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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 Jul 1, 2001, and ending Jun 30, 2002

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

C Name of organization: TEACHING FOR CHANGE, PO BOX 73038, WASHINGTON DC 20056-3038

D Employer Identification Number: 52-1616482, E Telephone number: (202) 588-7204, F Accounting method: 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 (a) Is this a group return for affiliates? No, H (b) If yes enter number of affiliates, H (c) Are all affiliates included? No, H (d) Is this a separate return filed by an organization covered by a group ruling? No, I Enter 4 digit group GEN, M Check if the organization is not required to attach Schedule B

G Web site

J Organization type: 501(c) 3

K Check here if the organization's gross receipts are normally not more than \$25,000

L Gross receipts Add lines 6b, 8b, 9b and 10b to line 12: 1,215,018

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

Table with 21 rows and multiple columns for revenue, expenses, and net assets. Includes a 'RECEIVED' stamp from OGDEN, UT dated NOV 17 2002.

FILMED DEC 0 4 2002

Handwritten notes: 617-11, 17, 2

**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	39,231	13,655	21,691	3,885
26	Other salaries and wages	26	460,488	443,541	16,947	0
27	Pension plan contributions	27				
28	Other employee benefits	28	15,754	5,954	9,800	0
29	Payroll taxes	29	38,229	34,977	2,955	297
30	Professional fundraising fees	30				
31	Accounting fees	31	6,978	0	6,978	0
32	Legal fees	32				
33	Supplies	33	17,328	17,226	0	102
34	Telephone	34	14,272	10,162	4,100	10
35	Postage and shipping	35	39,399	38,776	474	149
36	Occupancy	36	69,195	46,794	21,881	520
37	Equipment rental and maintenance	37	11,082	6,604	4,478	0
38	Printing and publications	38	188,470	188,470	0	0
39	Travel	39	29,962	29,552	160	250
40	Conferences, conventions, and meetings	40	24,700	23,269	1,431	0
41	Interest	41				
42	Depreciation, depletion, etc (attach schedule)	42	4,785	0	4,785	0
43	Other expenses not covered above (itemize)					
a	MEMBERSHIP DUES	43a	3,535	2,750	785	0
b	BANK & CREDIT CARD CHARGES	43b	4,048	3,799	249	0
c	CONSULTANTS	43c	138,015	113,229	24,786	0
d	BAD DEBTS	43d	1,070	1,070	0	0
e	See Other Expenses Stmt	43e	3,454	3,109	345	0
44	Total functional expenses (add lines 22 - 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	1,109,995	982,937	121,845	5,213

**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? <input type="checkbox"/> PROVIDE RESOURCES TRAINING & SUPPORT TO PROMOTE SOCIAL JUSTICE	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts but optional for others)
a PUBLICATIONS TEACHING FOR CHANGE PRODUCES AND DISTRIBUTES RESOURCES FOR THE CLASSROOM AND PROFESSIONAL DEVELOPMENT WHICH PROMOTE EQUITY AND SOCIAL JUSTICE (Grants and allocations \$ 0 )	K-12 314,924
b DC VOICE A COLLABORATIVE OF GROUPS OF INDIVIDUALS WORKING TO STRENGTHEN THE PUBLIC VOICE IN PUBLIC EDUCATION IN DC THROUGH RESEARCH AND CONSTITUENCY BUILDING DC VOICE IS AN LEF OF THE PUBLIC EDUCATION NETWORK (Grants and allocations \$ 0 )	403,654
c DC AREA WRITING PROJECT THE DC SITE FOR THE NATIONAL WRITING PROJECT WHICH PROMOTES LITERACY IN SCHOOLS BY CREATING PROFESSIONAL NETWORKS OF THE BEST TEACHERS OF WRITING IN ALL SUBJECTS AND AT ALL GRADE LEVELS (Grants and allocations \$ 0 )	69,815
d TELLING STORIES AN INNOVATIVE APPROACH TO BUILDING PARENT POWER IN SCHOOLS WHICH BUILDS COMMUNITY THROUGH THE SHARING OF STORIES AND THEN ENGAGE PARENTS IN EXAMINING AND ADDRESSING CONDITIONS IN SCHOOLS (Grants and allocations \$ 0 )	112,936
e Other program services OTHER PROJECTS (Grants and allocations \$ 0 )	81,608
f Total of Program Service Expenses (should equal line 44 column (B), program services)	982,937

