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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: X Address change, Name change, Initial return, Final return, Amended return, Application pending

Environmental Working Group, 1436 U Street, NW #100, Washington, DC 20009-3987

D Employer Identification Number: 52-2148600; E Telephone number: (202) 667-6982; F Accounting method: X Accrual

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? X No; H(b) If yes enter number of affiliates; H(c) Are all affiliates included?; H(d) Is this a separate return filed by an organization covered by a group ruling? X No; I Enter 4 digit group GEN; M Check if the organization is not required to attach Schedule B

G Web site: www.ewg.org

J Organization type: 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.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 2,238,407

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

Table with 21 rows and 4 columns: Line number, Description, (A) Securities, (B) Other. Includes a 'RECEIVED' stamp from OGDEN, UT dated NOV 19 2002.

SCANNED NOV 25 2002

EXEMPTIONS, ASSETS

**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	110,000	57,200	8,800	44,000
26 Other salaries and wages	26	1,065,039	964,052	79,206	21,781
27 Pension plan contributions	27				
28 Other employee benefits	28	86,971	75,588	6,514	4,869
29 Payroll taxes	29	87,034	75,643	6,519	4,872
30 Professional fundraising fees	30				
31 Accounting fees	31	14,000		14,000	
32 Legal fees	32	11,257	10,979	278	
33 Supplies	33				
34 Telephone	34	20,336	17,675	1,523	1,138
35 Postage and shipping	35	6,222	5,408	466	348
36 Occupancy	36	109,265	94,964	8,184	6,117
37 Equipment rental and maintenance	37	10,271	8,927	769	575
38 Printing and publications	38	21,243	21,243		
39 Travel	39	59,980	59,980		
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	30,381	26,405	2,275	1,701
43 Other expenses not covered above (itemize)					
a See Statement 1	43a	328,969	234,979	92,248	1,742
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	1,960,968	1,653,043	220,782	87,143

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? <u>To support a 501(c)(3) organization</u> <small>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) &amp; (4) organizations &amp; section 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants &amp; allocations to others.)</small>	Program Service Expenses <small>(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts but optional for others)</small>
a <u>Conduct research, produce publications and collaborate with public interest groups in project areas primarily concerned with environmental issues</u> (Grants and allocations \$ _____)	1,653,043
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)	1,653,043

**Part IV Balance Sheets** (See instructions)

Note		(A) Beginning of year		(B) End of year
ASSETS	45 Cash – non interest bearing	26,874	45	111,452
	46 Savings and temporary cash investments	374,812	46	203,781
	47a Accounts receivable	3,408		
	b Less allowance for doubtful accounts		124	3,408
	48a Pledges receivable			
	b Less allowance for doubtful accounts			
	49 Grants receivable	660,000	49	1,031,250
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes & loans receivable (attach sch)			
	b Less allowance for doubtful accounts			
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	4,798	53	20,067
	54 Investments – securities (attach schedule)		54	
	<input type="checkbox"/> Cost <input type="checkbox"/> FMV			
	55a Investments – land, buildings, & equipment basis			
	b Less accumulated depreciation (attach schedule)			
	56 Investments – other (attach schedule)		56	
	57a Land, buildings, and equipment basis	60,240		
	b Less accumulated depreciation (attach schedule) <b>Statement 2</b>	59,717	30,904	523
58 Other assets (describe ▶ _____)		58		
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)	1,097,512	59	1,370,481	
LIABILITIES	60 Accounts payable and accrued expenses	19,765	60	9,268
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe ▶ <b>See Statement 3</b> _____)		65	6,027
	66 <b>Total liabilities</b> (add lines 60 through 65)	19,765	66	15,295
NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	4,260	67	254,044
	68 Temporarily restricted	1,073,487	68	1,101,142
	69 Permanently restricted		69	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)	1,077,747	73	1,355,186	
74 <b>Total liabilities and net assets/fund balances</b> (add lines 66 and 73)	1,097,512	74	1,370,481	

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		
a	Total revenue, gains, and other support per audited financial statements	▶ a 2,238,407	a	Total expenses and losses per audited financial statements	▶ a 1,960,968
b	Amounts included on line a but not on line 12, Form 990		b	Amounts included on line a but not on line 17, Form 990	
(1)	Net unrealized gains on investments \$		(1)	Donated services and use of facilities \$	
(2)	Donated services and use of facilities \$		(2)	Prior year adjustments reported on line 20, Form 990 \$	
(3)	Recoveries of prior year grants \$		(3)	Losses reported on line 20, Form 990 \$	
(4)	Other (specify)		(4)	Other (specify)	
	----- \$			----- \$	
	Add amounts on lines (1) through (4)	▶ b		Add amounts on lines (1) through (4)	▶ b
c	Line a minus line b	▶ c 2,238,407	c	Line a minus line b	▶ c 1,960,968
d	Amounts included on line 12, Form 990 but not on line a		d	Amounts included on line 17, Form 990 but not on line a	
(1)	Investment expenses not included on line 6b, Form 990 \$		(1)	Investment expenses not included on line 6b, Form 990 \$	
(2)	Other (specify)		(2)	Other (specify)	
	----- \$			----- \$	
	Add amounts on lines (1) and (2)	▶ d		Add amounts on lines (1) and (2)	▶ d
e	Total revenue per line 12, Form 990 (line c plus line d)	▶ e 2,238,407	e	Total expenses per line 17, Form 990 (line c plus line d)	▶ e 1,960,968

