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Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

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

A For the 2002 calendar year, or tax year period beginning and ending

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: CENTER FOR INTERNATIONAL POLICY, INC. D Employer identification number: 52-1446207. E Telephone number: 202-232-3317. F Accounting method: Accrual.

G Web site: WWW.CIPONLINE.ORG. J Organization type: 501(c)(3). K Check here: if the organization's gross receipts are normally not more than \$25,000. H and I are not applicable to section 527 organizations.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: 1,715,391. M Check: if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part 1 Revenue, Expenses, and Changes in Net Assets or Fund Balances

Table with 21 rows and 4 columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received (1a: 1,507,380); 2 Program service revenue including government fees and contracts (2: 110,544); 3 Membership dues and assessments (3: 983); 4 Interest on savings and temporary cash investments (4: 983); 5 Dividends and interest from securities (5: 983); 6 a Gross rents (6a); b Less rental expenses (6b); c Net rental income or (loss) (6c); 7 Other investment income (7); 8 a Gross amount from sale of assets other than inventory (8a: 96,484); b Less cost or other basis and sales expenses (8b: 98,966); c Gain or (loss) (8c: <2,482.); 8d Net gain or (loss) (8d: <2,482.); 9 a Gross revenue (not including \$ reported on line 4a) (9a); b Less direct expenses other than fundraising expenses (9b); 9c Net revenue or (loss) from special events (9c); 10 a 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 (10c); 11 Other revenue (11); 12 Total revenue (12: 1,616,425); 13 Program services (13: 1,669,038); 14 Management and general (14: 98,935); 15 Fundraising (15: 112,566); 16 Payments to affiliates (16); 17 Total expenses (17: 1,880,539); 18 Excess or (deficit) for the year (18: <264,114.); 19 Net assets or fund balances at beginning of year (19: 177,902); 20 Other changes in net assets or fund balances (20: <60.); 21 Net assets or fund balances at end of year (21: <86,272.).

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Expenses

Net Assets

Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others Page 2

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 \$ 367,238 . noncash \$	367,238.	367,238.	STATEMENT 5	
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc	131,583.	81,580.	15,075.	34,928.
26	Other salaries and wages	353,340.	306,523.	38,320.	8,497.
27	Pension plan contributions	5,885.	4,057.	1,249.	579.
28	Other employee benefits	27,211.	23,792.	1,099.	2,320.
29	Payroll taxes	40,060.	32,419.	4,112.	3,529.
30	Professional fundraising fees				
31	Accounting fees	16,523.	12,268.	2,551.	1,704.
32	Legal fees	3,886.	3,886.		
33	Supplies				
34	Telephone	24,065.	15,568.	5,523.	2,974.
35	Postage and shipping	11,125.	7,650.	1,751.	1,724.
36	Occupancy	74,514.	51,220.	14,052.	9,242.
37	Equipment rental and maintenance	11,193.	8,346.	1,732.	1,115.
38	Printing and publications	12,190.	10,372.	1,495.	323.
39	Travel	184,346.	176,375.	42.	7,929.
40	Conferences, conventions, and meetings	18,846.	14,549.	628.	3,669.
41	Interest				
42	Depreciation, depletion, etc (attach schedule)	4,666.		4,666.	
43	Other expenses not covered above (itemize)				
a					
b					
c					
d					
e	SEE STATEMENT 3	593,868.	553,195.	6,640.	34,033.
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D) carry these totals to lines 13-15	1,880,539.	1,669,038.	98,935.	112,566.

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?	Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts but optional for others)
a THE ORGANIZATION'S PROGRAM CONCERNS U.S. POLICY TOWARDS THE THIRD WORLD AND ITS IMPACT ON HUMAN RIGHTS AND HUMAN NEEDS. (Grants and allocations \$)	1,669,038.
b (Grants and allocations \$)	
c (Grants and allocations \$)	
d (Grants and allocations \$)	
e Other program services (attach schedule) (Grants and allocations \$)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	1,669,038.

