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Return of Organization Exempt From Income Tax

2002

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 2002 calendar year, or tax year beginning 2002, and ending 20

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

C Name of organization: Institute for Public Affairs
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: 2040 North Milwaukee 2 Fl
 City or town state or country and ZIP + 4: Chicago, IL 60647

D Employer identification number: 94 2889692

E Telephone number: (773) 772-0100

F Accounting method: Cash Accrual
 Other (specify):

G Web site: www.inthesetimes.com

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

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

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12: 1,117,804

H and I are not applicable to section 527 organizations.
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates: NA
H(c) Are all affiliates included? NA Yes No (If "No," attach a list. See instructions.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Enter 4-digit GEN:

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

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 17 of the instructions)

Revenue	1	Contributions, gifts, grants, and similar amounts received				
	a	Direct public support	1a	719,069		
	b	Indirect public support	1b			
	c	Government contributions (grants)	1c			
	d	Total (add lines 1a through 1c) (cash \$ <u>712,021</u> noncash \$ <u>5,048</u>)	1d		719,069	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		383,374	
	3	Membership dues and assessments	3			
	4	Interest on savings and temporary cash investments	4		53	
	5	Dividends and interest from securities	5			
	6a	Gross rents	6a	8,324		
	b	Less rental expenses	6b			
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c		8,324	
7	Other investment income (describe: <u> </u>)	7				
Revenue	8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
	b	Less cost or other basis and sales expenses	8a			
	c	Gain or (loss) (attach schedule)	8b			
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c			
Revenue	9	Special events and activities (attach schedule)				
	a	Gross revenue (not including \$ <u>0</u> of contributions reported on line 1a)	9a	5,345		
	b	Less direct expenses other than fundraising expenses	9b	4,662		
	c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c		683	
Revenue	10a	Gross sales of inventory, less returns and allowances	10a			
	b	Less cost of goods sold	10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
	11	Other revenue (from Part VII, line 103)	11		1,639	
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		1,113,142	
Expenses	13	Program services (from line 44, column (B))	13		678,083	
	14	Management and general (from line 44, column (C))	14		191,040	
	15	Fundraising (from line 44, column (D))	15		56,624	
	16	Payments to affiliates (attach schedule)	16		0	
	17	Total expenses (add lines 13 and 14, column (A))	17		925,747	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18		187,395	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		(401,189)	
	20	Other changes in net assets or fund balances (attach explanation)	20			
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		(213,794)	

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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. (See page 21 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ <u>2,880</u> noncash \$ _____)	2,880	2,880		
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc	91,000	91,000		
26	Other salaries and wages	237,646	156,300	45,332	36,014
27	Pension plan contributions				
28	Other employee benefits	28,981	21,808	3,998	3,175
29	Payroll taxes	27,612	20,777	3,809	3,026
30	Professional fundraising fees				
31	Accounting fees	17,175		17,175	
32	Legal fees				
33	Supplies	6,573		6,573	
34	Telephone	8,844	6,655	1,220	969
35	Postage and shipping	69,338	54,896	4,951	9,491
36	Occupancy	28,623	21,538	3,948	3,137
37	Equipment rental and maintenance	2,807		2,807	
38	Printing and publications	119,932	119,932		
39	Travel	2,387		2,179	208
40	Conferences, conventions, and meetings				
41	Interest	10,473		10,473	
42	Depreciation, depletion, etc (attach schedule)	874		874	
43	Other expenses not covered above (itemize) a				
b	See Statement 4	270,602	182,297	87,701	604
c					
d					
e					
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	925,747	678,083	191,040	56,624

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 (See page 24 of the instructions)

What is the organization's primary exempt purpose? Publisher of educational materials	Program Service Expenses (Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others)
a Publishing the biweekly educational magazine, In These Times, with individual and institutional readership estimated to be in excess of 100,000 readers (Grants and allocations \$ 2,880)	678,083
b	
c	
d	
e Other program services (attach schedule) (Grants and allocations \$)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	678,083

