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 **▶** \$ N/A

(Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI A. Other organizations checking 'Yes,' must complete Part VI-B and attach a statement giving a detailed description of the lobbying activities

2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)

a Sale, exchange, or leasing of property?

b Lending of money or other extension of credit?

c Furnishing of goods, services, or facilities?

See Form 990, Part V

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

e Transfer of any part of its income or assets?

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

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

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

	Yes	No
1		X
2		
2a		X
2b		X
2c		X
2d	X	
2e		X
3		X
4	X	

Part IV Reason for Non-Private Foundation Status (See 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 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 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.)	749,000	418,368	284,323	245,213	1,696,904
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	17,239	7,023	4,329	6,885	35,476
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. See Stmt 7.	125,054	123,095	80,631	102,455	431,235
23 Total of lines 15 through 22	891,293	548,486	369,283	354,553	2,163,615
24 Line 23 minus line 17	891,293	548,486	369,283	354,553	2,163,615
25 Enter 1% of line 23	8,913	5,485	3,693	3,546	

26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24	26a	43,272
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.		26b	
c Total support for Section 509(a)(1) test. Enter line 24, column (e)		26c	2,163,615
d Add: Amounts from column (e) for lines 18 <u>35,476</u> 19 _____		26d	466,711
22 <u>431,235</u> 26b _____		26e	1,696,904
e Public support (line 26c minus line 26d total)		26f	78.43%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))			

27 Organizations described on line 12 N/A			
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year: (2000) _____ (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: (2000) _____ (1999) _____ (1998) _____ (1997) _____			
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 from 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 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See instructions)
 (To be completed Only by schools that checked the box on line 6 in Part IV)

		N/A	
		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 instructions)
 (To be completed **Only** by an eligible organization that filed Form 5768)

N/A

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

Limits on Lobbying Expenditures

(The term 'expenditures' means amounts paid or incurred)

	(a) Affiliated group totals	(b) To be completed for all electing organizations
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 –		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
The lobbying nontaxable amount is –		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000		
\$225,000 plus 5% of the excess over \$1,500,000		
\$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)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4 -Year Averaging Period				
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non taxable 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 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

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

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2001

Name of Organization

EDUCATIONAL FUND TO STOP GUN VIOLENCE

Employer Identification Number

52-1114375

Organization type (check one)

Filers of

Form 990 or 990 EZ

Section

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

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

527 political organization

Form 990 PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

Check if your organization is covered by the **general rule** or a **special rule** (Note Only a Section 501(c)(7) (8) or (10) organization can check box(es) for both the general rule and a special rule – see instructions)

General Rule –

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

Special Rules –

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

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

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

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

BAA

Schedule B (Form 990, 990 EZ, or 990 PF) (2001)

Name of Organization

Employer Identification Number

EDUCATIONAL FUND TO STOP GUN VIOLENCE

52-1114375

Part I Contributors (see instructions)

(a) Number	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	----- ----- -----	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
2	----- ----- -----	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
---	----- ----- -----	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
---	----- ----- -----	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
---	----- ----- -----	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
---	----- ----- -----	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)

Name of Organization

Employer Identification Number

EDUCATIONAL FUND TO STOP GUN VIOLENCE

52-1114375

Part II Noncash Property

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

Name of Organization

Employer Identification Number

EDUCATIONAL FUND TO STOP GUN VIOLENCE

52-1114375

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

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

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

EDUCATIONAL FUND TO STOP GUN VIOLENCE

52-1114375

Statement 1
Form 990, Part I, Line 9
Net Income (Loss) from Special Events

Special Events	Gross Receipts	Less Contributions	Gross Revenue	Less Direct Expenses	Net Income (Loss)
AUCTION	90,730	0	90,730	66,244	24,486
CONFERENCE	14,030	0	14,030	42,183	-28,153
Totals	<u>\$ 104,760</u>	<u>\$ 0</u>	<u>\$ 104,760</u>	<u>\$ 108,427</u>	<u>\$ -3,667</u>