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
See Statement 4		110,000	3,382	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

<b>76</b>	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity			X
<b>77</b>	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			X
<b>78a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?			X
<b>78b</b>	If 'Yes,' has it filed a tax return on Form 990-T for this year?		N/A	
<b>79</b>	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement			X
<b>80a</b>	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?			X
<b>81a</b>	Enter direct or indirect political expenditures. See line 81 instructions	81a	0	
<b>81b</b>	Did the organization file Form 1120-POL for this year?			X
<b>82a</b>	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?		X	
<b>82b</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	Not Valued	
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?		X	
<b>83b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		X	
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?			X
<b>84b</b>	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			N/A
<b>85a</b>	501(c)(4) (5), or (6) organizations. Were substantially all dues nondeductible by members?			N/A
<b>85b</b>	Did the organization make only in house lobbying expenditures of \$2,000 or less? If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year			N/A
<b>85c</b>	Dues, assessments, and similar amounts from members	85c	N/A	
<b>85d</b>	Section 162(e) lobbying and political expenditures	85d	N/A	
<b>85e</b>	Aggregate nondeductible amount of Section 6033(e)(1)(A) dues notices	85e	N/A	
<b>85f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A	
<b>85g</b>	Does the organization elect to pay the Section 6033(e) tax on the amount on line 85f?			N/A
<b>85h</b>	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?			N/A
<b>86a</b>	501(c)(7) organizations. Enter initiation fees and capital contributions included on line 12	86a	N/A	
<b>86b</b>	Gross receipts, included on line 12, for public use of club facilities	86b	N/A	
<b>87a</b>	501(c)(12) organizations. Enter gross income from members or shareholders	87a	N/A	
<b>87b</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	
<b>88</b>	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.			X
<b>89a</b>	501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under Section 4911 ▶ 0, Section 4912 ▶ 0, Section 4955 ▶ 0			
<b>89b</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			X
<b>89c</b>	Enter amount of tax imposed on the organization managers or disqualified persons during the year under Sections 4912, 4955, and 4958			0
<b>89d</b>	Enter amount of tax on line 89c, above, reimbursed by the organization			0
<b>90a</b>	List the states with which a copy of this return is filed ▶ California, Washington DC			
<b>90b</b>	Number of employees employed in the pay period that includes March 12, 2001 (see instructions)	90b	15	
<b>91</b>	The books are in care of ▶ Susan Staley Telephone number ▶ 202-667-6982 Located at ▶ 1436 U Street NW, Suite 100, DC ZIP + 4 ▶ 20009-3987			
<b>92</b>	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	N/A

**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 Program Service Rev					1,289
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			14	30,048	
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					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				30,048	1,289
105 Total (add line 104, columns (B), (D), and (E))					31,337

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)
93a	Miscellaneous sales of various publications on environmental issues and policies

**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)

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

Please Sign Here

Signature of Officer: Kenneth A Cook Date: 1/14/02

Type or Print Name and Title: Kenneth A Cook, President

Paid Preparer's Use Only

Preparer's Signature: Michael... Date: 1/13/02 Check if self employed:

Firm's name (or yours if self employed) and address and ZIP + 4: Fontanello, Duffield & Otake, LLP  
300 Montgomery St Suite 1050  
San Francisco, CA 94104

Preparer's SSN or PTIN (see General Instruction W): 041-36-0590

EIN: 37-1420474 Phone no: (415) 983-0500

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

Department of the Treasury  
Internal Revenue Service

Supplementary Information - (see separate instructions)  
▶ Must be completed by the above organizations and attached to their Form 990 or 990-EZ.