**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			45	385	
	46	Savings and temporary cash investments		289,892	46	471,480	
	47a	47a	Accounts receivable	71,579			
		47b	b Less allowance for doubtful accounts		90,848	47c	71,579
	48a	48a	Pledges receivable				
		48b	b Less allowance for doubtful accounts			48c	
	49	Grants receivable		1,000	49	0	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)			50		
	51a	51a	Other notes & loans receivable (attach sch)				
		51b	b Less allowance for doubtful accounts			51c	
	52	Inventories for sale or use		122,839	52	134,415	
	53	Prepaid expenses and deferred charges		794	53	0	
	54	Investments – securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54		
	55a	55a	Investments – land, buildings, & equipment basis				
	55b	b Less accumulated depreciation (attach schedule)			55c		
56	Investments – other (attach schedule)			56			
57a	57a	Land, buildings, and equipment basis	19,397				
	57b	b Less accumulated depreciation (attach schedule) L-57 Stmt	15,846	8,336	57c	3,551	
58	Other assets (describe ▶ See Line 58 Stmt )		5,275	58	6,211		
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)		518,984	59	687,621		
LIABILITIES	60	Accounts payable and accrued expenses		9,806	60	7,808	
	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		
		64b	b Mortgages and other notes payable (attach schedule)			64b	
65	Other liabilities (describe ▶ See Line 65 Stmt )		506	65	66,118		
66	<b>Total liabilities</b> (add lines 60 through 65)		10,312	66	73,926		
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		508,672	70	613,695	
	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)		508,672	73	613,695	
	74	<b>Total liabilities and net assets/fund balances</b> (add lines 66 and 73)		518,984	74	687,621	

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		N/A	a Total expenses and losses per audited financial statements		N/A
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		c Line a minus line b	c	
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		e Total expenses per line 17, Form 990 (line c plus line d)	e	

**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
DEBORAH MENKART PO BOX 73038, WASH, DC	EXEC DIR 40	39,231	0	0
ALICIA HORTON 5412 COLORADO AVE NW, WASH, DC	CO-CHAIR 0	0	0	0
DERRICK M POSEY PO BOX 188, MT RAINIER, MD	DIRECTOR 0	0	0	0
DONALD CLAUSEN 10908 CARTERS OAK WAY, BURKE, VA	SECRETARY 0	0	0	0
HELENY COOK 3244 CHESTNUT ST, WASH, DC	CO-CHAIR 0	0	0	0
TRISH AHERN 3218 19TH ST NW, WASH, DC	DIRECTOR 0	0	0	0
MARGARITA CHAMORRO 1534 OGDEN ST, NW, WASH, DC	DIRECTOR 0	0	0	0
DARRYL JON MCDUFFIE 31- RITTENHOUSE ST, NW, WASH, DC	DIRECTOR 0	0	0	0
MARCY FINK CAMPOS 7309 MAPLE AVE, TAKOMA PARK, MD	DIRECTOR 0	0	0	0
See List of Officers Etc Statement		0	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		
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 <input type="checkbox"/> 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		
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		
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a		
	b Did the organization make only in house lobbying expenditures of \$2,000 or less?	85b		
	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		
	d Section 162(e) lobbying and political expenditures	85d		
	e Aggregate nondeductible amount of Section 6033(e)(1)(A) dues notices	85e		
	f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		
	g Does the organization elect to pay the Section 6033(e) tax on the amount on line 85f?	85g		
	h If Section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86a		
	b Gross receipts, included on line 12, for public use of club facilities	86b		
87	501(c)(12) organizations Enter a Gross income from members or shareholders	87a		
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations Sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX	88		X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under Section 4911 <input type="checkbox"/> 0, Section 4912 <input type="checkbox"/> 0, Section 4955 <input type="checkbox"/> 0			
	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 <input type="checkbox"/> 0			
	d Enter Amount of tax on line 89c, above reimbursed by the organization <input type="checkbox"/>			
90a	List the states with which a copy of this return is filed <input type="checkbox"/> DISTRICT OF COLUMBIA			
	b Number of employees employed in the pay period that includes March 12, 2001 (see instructions)	90b		17
91	The books are in care of <input type="checkbox"/> TEACHING FOR CHANGE Telephone number <input type="checkbox"/> (202) 588-7204 Located at <input type="checkbox"/> 1328 FLORIDA AVE, 2ND FLOOR, WASHINGTON DC ZIP + 4 <input type="checkbox"/> 20009-4808			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax exempt interest received or accrued during the tax year <input type="checkbox"/> 92			

**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 PUBLICATIONS/NEWLETTER/BOOKS					358,471
b REGISTRATION FEES					11,000
c DC AREA WRITING PROJECT CONSULTING					3,250
d MAILING LISTS					755
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	6,604	
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))				6,604	373,476
105 Total (add line 104, columns (B), (D), and (E))					380,080