Part IV Balance Sheets (See page 24 of the instructions)

Note		(A)		(B)		
Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		Beginning of year		End of year		
Assets	45	Cash—non-interest-bearing		22,017	45	36,497
	46	Savings and temporary cash investments			46	
	47a	47a	20,951			
	b	47b		2,364	47c	20,951
	48a	48a	245,748			
	b	48b	46,875		48c	198,873
	49	Grants receivable			49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)			50	
	51a	51a				
	b	51b			51c	
	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges		900	53	6,509
	54	Investments—securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54	
	55a	55a				
	b	55b			55c	
56	Investments—other (attach schedule)			56		
57a	57a	80,441				
b	57b	79,321	1,994	57c	1,120	
58	Other assets (describe <input type="checkbox"/> See Statement 5)		4,603	58	2,601	
59	Total assets (add lines 45 through 58) (must equal line 74)		31,878	59	266,551	
Liabilities	60	Accounts payable and accrued expenses		73,762	60	130,693
	61	Grants payable			61	
	62	Deferred revenue			62	247,381
	63	Loans from officers, directors, trustees, and key employees (attach schedule) See Statement 6			63	35,193
	64a	Tax-exempt bond liabilities (attach schedule)			64a	
	b	Mortgages and other notes payable (attach schedule) See Stmt 7		43,832	64b	67,078
	65	Other liabilities (describe <input type="checkbox"/> See Statement 8)		315,473	65	
66	Total liabilities (add lines 60 through 65)		433,067	66	480,345	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
	67	Unrestricted		(401,189)	67	(226,294)
	68	Temporarily restricted			68	12,500
	69	Permanently restricted			69	
	Organizations that do not follow SFAS 117, check here <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	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)		(401,189)	73	(213,794)	
74	Total liabilities and net assets / fund balances (add lines 66 and 73)		31,878	74	266,551	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 26 of the instructions)	Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
<p>a Total revenue, gains, and other support per audited financial statements ▶ a 1,117,804</p> <p>b Amounts included on line a but not on line 12, Form 990</p> <p>(1) Net unrealized gains on investments \$ _____</p> <p>(2) Donated services and use of facilities \$ _____</p> <p>(3) Recoveries of prior year grants \$ _____</p> <p>(4) Other (specify) _____</p> <p style="text-align: right;">\$ _____</p> <p>Add amounts on lines (1) through (4) ▶ b _____</p> <p>c Line a minus line b ▶ c 1,117,804</p> <p>d Amounts included on line 12, Form 990 but not on line a</p> <p>(1) Investment expenses not included on line 6b, Form 990 \$ _____</p> <p>(2) Other (specify) _____ Special Event direct expenses \$ (4,662)</p> <p>Add amounts on lines (1) and (2) ▶ d (4,662)</p> <p>e Total revenue per line 12, Form 990 (line c plus line d) ▶ e 1,113,142</p>	<p>a Total expenses and losses per audited financial statements ▶ a 930,409</p> <p>b Amounts included on line a but not on line 17, Form 990</p> <p>(1) Donated services and use of facilities \$ _____</p> <p>(2) Prior year adjustments reported on line 20, Form 990 \$ _____</p> <p>(3) Losses reported on line 20, Form 990 \$ _____</p> <p>(4) Other (specify) _____</p> <p style="text-align: right;">\$ _____</p> <p>Add amounts on lines (1) through (4) ▶ b _____</p> <p>c Line a minus line b ▶ c 930,409</p> <p>d Amounts included on line 17, Form 990 but not on line a:</p> <p>(1) Investment expenses not included on line 6b, Form 990 \$ _____</p> <p>(2) Other (specify) _____ Special Event direct expenses \$ (4,662)</p> <p>Add amounts on lines (1) and (2) ▶ d (4,662)</p> <p>e Total expenses per line 17, Form 990 (line c plus line d) ▶ e 925,747</p>