Part IV Balance Sheets

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	119,882.	45 68,828.
	46 Savings and temporary cash investments		46
	47 a Accounts receivable	47a 13,332.	
	b Less allowance for doubtful accounts	47b	47c 13,332.
	48 a Pledges receivable	48a	
	b Less allowance for doubtful accounts	48b	48c
	49 Grants receivable	130,455.	49 24,604.
	50 Receivables from officers, directors, trustees, and key employees		50
	51 a Other notes and loans receivable	51a	
	b Less allowance for doubtful accounts	51b	51c
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges	16,301.	53 18,494.
	54 Investments - securities STMT 6 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	1,521.	54 3,057.
	55 a Investments - land, buildings, and equipment basis	55a	
	b Less accumulated depreciation	55b	55c
56 Investments - other SEE STATEMENT 7	10,280.	56 10,550.	
57 a Land, buildings, and equipment basis	57a 46,001.		
b Less accumulated depreciation STMT 8	57b 29,132.	57c 16,869.	
58 Other assets (describe <input checked="" type="checkbox"/> DEPOSITS)	2,000.	58 10,205.	
59 Total assets (add lines 45 through 58) (must equal line 74)	307,304.	59 165,939.	
Liabilities	60 Accounts payable and accrued expenses	52,255.	60 244,370.
	61 Grants payable	73,400.	61 3,502.
	62 Deferred revenue		62
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable		64b
	65 Other liabilities (describe <input checked="" type="checkbox"/> PAYROLL TAXES PAYABLE)	3,747.	65 4,339.
66 Total liabilities (add lines 60 through 65)	129,402.	66 252,211.	
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	<144,010.>	67 <240,428.>
	68 Temporarily restricted	321,912.	68 154,156.
	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)	177,902.	73 <86,272.>	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	307,304.	74 165,939.	

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

a	Total revenue, gains, and other support per audited financial statements	a	1,616,365.
b	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify) \$		
	Add amounts on lines (1) through (4)	b	0.
c	Line a minus line b	c	1,616,365.
d	Amounts included on line 12, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify) STMT 9 \$ 60.		
	Add amounts on lines (1) and (2)	d	60.
e	Total revenue per line 12, Form 990 (line c plus line d)	e	1,616,425.

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

a	Total expenses and losses per audited financial statements	a	1,880,539.
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify) \$		
	Add amounts on lines (1) through (4)	b	0.
c	Line a minus line b	c	1,880,539.
d	Amounts included on line 17, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify) \$		
	Add amounts on lines (1) and (2)	d	0.
e	Total expenses per line 17, Form 990 (line c plus line d)	e	1,880,539.

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

(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
ROBERT WHITE 500 JEFFERSON COURT ALEXANDRIA, VIRGINIA 22314	DIRECTOR 40	66,950.	5,566.	0.
WILLIAM GOODFELLOW 4025 ARGYLE TERRACE, N.W. WASHINGTON, DC 20011	DIRECTOR 40	64,633.	5,489.	0.
SEE ATTACHED LIST OF BOARD MEMBERS		0.	0.	0.
WHO RECEIVE NO COMPENSATION.		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? If "Yes," attach schedule Yes No Form 990 (2002)

Part VI Other Information

Table with columns for question number, question text, and Yes/No columns. Includes questions 76 through 92 regarding organizational activities, tax returns, and financial reporting.

Part VII Analysis of Income-Producing Activities (See page 31 of the instructions)

Table with 5 columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include Program service revenue, interest on savings, dividends, and other revenue.

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)

Table with 2 columns: Line No, Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes.

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

Table with 5 columns: (A) Name, address, and EIN of corporation, partnership, or disregarded entity; (B) Percentage of ownership interest; (C) Nature of activities; (D) Total income; (E) End-of-year assets.