Statement 2
Form 990, Part II, Line 43
Other Expenses

	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
ADVERTISING	917		917	
BANK FEES	652		652	
COMPUTER EXPENSES	22,306	20,644	1,263	399
CONSULTING	112,915	100,705	6,105	6,105
DUES & SUBSCRIPTIONS	5,516	2,559	2,957	
INSURANCE-BUSINESS	4,149	3,112	788	249
INSURANCE-HEALTH	46,534	34,900	8,841	2,793
OFFICE EXPENSE	22,558	18,288	3,702	568
OFFSITE STORAGE	728		728	
OPINION SURVEY	23,625	23,625		
OUTSIDE SERVICES	207		207	
PROFESSIONAL DEVELOPMENT	3,272	2,454	622	196
PROFESSIONAL FESS	35,869	33,871	1,998	
PUBLIC RELATIONS	3,044	3,044		
RESEARCH	979	384		595
Total	<u>\$ 283,271</u>	<u>\$ 243,586</u>	<u>\$ 28,780</u>	<u>\$ 10,905</u>

Statement 3
Form 990, Part III, Line a
Statement of Program Service Accomplishments

Description	Grants and Allocations	Program Service Expenses
FIREARMS LITIGATION CLRNGHSE-ASSISTS PLAINTIFFS IN RECOVERING DAMAGES FROM FIREARMS MANUFACTURERS, PRODUCE NEWSLTR EXPERT CONSLTNG FOR PLAINTIFFS ATTRNY, KEEP PUBLIC LIBRARY OF GUN INFORMATION		369,409
PUBLIC EDUCTN-ANSWERNG REPORTERS' AND GEN PUBLIC QUEST ON FIREARMS OWNRSHP DISCUSSING ALTERNATIVES TO CARRYING GUNS, WORKING W/SCHOOLS ON SPECIAL PROJECTS		642,515
	<u>\$ 0</u>	<u>\$ 1,011,924</u>

EDUCATIONAL FUND TO STOP GUN VIOLENCE

52-1114375

Statement 4
Form 990, Part IV, Line 57
Land, Buildings, and Equipment

Category	Basis	Accum Deprec.	Book Value
Furniture and Fixtures	\$ 68,050	\$ 48,267	\$ 19,783
Total	<u>\$ 68,050</u>	<u>\$ 48,267</u>	<u>\$ 19,783</u>

Statement 5
Form 990, Part IV, Line 58
Other Assets

OVERPAYMENT P/R TAXES	Total	\$ 262
		<u>\$ 262</u>

Statement 6
Form 990, Part V
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compensation	Contribution to EBP & DC	Expense Account/ Other
JOSHUA HORWITZ 1023 15TH ST, N W STE 600 WASHINGTON, DC 20005	EXEC DIRECTOR VARIOUS	\$ 75,500	\$ 0	\$ 0
RICHARD MELTZER 1150 17TH ST NW SUITE 601 WASHINGTON, DC 20036	CHAIRMAN VARIOUS	0	0	0
HILARY SHELTON 610 4TH PLACE, SW WASHINGTON, DC 20024	VICE CHAIR VARIOUS	0	0	0
MICHAEL BEARD 1023 15TH ST, N W, STE 600 WASHINGTON, DC 20005	SECRETARY VARIOUS	0	0	0
JOEL KANTER 8000 TOWERS CRESCENT DR, #1070 VIENNA, VA 22182	TREASURER VARIOUS	0	0	0
ELLIOTT ANDALMAN LEE PLAZA 8601 GEORGIA AVE#604 SILVER SPRING, MD 20910	BOARD OF DIR VARIOUS	0	0	0
REV JAMES ATWOOD 7510 JUNE STREET SPRINGFIELD, VA 22150	BOARD OF DIR VARIOUS	0	0	0

EDUCATIONAL FUND TO STOP GUN VIOLENCE

52-1114375

Statement 6 (continued)
Form 990, Part V
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compensation	Contribution to EBP & DC	Expense Account/ Other
DR J ELLIOTT CORBETT 6006 MILO DRIVE BETHESDA, MD 20816	BOARD OF DIR VARIOUS	\$ 0	\$ 0	\$ 0
RANDY BENN 1875 CONNECTICUT AVE, NW WASHINGTON, DC 20009	BOARD OF DIR VARIOUS	0	0	0
SANFORD HORWITT 5935 N 5TH ROAD ARLINGTON, VA 22203	BOARD OF DIR VARIOUS	0	0	0
LINDA VASQUEZ 106 GREENWOOD DRIVE HATTIESBURG, MS 39402	BOARD OF DIR VARIOUS	0	0	0
ROBERT CHEEK 3417 NORTH VENICE STREET ARLINGTON, VA 22207	BOARD OF DIR VARIOUS	0	0	0
KIM REED ATRIUM TOWER 9TH FLOOR 00-854 WARSAW, POLAND,	BOARD OF DIR VARIOUS	0	0	0
Total		\$ 75,500	\$ 0	\$ 0