Name of the Organization: Environmental Working Group Employer Identification Number: 52-2148600

**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
<u>Richard Wiles</u> 1436 U Street NW, DC	Senior VP 40	108,457	7,959	0
<u>Michael Casey</u> 1436 U Street NW, DC	VP Pub Affairs 40	104,500	3,347	0
<u>William Walker</u> 1436 U Street NW, DC	West Coast VP 40	91,875	8,739	0
<u>Christopher Campbell</u> 1436 U Street NW, DC	Info Tech Dir 40	79,000	7,750	0
<u>Anne C Keys</u> 1436 U Street NW, DC	V P Policy 40	84,740	2,772	0
Total number of other employees paid over \$50,000 ▶	4			

**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
<u>Carolyn Brickley</u> 7370 S Cactus Thorn Lane, Tuscon, AZ 85747	Policy Consulting	50,000
-----		
-----		
-----		
-----		
-----		
Total number of others receiving over \$50,000 for professional services ▶	0	



**Part III** Statements About Activities (See instructions)

	Yes	No
<p><b>1</b> 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 <b>▶ \$ 101,200</b></p> <p><b>(Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)</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><b>2</b> 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><b>a</b> Sale, exchange, or leasing of property?</p> <p><b>b</b> Lending of money or other extension of credit?</p> <p><b>c</b> Furnishing of goods, services, or facilities?</p> <p><b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p> <p><b>e</b> Transfer of any part of its income or assets?</p>		X
<p><b>3</b> Does the organization make grants for scholarships, fellowships, student loans, etc? (See <b>Note</b> below.)</p>		X
<p><b>4</b> 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 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
	11a

- 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
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	N/A				
<b>16</b> Membership fees received					
<b>17</b> 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					
<b>18</b> 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					
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> 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.					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
<b>23</b> Total of lines 15 through 22					
<b>24</b> Line 23 minus line 17					
<b>25</b> Enter 1% of line 23					
<b>26 Organizations described on lines 10 or 11</b> a Enter 2% of amount in column (e), line 24 N/A					
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.					
c Total support for Section 509(a)(1) test. Enter line 24, column (e)					
d Add: Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26 b _____					
e Public support (line 26c minus line 26d total)					
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					%
<b>27 Organizations described on line 12</b> 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 _____ 17 _____ 20 _____ 21 _____					
d Add: Line 27a total _____ and line 27b total _____					
e Public support (line 27c total minus line 27d total)					
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)					
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					%
<b>28 Unusual Grants</b> 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. N/A					

**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
<b>29</b> 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?		
<b>30</b> 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?		
<b>31</b> 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 ) ----- ----- -----		
<b>32</b> Does the organization maintain the following		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?		
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
<b>d</b> 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 ) ----- -----		
<b>33</b> Does the organization discriminate by race in any way with respect to		
<b>a</b> Students' rights or privileges?		
<b>b</b> Admissions policies?		
<b>c</b> Employment of faculty or administrative staff?		
<b>d</b> Scholarships or other financial assistance?		
<b>e</b> Educational policies?		
<b>f</b> Use of facilities?		
<b>g</b> Athletic programs?		
<b>h</b> Other extracurricular activities?  If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement ) ----- -----		
<b>34a</b> Does the organization receive any financial aid or assistance from a governmental agency?		
<b>b</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		
<b>35</b> 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)

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

<b>Limits on Lobbying Expenditures</b>		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term 'expenditures' means amounts paid or incurred)			
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>	101,200
<b>38</b>	Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	101,200
<b>39</b>	Other exempt purpose expenditures	<b>39</b>	1,860,708
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	1,961,908
<b>41</b>	Lobbying nontaxable amount Enter the amount from the following table -- If the amount on line 40 is --                      The lobbying nontaxable amount is -- Not over \$500,000                                      20% of the amount on line 40 Over \$500,000 but not over \$1,000,000                      \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000                      \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000                      \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000                                      \$1,000,000	<b>41</b>	248,095
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	62,024
<b>43</b>	Subtract line 42 from line 36 Enter 0- if line 42 is more than line 36	<b>43</b>	0
<b>44</b>	Subtract line 41 from line 38 Enter 0 if line 41 is more than line 38	<b>44</b>	0
<b>Caution</b> 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
<b>45</b> Lobbying nontaxable amount	248,095	216,852			464,947
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					697,421
<b>47</b> Total lobbying expenditures	101,200				101,200
<b>48</b> Grassroots non taxable amount	62,024	54,213			116,237
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					174,356
<b>50</b> 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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

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

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

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

Table with 3 columns: Question, Yes, No. Rows include 51 a (i), a (ii), b (i) through b (vi), and c.

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

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

Table with 4 columns: (a) Line no, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Row 1 contains 'N/A'.

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

Yes No (X)

b If 'Yes,' complete the following schedule

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Row 1 contains 'N/A'.