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

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

Signature and preparer information section including Signature of officer, Date, Type or print name and title, Preparer's signature, Date, Check if self-employed, Preparer's SSN or PTIN, Firm's name, address and ZIP, EIN, and Phone no.

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

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 **CENTER FOR INTERNATIONAL POLICY, INC.** Employer Identification number **52 1446207**

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
NICOLE BALL ----- GAITHERSBURG, MD	40	58,755.	0.	0.
ADAM ISACSON ----- WASHINGTON, DC	40	51,758.	0.	0.

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 ▶ \$ _____ \$ <u>19,936</u> . (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	1	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?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1 000)? SEE PART V, FORM 990	2d	X
e Transfer of any part of its income or assets?	2e	X
3 Does the organization make grants for scholarships, fellowships, student loans, etc ? (See Note below)	3	X
4 Do you have a section 403(b) annuity plan for your employees?	4	X
<i>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</i>		

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

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

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

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions)

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

Calendar year (or fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total		
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28)	1,571,405.	1,085,790.	842,982.	920,139.	4,420,316.		
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	15,521.	7,392.	444.	13,548.	36,905.		
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	2,283.	2,629.	3,217.	4,191.	12,320.		
19 Net income from unrelated business activities not included in line 18							
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf							
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.							
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.							
23 Total of lines 15 through 22	1,589,209.	1,095,811.	846,643.	937,878.	4,469,541.		
24 Line 23 minus line 17	1,573,688.	1,088,419.	846,199.	924,330.	4,432,636.		
25 Enter 1% of line 23	15,892.	10,958.	8,466.	9,379.			
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				26a 88,653.		
	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 sum of all these excess amounts				26b 1,641,166.		
	c Total support for section 509(a)(1) test. Enter line 24, column (e)				26c 4,432,636.		
	d Add Amounts from column (e) for lines	18 12,320.	19	22	26d 1,653,486.		
			26b 1,641,166.		26e 2,779,150.		
	e Public support (line 26c minus line 26d total)				26f 62.6975%		
	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				N/A		
	(2001)	(2000)	(1999)	(1998)			
	b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year				N/A		
	(2001)	(2000)	(1999)	(1998)			
	c Add Amounts from column (e) for lines	15	16	17	20	21	27c N/A
							27d N/A
	d Add Line 27a total and line 27b total				27e N/A		
	e Public support (line 27c total minus line 27d total)						
	f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)				27f N/A		
	g Public support percentage (line 27e (numerator) divided by line 27f (denominator))				27g N/A %		
	h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				27h N/A %		
28 Unusual Grants	For an organization described in line 10, 11, or 12 that received any unusual grants during 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				NONE		

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

N/A

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

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)		
<hr/> <hr/> <hr/>			
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
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)	32d	
<hr/> <hr/> <hr/>			
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)	33h	
<hr/> <hr/> <hr/>			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
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	34b	
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	35	

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)

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
		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	0.
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	19,936.
38	Total lobbying expenditures (add lines 36 and 37)	38	19,936.
39	Other exempt purpose expenditures	39	1,748,037.
40	Total exempt purpose expenditures (add lines 38 and 39)	40	1,767,973.
41	Lobbying nontaxable amount Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is - Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000	41	238,399.
42	Grassroots nontaxable amount (enter 25% of line 41)	42	59,600.
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	0.
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	0.

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	238,399.	201,532.	194,592.	163,541.	798,064.
46	Lobbying ceiling amount (150% of line 45(e))					1,197,096.
47	Total lobbying expenditures	19,936.	41,461.	9,168.	635.	71,200.
48	Grassroots nontaxable amount	59,600.	50,383.	48,648.	40,885.	199,516.
49	Grassroots ceiling amount (150% of line 48(e))					299,274.
50	Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

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

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
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)			0.

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

	Yes	No
51a(i)	X	
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

(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

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.