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see page 26 of the 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 & deferred compensation	(E) Expense account and other allowances
Joel Bleifuss c/o In These Times 2040 N. Milwaukee Ave Chicago, IL 60647	Publisher/Editor 40 hours/wk.	52,000	2,987	
David Moberg c/o In These Times 2040 N. Milwaukee Ave Chicago, IL 60647	Senior Editor 40 hours/wk.	39,000	504	
See Statement 9 for listing of uncompensated Board of Directors and Officers				

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 page 26 of the instructions

Part VI Other Information (See page 27 of the 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	X
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	0.00
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	NA
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	NA
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	NA
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	85b	
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) orgs Enter a Initiation fees and capital contributions included on line 12	86a	NA
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs Enter a Gross income from members or shareholders	87a	NA
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"/> 0.00, section 4912 <input type="checkbox"/> 0.00 section 4955 <input type="checkbox"/> 0.00		
b	501(c)(3) and 501(c)(4) orgs 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"/>		0.00
d	Enter Amount of tax on line 89c, above, reimbursed by the organization <input type="checkbox"/>		0.00
90a	List the states with which a copy of this return is filed <input type="checkbox"/> Illinois, California		
b	Number of employees employed in the pay period that includes March 12, 2002 (See instructions)	90b	12
91	The books are in care of <input type="checkbox"/> JoAnn Elam Telephone no <input type="checkbox"/> (773) 772-0100 Located at <input type="checkbox"/> 2040 North Milwaukee Ave, Chicago, IL ZIP + 4 <input type="checkbox"/> 60647		
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 page 31 of the 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 Publication Fees					345,099
b Advertising Income	541800	27,436			
c Mailing List Rentals	900004	10,839			
d Miscellaneous Income					1,639
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	53	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property			16	8,324	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			1	683	
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))		38,275		9,060	346,738
105 Total (add line 104, columns (B), (D), and (E))					394,073

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 page 32 of the 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 fees from the sales of educational materials directly furthers our exempt purpose of publishing educational material.
93d	Miscellaneous income represents nominal amounts received in the course of conducting our exempt purpose of publishing ed. materials.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 of the instructions) NA

(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 page 33 of the 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: Ralph Brent Fisher Signature of officer Date: 08/07/03
Ralph Brent Fisher, Treasurer Type or print name and title

Paid Preparer's Use Only: Preparer's signature: [Signature] Date: 8/7/03 Check if self-employed: Preparer's SSN or PTIN (See Gen. Inst. W): 340-48-0765
 Firm's name (or yours if self-employed): John Kopyk LTD EIN: 36-3039483
 address and ZIP: 65 East Wacker Place Chicago Phone no: 312-527-0111

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

2002

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

Institute for Public Affairs

Employer identification number

94 2889692

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions List each one If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$50,000 ▶	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services ▶	0	

Part III Statements About Activities (See page 2 of the 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 i 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
Note Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments			

Part IV Reason for Non-Private Foundation Status (See pages 3 through 5 of the instructions)	
The organization is not a private foundation because it is (Please check only ONE applicable box)	
5	<input type="checkbox"/> A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
6	<input type="checkbox"/> A school Section 170(b)(1)(A)(ii) (Also complete Part V)
7	<input type="checkbox"/> A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
8	<input type="checkbox"/> A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
9	<input type="checkbox"/> 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	<input type="checkbox"/> 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	<input type="checkbox"/> 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	<input type="checkbox"/> A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)
12	<input checked="" type="checkbox"/> 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	<input type="checkbox"/> An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))
Provide the following information about the supported organizations (See page 5 of the instructions)	
(a) Name(s) of supported organization(s)	(b) Line number from above