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

Environmental Working Group

Employer Identification Number

52-2148600

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

Environmental Working Group

52-2148600

**Part I** Contributors (see instructions)

(a) Number	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	----- ----- ----- -----	\$ 985,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution )
2	----- ----- ----- -----	\$ 61,700	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution )
3	----- ----- ----- -----	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution )
4	----- ----- ----- -----	\$ 380,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution )
5	----- ----- ----- -----	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution )
6	----- ----- ----- -----	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution )

Name of Organization

Employer Identification Number

Environmental Working Group

52-2148600

**Part I** Contributors (see instructions)

(a) Number	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	----- ----- -----	\$ 75,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution )
8	----- ----- -----	\$ 75,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution )
9	----- ----- -----	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution )
10	----- ----- -----	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution )
11	----- ----- -----	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution )
12	----- ----- -----	\$ 320,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution )



Name of Organization

Employer Identification Number

Environmental Working Group

52-2148600

**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

Environmental Working Group

52-2148600

**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	

## Environmental Working Group

52-2148600

**Statement 1**  
**Form 990, Part II, Line 43**  
**Other Expenses**

	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
Computer Operations	36,510	36,510		
Consulting Fees	95,795	95,795		
Information	5,547	5,547		
Insurance	54,099	49,411	4,688	
Licenses & Fees	6,510		6,510	
Management Services	70,000		70,000	
Memberships & Dues	2,886	2,886		
Misc Fundraising Exp	640			640
Office Expenses	9,576		9,576	
Telecommunications	19,684	17,108	1,474	1,102
Testing Services & Supplies	27,722	27,722		
<b>Total</b>	<b>\$ 328,969</b>	<b>\$ 234,979</b>	<b>\$ 92,248</b>	<b>\$ 1,742</b>

**Statement 2**  
**Form 990, Part IV, Line 57**  
**Land, Buildings, and Equipment**

Category	Basis	Accum Deprec.	Book Value
Machinery and Equipment	\$ 60,240	\$ 59,717	\$ 523
<b>Total</b>	<b>\$ 60,240</b>	<b>\$ 59,717</b>	<b>\$ 523</b>

**Statement 3**  
**Form 990, Part IV, Line 65**  
**Other Liabilities**

Employee Contrib	\$ 3,516
Payroll	2,505
Sales Tax Payable	6
<b>Total</b>	<b>\$ 6,027</b>

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

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Kenneth A Cook 1436 U Street NW, Suite 100 Washington, DC 20009	President Full-time *	\$ 110,000	\$ 3,382	\$ 0

\*Compensation as key employee, not as Board Member.

## Environmental Working Group

52-2148600

Statement 4 (continued)  
 Form 990, Part V  
 List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP &amp; DC</u>	<u>Expense Account/ Other</u>
Charlotte Brody 1436 U Street NW, Suite 100 Washington, DC 20009	Chairman Part-time	\$ 0	\$ 0	\$ 0
Sandy Buchanan 1436 U Street NW, Suite 100 Washington, DC 20009	Secretary Part-time	0	0	0
Kelsey Wirth 1436 U Street NW, Suite 100 Washington, DC 20009	Treasurer Part-time	0	0	0
David Fenton 1436 U Street NW, Suite 100 Washington, DC 20009	Part-time	0	0	0
Janet Maughan 1436 U Street NW, Suite 100 Washington, DC 20009	Part-time	0	0	0
Drummond Pike 1436 U Street NW, Suite 100 Washington, DC 20009	Part-time	0	0	0
Total		<u>\$ 110,000</u>	<u>\$ 3,382</u>	<u>\$ 0</u>

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

Form with fields for Name of Exempt Organization (Environmental Working Group), Employer Identification Number (52-2148600), and address (1718 Connecticut Avenue NW #600, Washington DC 20009-1163).

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

Form with checkboxes for various tax forms: Form 990, Form 990 EZ, 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). 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.

4 I request an additional 3 month extension of time until 11/15 20 02. 5 For calendar year 2001 or other tax year beginning 20 and ending 20. 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: The organization requests additional time to complete all the information necessary to file 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. 8b If this application is for Form 990 PF 990 T 4720, or 6069 enter any refundable credits and estimated tax payments made. 8c 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: Case Duffield Title: CPA Date: 8/9/02

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 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

Form with fields for Name (Fontanello, Duffield & Otake LLP), Address (300 Montgomery St Suite 1050, San Francisco CA 94104), and Date (SEP 09 2002).

# 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 <b>Environmental Working Group</b>	Employer Identification Number <b>52-2148600</b>
	Number, Street, and Room or Suite Number. If a P.O. Box, see instructions <b>1718 Connecticut Avenue NW #600</b>	
	City, Town, or Post Office. For a foreign address, see instructions <b>Washington, DC 20009-1163</b>	State ZIP Code

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 ▶ Caree Duggan Title ▶ CPA Date ▶ 5/13/02

BAA For Paperwork Reduction Act Notice, see instructions

Form 8868 (12 2000)