Statement 7
Schedule A, Part IV-A, Line 22
Other Income

Description	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
VARIOUS FUNDRAISERS	\$ 125,054	\$ 123,095	\$ 80,631	\$ 102,455	\$ 431,235
Total	\$ 125,054	\$ 123,095	\$ 80,631	\$ 102,455	\$ 431,235

EDUCATIONAL FUND TO STOP GUN VIOLENCE

52-1114375

• AUCTION EXPENSES

BANQUET ROOM RENTAL	32248
MISCELLANEOUS	7274
POSTAGE	3061
PRINTING	10161
CONSULTING	13500
TOTAL	\$ 66,244

CONFERENCE EXPENSES

BANQUET ROOM	33772
OFFICE	1101
POSTAGE	1455
PRINTING	3259
PROFESSIONAL	94
TELEPHONE	68
TRAVEL	2434
TOTAL	\$ 42,183

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.

Name of Exempt Organization: EDUCATIONAL FUND TO STOP GUN VIOLENCE
Employer Identification Number: 52-1114375
Address: 1023 15TH STREET, N W, SUITE 600 WASHINGTON, DC 20005

Check type of return to be filed (file a separate application for each return)
Form 990, Form 990 EZ (checked), Form 990 T (Section 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 organizations four digit Group Exemption Number (GEN)
whole group, check this box
If it is part of the group, check this box and attach a list with the names and EINs of all members the extension is for

I request an additional 3 month extension of time until 11/15, 20 02
For calendar year 2001, or other tax year beginning 20 and ending 20
If this tax year is for less than 12 months, check reason Initial return, Final return, Change in accounting period
State in detail why you need the extension: Taxpayer respectfully requests additional time to gather information necessary to file a complete and accurate tax 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 \$

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: [Handwritten Signature] Title: CPA Date: 9/15/02

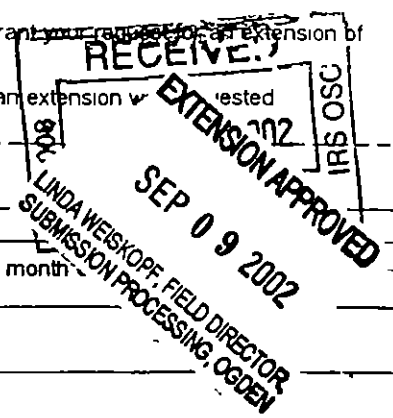
Notice to Applicant - To be Completed by the IRS

- 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 filed 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 _____

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

Name: Summers & Brown, Chartered
Number and Street (include suite, room, or apartment number) or a P O Box Number: 14448 Old Mill Rd, Ste 101
City or Town, Province or State and Country (including postal or ZIP code): Upper Marlboro, MD 20772



Application for Extension of Time to File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Note Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time — Only submit original (no copies needed)

Note Form 990-T corporations requesting an automatic 6-month extension — check this box and complete Part I only

All other corporations (including Form 990 C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065 1066 or 1041

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization	Employer Identification Number
	EDUCATIONAL FUND TO STOP GUN VIOLENCE	52-1114375
	Number Street and Room or Suite Number If a P O Box see instructions	
	1023 15TH STREET, N W, SUITE 600	
	City Town or Post Office For a foreign address see instructions	State ZIP Code
	WASHINGTON, DC 20005	

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

- | | | |
|---|--|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990 T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990 BL | <input type="checkbox"/> Form 990 T (Section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990 EZ | <input type="checkbox"/> Form 990 T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990 PF | <input type="checkbox"/> Form 1041 A | <input type="checkbox"/> Form 8870 |

- 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 will cover

1 I request an automatic 3 month (6 month, for 990-T corporation) extension of time until 8/15, 20 02 to file the exempt organization return for the organization named above. The extension is for the organization's return for

- ▶ calendar year 20 01 or
- ▶ tax year beginning _____, 20 _____ and ending _____, 20 _____

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

3a 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 \$ 0

b If this application is for Form 990-PF or 990 T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit \$ 0

c **Balance Due** Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ 0

Signature and Verification

Under penalties of perjury I declare that I have examined this return 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 [Handwritten Signature] Title ▶ CPA Date ▶ 5/15/02