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) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	587,311	504,410	553,591	485,280	2,130,592
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	327,495	346,051	242,072	219,145	1,134,763
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975			173		173
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets	9,773	13,499		12,326	35,598
23 Total of lines 15 through 22	924,579	863,960	795,836	716,751	3,301,126
24 Line 23 minus line 17	597,084	517,909	553,764	497,606	2,166,363
25 Enter 1% of line 23	9,246	8,640	7,958	7,168	

26 Organizations described on lines 10 or 11.	a Enter 2% of amount in column (e), line 24	▶	26a	
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 1998 through 2001 exceeded the amount shown in line 26a Do not file this list with your return Enter the total of all these excess amounts	▶		26b	
c Total support for section 509(a)(1) test Enter line 24, column (e)	▶		26c	
d Add Amounts from column (e) for lines 18 _____ 19 _____			26d	
22 _____ 26b _____			26e	
e Public support (line 26c minus line 26d total)	▶		26f	%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	▶			

27 Organizations described on line 12. a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," 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

(2001) 295,400 (2000) 47,773 (1999) 224,200 (1998) 164,352

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

(2001) (2000) (1999) (1998)

c Add Amounts from column (e) for lines 15 2,130,592 16 _____			27c	3,265,355
17 1,134,763 20 _____ 21 _____			27d	731,725
d Add Line 27a total 731,725 and line 27b total _____			27e	2,533,630
e Public support (line 27c total minus line 27d total)			27f	3,301,126
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)	▶		27g	76.75 %
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	▶		27h	.005 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	▶			

28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, 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 page 7 of the instructions) (To be completed ONLY by schools that checked the box on line 6 in Part IV) NA

Table with 3 columns: Question ID, Question Text, and Response (Yes/No). Rows include questions 29-35 regarding racial nondiscrimination policies, record-keeping, and financial aid.

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)
 (To be completed **ONLY** by an eligible organization that filed Form 5768) **NA**

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

Limits on Lobbying Expenditures

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

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

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

4-Year Averaging Period Under Section 501(h)

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

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions)

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

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

Yes	No	Amount
	X	
	X	
	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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions)

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

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

Table with 3 columns: Question, Yes, No. Rows include 51a(i), a(ii), b(i), b(ii), b(iii), b(iv), b(v), 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.

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship.

Institute for Public Affairs
2002 Form 990
FEIN: 94-2889692

Statement 1 – Special Events
Form 990, Part I, line 9

<u>Description</u>	<u>Gross Receipts</u>	<u>Contributions</u>	<u>Gross Revenue</u>	<u>Direct Expenses</u>	<u>Net Income</u>
25 th Anniversary Party	<u>\$5,345</u>	<u>\$0</u>	<u>\$5,345</u>	<u>\$4,662</u>	<u>\$683</u>
Total	\$5,345	\$0	\$5,345	\$4,662	\$683

Institute for Public Affairs
2002 Form 990
FEIN: 94-2889692

Statement 2 – Grants and Allocations Schedule
Form 990, Part II, line 22

<u>Description</u>	<u>Cash Contribution</u>	<u>Noncash Contribution</u>
Esta En Tus Manos project	\$1,900	
Chris Bryson book project	<u>980</u>	
Total	\$2,880	

Institute for Public Affairs
2002 Form 990
FEIN: 94-2889692

Statement 3 – Depreciation
Form 990, Part II, line 42

<u>Description</u>	<u>Original Cost</u>	<u>Prior Year's Depreciation</u>	<u>Depreciation Method</u>	<u>Useful Life</u>	<u>Depreciation Expense</u>	<u>Book Value</u>
Office Equipment and Computers	\$78,153	\$77,394	SL	3 - 5 yrs	\$380	\$379
Computer	<u>2,288</u>	<u>1,053</u>	200DB	5 yrs	<u>494</u>	<u>741</u>
Total	\$80,441	\$78,447			\$874	\$1,120