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
51AI	101,965.	THE ADVOCACY PROJECT	GRANTS
51AI	22,105.	FORO	GRANTS
51AI	243,168.	LATIN AMERICAN WORKING GROUP	GRANTS

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

b If "Yes," complete the following schedule **N/A**

(a) Name of organization	(b) Type of organization	(c) Description of relationship

If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box

Note Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

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

Name of Exempt Organization: CENTER FOR INTERNATIONAL POLICY, INC.
Employer identification number: 52-1446207
Number, street, and room or suite no: 1717 MASSACHUSETTS AVE., N.W., NO. 801
City, town or post office, state, and ZIP code: WASHINGTON, DC 20036

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

- Form 990 (checked), 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 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

I request an additional 3 month extension of time until NOVEMBER 17, 2003
For calendar year 2002, or other tax year beginning and ending
If this tax year is for less than 12 months, check reason: Initial return, Final return, Change in accounting period

State in detail why you need the extension: ADDITIONAL TIME IS NEEDED TO OBTAIN INFORMATION FROM THIRD PARTIES IS NECESSARY TO COMPLETE AN ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990 T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions
8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made
8c Balance Due Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions

Signature and Verification

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

Signature: [Handwritten Signature] Title: [Handwritten Title]

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 of the organization's return (including any prior extensions) This grace period is considered to be a valid 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 file We are not granting the 10-day grace period
We cannot consider this application because it was filed after the due date of the return for which an extension was requested
Other

EXTENSION APPROVED

SEP 03 2003

LINDA WEISKOPF, FIELD DIRECTOR, SUBMISSION PROCESSING, OGDEN

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

Name: FRIEDMAN & ASSOCIATES PC
Number and street (include suite, room, or apt no) Or a P O box number: 11 NORTH WASHINGTON ST # 500
City or town, province or state, and country (including postal or ZIP code): ROCKVILLE, MD 20850

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ 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	Name of Exempt Organization	Employer identification number
	CENTER FOR INTERNATIONAL POLICY, INC.	52-1446207
File by the due date for filing your return See instructions	Number, street, and room or suite no. If a P.O. box, see instructions	
	1717 MASSACHUSETTS AVE., N.W., NO. 801	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	WASHINGTON, DC 20036	

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 AUGUST 15, 2003 to file the exempt organization return for the organization named above. The extension is for the organization's return for calendar year 2002 or tax year beginning _____, and ending _____

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

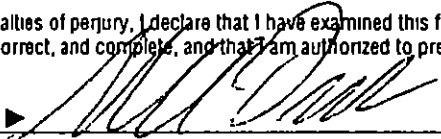
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ _____

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. \$ N/A

Signature and Verification

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

Signature ▶  Title ▶ C.P.A. Date ▶ 5/6/03

LHA For Paperwork Reduction Act Notice, see instruction Form 8868 (12-2000)

cert # 70020510000100932460

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
12	SELECTRICS	070189SL		7.00	16	300.			300.	300.		0.
22	TELEPHONES	070189SL		7.00	16	250.			250.	250.		0.
3	ANSWERING MACHINE	070189SL		7.00	16	60.			60.	60.		0.
43	DESKS	070189SL		7.00	16	300.			300.	300.		0.
5	METAL DESK	070189SL		7.00	16	75.			75.	75.		0.
62	COMPUTER TABLES	070189SL		7.00	16	160.			160.	160.		0.
73	BOOKCASES	070189SL		7.00	16	120.			120.	120.		0.
83	LEGAL FILES	070189SL		7.00	16	225.			225.	225.		0.
93	CHAIRS	070189SL		7.00	16	105.			105.	105.		0.
10	CHAIR	070189SL		7.00	16	20.			20.	20.		0.
11	REFRIGERATOR	070189SL		7.00	16	60.			60.	60.		0.
12	POSTAGE SCALE	070189SL		7.00	16	45.			45.	45.		0.
13	COLOR TV	070189SL		7.00	16	150.			150.	150.		0.
14	OFFICE EQUIPMENT	070189SL		7.00	16	750.			750.	750.		0.
15	DONOR LIST	070189SL		7.00	16	2,000.			2,000.	2,000.		0.
17	PRINTER	040891SL		7.00	16	199.			199.	199.		0.
18	FURNITURE	041891SL		7.00	16	1,424.			1,424.	1,424.		0.
20	CHAIRS	021093SL		7.00	16	850.			850.	850.		0.