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	PUBLICATION SALES DIRECTLY RELATED TO EXEMPT EDUCATIONAL PURPOSE
93b	REIMBURSEMENT AT COST OF REGISTRATION FEES RELATED TO SEMINARS
93c	MINIMAL FEES TO COVER COURSES OFFERED BY DC AREA WRITING PROJECT PROGRAM
93d	REIMBURSEMENT AT COST FOR MAILING LISTS PROVIDED

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See instructions) N/A

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

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See 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: Deborah Menkart Date: 11/11/02

Type or Print Name and Title: DEBORAH MENKART, EXEC DIRECTOR

Paid Preparer's Use Only

Preparer's Signature: Kathleen Huston Date: 11/11/02 Check if self-employed:  Preparer's SSN or PTIN (see General Instruction W): 579-78-1597

Firm's name (or yours if self-employed) and address and ZIP + 4: McGuire Associates  
2300 9TH Street South, Ste# PH2  
Arlington VA 222042320 EIN:           

Phone no: (703) 979-5686

**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)  
Supplementary Information – (see separate instructions)

**2001**

Department of the Treasury  
Internal Revenue Service

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

Name of the Organization

TEACHING FOR CHANGE

Employer Identification Number

52-1616482

**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 ▶

None

**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 ▶

None



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

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes' enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (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		X
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?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
e Transfer of any part of its income or assets?		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below )		X
4 Do you have a section 403(b) annuity plan for your employees?		X
<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		

**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
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	616,468	411,208	174,052	44,928	1,246,656
<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	368,014	392,874	359,421	297,724	1,418,033
<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	19,185	24,380	887	606	45,058
<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	1,003,667	828,462	534,360	343,258	2,709,747
<b>24</b> Line 23 minus line 17	635,653	435,588	174,939	45,534	1,291,714
<b>25</b> Enter 1% of line 23	10,037	8,285	5,344	3,433	
<b>26 Organizations described on lines 10 or 11</b>	a Enter 2% of amount in column (e), line 24				<b>26 a</b>
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.					<b>26 b</b>
c Total support for Section 509(a)(1) test. Enter line 24, column (e).					<b>26 c</b>
d Add: Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26 b _____					<b>26 d</b>
e Public support (line 26c minus line 26d total)					<b>26 e</b>
f <b>Public support percentage (line 26e (numerator) divided by line 26c (denominator))</b>					<b>26 f</b> %
<b>27 Organizations described on line 12</b>					
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) _____ 0					
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2000) _____ (1999) _____ (1998) _____ (1997) _____ 0					
c Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					<b>27 c</b> 2,664,689
d Add: Line 27a total _____ 0 and line 27b total _____ 0					<b>27 d</b> 0
e Public support (line 27c total minus line 27d total)					<b>27 e</b> 2,664,689
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)					<b>27 f</b> 2,709,747
g <b>Public support percentage (line 27e (numerator) divided by line 27f (denominator))</b>					<b>27 g</b> 98.34 %
h <b>Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))</b>					<b>27 h</b> 1.66 %

**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
<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>		
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>		
<b>39</b> Other exempt purpose expenditures	<b>39</b>		
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>		
<b>41</b> Lobbying nontaxable amount Enter the amount from the following table –			
<b>If the amount on line 40 is –</b>	<b>The lobbying nontaxable amount is –</b>		
Not over \$500,000	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	<b>41</b>	
Over \$17,000,000	\$1,000,000		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>		
<b>43</b> Subtract line 42 from line 36 Enter 0 if line 42 is more than line 36	<b>43</b>		
<b>44</b> Subtract line 41 from line 38 Enter 0 if line 41 is more than line 38	<b>44</b>		

**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
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots non taxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<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 )

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
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	

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

TEACHING FOR CHANGE

Employer Identification Number

52-1616482

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

TEACHING FOR CHANGE

52-1616482

**Part I** Contributors (see instructions)

(a) Number	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 5,000	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)
3		\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
4		\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
5		\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
6		\$ 30,000	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

TEACHING FOR CHANGE

52-1616482

**Part I** Contributors (see instructions)

(a) Number	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 378,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
8		\$ 46,200	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
9		\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
10		\$ 141,184	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
11		\$ 5,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
12		\$ 20,000	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

TEACHING FOR CHANGE

52-1616482

**Part I** Contributors (see instructions)

(a) Number	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13		\$ 43,060	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
14		\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
15		\$ 32,777	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)

**Supporting Statement of**

Form 990 p 1/Line 1a

Description	Amount
GRANTS	592,677
DONATIONS	72,108
CONTRACTS	33,630
Total	<u>698,415</u>