Institute for Public Affairs
2002 Form 990
FEIN: 94-2889692

Statement 4 – Detail for Other Expenses
Form 990, Part II, line 43b

	<u>Total</u>	<u>Programming Services</u>	<u>Management & General</u>	<u>Fundraising</u>
Editorial	\$78,410	\$78,410	\$-	\$-
Fulfillment services	58,978	58,978	-	-
Direct mail	25,653	25,653	-	-
Consultant and professional fees	50,649	16,649	34,000	-
Uncollectible accounts expense	47,567	-	47,567	-
Insurance	2,751	-	2,751	-
Bank fees	2,079	-	2,079	-
Miscellaneous	<u>4,515</u>	<u>2,607</u>	<u>1,304</u>	<u>604</u>
Total	\$270,602	\$182,297	\$87,701	\$604

Institute for Public Affairs
2002 Form 990
FEIN: 94-2889692

Statement 5 – Detail for Other Assets
Form 990, Part IV, line 58

	<u>Beginning of Year</u>	<u>End of Year</u>
Utility deposit	\$1,963	\$2,601
Prepaid postage	<u>2,640</u>	<u>-</u>
Total	\$4,603	\$2,601

Note Prepaid postage of \$485, at December 31, 2002, is included on line 53, prepaid expenses.

Institute for Public Affairs
2002 Form 990
FEIN: 94-2889692

Statement 6 – Detail for Loans from Officers
Form 990, Part IV, line 63

Lender's name & title	<u>Anne Larson, Director</u>	<u>David Rathke, Director</u>	<u>Total</u>
Original amount	\$16,235	\$18,958	
Balance due	\$16,235	\$18,958	\$35,193
Date of note	1993	1993	
Maturity date	on demand	on demand	
Repayment terms	none	none	
Interest rate	non-interest bearing	non-interest bearing	
Security provided	none	none	
Purpose of loan	to assist with cash flow	to assist with cash flow	
Consideration furnished by borrower	none	none	

Institute for Public Affairs
 2002 Form 990
 FEIN: 94-2889692

Statement 7 – Detail for Other Notes Payable
 Form 990, Part IV, line 64b

Lender's name	Theresa Alt	Paul Holmbeck	Direct Communications	Independent Press Association	Independent Press Association	Total
Original amount	\$7,000	\$5,000	\$31,136	\$30,000	\$20,000	
Balance due	\$7,000	\$5,000	\$10,738	\$24,340	\$20,000	\$67,078
Date of note	\$2000 in 1993 \$5,000 in 2002	1994	2000	2002	2002	
Maturity date	on demand	on demand	open	Nov 3, 2003	Mar 1, 2004	
Repayment terms	none	none	installments	installments	installments	
Interest rate	non-interest bearing	non-interest bearing	12%	8%	8%	
Security provided	none	none	none	none	None	
Purpose of loan	to assist with cash flow	to assist with cash flow	mailing lists	underwrite direct mail	underwrite direct mail	
Consideration furnished by borrower	none	none	mailing list rentals to be applied against loan	none	none	

Institute for Public Affairs
2002 Form 990
FEIN: 94-2889692

Statement 8 – Detail for Other Liabilities
Form 990, Part IV, line 65

	<u>Beginning of Year</u>	<u>End of Year</u>
Prepaid subscriptions	\$284,247	\$ -
Direct Communications	<u>31,226</u>	<u>-</u>
Total	\$315,473	\$ -

Note Prepaid subscriptions of \$247,381, at December 31, 2002, is included on line 62, deferred revenue

The balance of the Direct Communications note of \$10,738, at December 31, 2002, is included on line 64b, other notes payable

Institute for Public Affairs
2002 Form 990
FEIN: 94-2889692

Statement 9 – List of Officers and Directors
Form 990, Part V

James Weinstein, Chairman
c/o In These Times
2040 N Milwaukee, Chicago, IL 60647

Rose Economou, President
c/o In These Times
2040 N Milwaukee, Chicago, IL 60647

Beth Schulman, Secretary
c/o In These Times
2040 N Milwaukee, Chicago, IL 60647

Brent Fisher, Treasurer
c/o In These Times
2040 N Milwaukee, Chicago, IL 60647

Joel Bleifuss *
c/o In These Times
2040 N Milwaukee, Chicago, IL 60647

Janet Geovanis
c/o In These Times
2040 N Milwaukee, Chicago, IL 60647

Anne Larson
c/o In These Times
2040 N Milwaukee, Chicago, IL 60647

Robert McChesney
c/o In These Times
2040 N Milwaukee, Chicago, IL 60647

David Moberg *
c/o In These Times
2040 N Milwaukee, Chicago, IL 60647

Institute for Public Affairs
2002 Form 990
FEIN: 94-2889692

Statement 9, continued – List of Officers and Directors
Form 990, Part V

David Rathke
c/o In These Times
2040 N Milwaukee, Chicago, IL 60647

Paul Street
c/o In These Times
2040 N Milwaukee, Chicago, IL 60647

David Taber
c/o In These Times
2040 N Milwaukee, Chicago, IL 60647

Note All of the above individuals serve in a volunteer, unpaid capacity as director, with the time devoted to the position averaging a few hours a quarter

Those names asterisked also work as full-time, paid employees of In These Times in the capacity of Publisher/Editor (Joel Bleifuss) and Senior Editor (David Moberg).

Institute for Public Affairs
2002 Form 990
FEIN: 94-2889692

Statement 10 – Detail for Other Income
Form 990, Schedule A, Part IV-A, Line 22

	<u>2001</u>	<u>2000</u>	<u>1999</u>	<u>1998</u>
Rental Income	\$9,773	\$13,499	\$ -	\$12,972
Loss on Sale of Inventory	<u>-</u>	<u>-</u>	<u>-</u>	<u>(646)</u>
Total	\$9,773	\$13,499	\$ -	\$12,326

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return

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

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

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

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

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

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	Institute For Public Affairs	94 : 2889692
	Number, street, and room or suite no. If a PO box, see instructions	
	2040 North Milwaukee 2 Fl	
City, town or post office, state, and ZIP code. For a foreign address, see instructions		
Chicago, IL 60647		

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

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input 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 8/15/03, 2003, to file the exempt organization return for the organization named above. The extension is for the organization's return for
 ▶ calendar year 2003 or
 ▶ tax year beginning _____, 2003, and ending _____, 2003.

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. \$ _____

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. \$ _____

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. \$ _____

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 ▶ [Signature] Title ▶ Treasurer Date ▶ 5/13/03
 For Paperwork Reduction Act Notice see instruction Cat. No 27916D Form **8868** (12-2000)

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box **Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.**
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time—Must File Original and One Copy.

Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization	Employer identification number
	Number, street, and room or suite no. If a P O box, see instructions	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions	

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

- Form 990
 Form 990-EZ
 Form 990-T (sec 401(a) or 408(a) trust)
 Form 1041-A
 Form 5227
 Form 8870
 Form 990-BL
 Form 990-PF
 Form 990-T (trust other than above)
 Form 4720
 Form 6069

STOP. Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the **whole group**, check this box If it is for **part of the group**, check this box and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until _____, 20____
- 5 For calendar year _____, 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 _____

- 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$ _____
- b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____
- c **Balance Due.** Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ _____

Signature and Verification

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

Signature ▶ Title ▶ Date ▶

Notice to Applicant—To Be Completed by the IRS

- We have approved this application Please attach this form to the organization's return
- We have not approved this application However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions) This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return Please attach this form to the organization's return
- We have not approved this application After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file We are not granting a 10-day grace period
- We cannot consider this application because it was filed after the due date of the return for which an extension was requested
- Other _____

Director _____ By _____ Date _____

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

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