**Supporting Statement of.**

Form 990 p 1/Line 1c

Description	Amount
	136,523
Total	<u>136,523</u>

**Supporting Statement of.**

Form 990 p 2/Other Program Service Exp

Description	Amount
EDUC L LEADERSHIP & EQUITY PROJ INSTITUTE & FOLLOW-UP FOR SCHOOL ADMINISTRAT	17,160
PROFESSIONAL DEVELOPMENT COURSES SEMINARS & CONF FOR DC TEACHERS ON EQUITY	64,422
BRUCE MONROE	26
Total	<u>81,608</u>

Form 990, Page 2, Part II, Line 43

**Other Expenses Stmt**

Other expenses not covered above (itemize)	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
SUBSCRIPTIONS	1,652	1,652	0	0
STAFF TRAINING	1,339	994	345	0
MISCELLANEOUS	463	463	0	0
Total	<u>3,454</u>	<u>3,109</u>	<u>345</u>	<u>0</u>

Form 990, Page 3, Part IV, Lines 57a &amp; 57b

**Land, Buildings and Equipment Statement**

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
COMPUTER EQUIPMENT	19,397	15,846	3,551
Total	<u>19,397</u>	<u>15,846</u>	<u>3,551</u>

Form 990, Page 3, Part IV, Line 58

**Other Assets Statement**

Line 58 - Other Assets:	Beginning of Year	End of Year
EMPLOYEE ADVANCES	50	986
SECURITY DEPOSIT	5,225	5,225
Total	<u>5,275</u>	<u>6,211</u>

Form 990, Page 3, Part IV, Line 65

**Other Liabilities Statement**

Line 65 - Other Liabilities:	Beginning of Year	End of Year
SECURITY DEPOSITS HELD	235	235
DEFERRED INCOME - GRANT	0	65,475
SALES TAX PAYABLE	271	4
PENSION PAYABLE	0	404
Total	<u>506</u>	<u>66,118</u>

Form 990, Page 4, Part V  
 List of Officers, Etc Statement

(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
NIZAM ALI 8345 E BEACH DR NW, WASH, DC	DIRECTOR 0	0	0	0
ETHELBERT MILLER 1411 UNDERWOOD ST NW WASH, DC	DIRECTOR 0	0	0	0
LORI SCOTT 1516 POTOMAC AVE SE WASH DC	TREASURER 0	0	0	0
KATE TINDLE 1300 CLIFTON ST, NW, WASH, DC	DIRECTOR 0	0	0	0
LYNDA TREDWAY 3611 TOLMAN HALL BERKLEY CA	DIRECTOR 0	0	0	0
REBECCA VILLARREAL 1825 N HAMPSHIRE AVE WASH DC	DIRECTOR 0	0	0	0
Total		0	0	0

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

▶ See separate instructions  
▶ Attach to your tax return

Name(s) Shown on Return

TEACHING FOR CHANGE

Identifying Number

52-1616482

Business or Activity to Which This Form Relates

Form 990, page 2

**Part I Election to Expense Certain Tangible Property Under Section 179**

Note If you have any listed property, complete Part V before you complete Part I

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

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

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

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

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

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2001	17	4,785
18	If you are electing under Section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here	▶ <input type="checkbox"/>	

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

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3 year property						
b 5 year property						
c 7 year property						
d 10 year property						
e 15 year property						
f 20 year property						
g 25 year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
i Nonresidential real property			27 5 yrs	MM	S/L	
			39 yrs	MM	S/L	
				MM	S/L	

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

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

**Part IV Summary (See instructions)**

21	Listed property Enter amount from line 28	21	
22	Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations — see instructions	22	4,785
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to Section 263A costs	23	

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)

**Note** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete *only* 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

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

<b>24a</b> Do you have evidence to support the business/investment use claimed?					<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>24b</b> If 'Yes,' is the evidence written?					<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected Section 179 cost					
<b>25</b> Special depreciation allowance for listed property acquired after September 10, 2001 and used more than 50% in a qualified business use (see instructions)									<b>25</b>				
<b>26</b> Property used more than 50% in a qualified business use (see instructions)													
<b>27</b> Property used 50% or less in a qualified business use (see instructions)													
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1										<b>28</b>			
<b>29</b> Add amounts in column (i) line 26. Enter here and on line 7, page 1											<b>29</b>		

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

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

30 Total business/investment miles driven during the year (do not include commuting miles – see instructions)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34 Was the vehicle available for personal use during off duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

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

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

<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	<b>Yes</b>	<b>No</b>
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See instructions for vehicles used by corporate officers, directors, or 1% or more owners		
<b>39</b> Do you treat all use of vehicles by employees as personal use?		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		

**Note** If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles

**Part VI Amortization**

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