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
21	COMPUTER	012694SL		7.00	16	1,221.			1,221.	1,221.		0.
22	PRINTER	012694SL		7.00	16	224.			224.	224.		0.
23	FURNITURE	102694SL		7.00	16	1,150.			1,150.	1,150.		0.
24	CABINETS (3)	040595SL		7.00	16	225.			225.	209.		16.
25	COMPUTER	042695SL		7.00	16	1,219.			1,219.	1,132.		87.
26	MONITOR	051095SL		7.00	16	239.			239.	222.		17.
27	HP DESKJET 660C	071395SL		7.00	16	304.			304.	283.		21.
28	CANON PRINTER	081695SL		7.00	16	177.			177.	164.		13.
29	COMPUTERS & EQUIPMENT	022896SL		7.00	16	466.			466.	366.		67.
30	COMPUTERS	031396SL		7.00	16	1,230.			1,230.	967.		176.
31	OFFICE EQUIPMENT	050196SL		7.00	16	2,425.			2,425.	1,855.		346.
32	COMPUTER EQUIPMENT	062496SL		7.00	16	147.			147.	126.		21.
33	COMPUTER	040497SL		7.00	16	1,384.			1,384.	890.		198.
34	PRINTER	042897SL		7.00	16	926.			926.	595.		132.
35	MONITOR	072597SL		7.00	16	238.			238.	153.		34.
36	TELECOM	111297SL		7.00	16	296.			296.	189.		42.
37	COMPUTER SOFTWARE	111397SL		7.00	16	1,034.			1,034.	665.		148.
38	COMPUTERS	022798SL		7.00	16	7,663.			7,663.	3,832.		1,095.

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
39	FURNITURE	0911199SL		7.00	16	600.			600.	300.		86.
40	NETWORK	0901199SL		7.00	16	2,572.			2,572.	918.		367.
41	COMPUTER	012800SL		7.00	16	739.			739.	212.		106.
42	TELEPHONE	031400SL		7.00	16	115.			115.	24.		16.
43	COMPUTER	083100SL		7.00	16	1,294.			1,294.	277.		185.
44	CHAIRS (4)	112100SL		7.00	16	430.			430.	92.		61.
45	TELEPHONE SYSTEM	033100SL		7.00	16	5,396.			5,396.	1,156.		771.
46	DELL COMPUTER	061601SL		7.00	16	1,183.			1,183.	85.		169.
47	DELL COMPUTER	101001SL		7.00	16	894.			894.	64.		128.
48	COMPUTER	040302SL		7.00	16	817.			817.			58.
49	COMPUTER	040502SL		7.00	16	808.			808.			58.
50	COMPUTERS (2)	093002SL		7.00	16	1,396.			1,396.			100.
51	HP PRINTER	100402SL		7.00	16	370.			370.			26.
52	COMPUTER -- DELL	110602SL		7.00	16	708.			708.			50.
53	LEASEHOLD IMPROVEMENTS	080802SL		7.00	16	1,018.			1,018.			74.
	* TOTAL 990 PAGE 2					46,001.		0.	46,001.	24,464.	0.	4,668.
	DEPR											

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 1

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
60 SHS - CIRCUIT CITY	1,708.	1,785.	0.	<77.>
30 SHS - CHOICEPOINT	1,384.	1,521.	0.	<137.>
25 SHS - GENERAL ELECTRIC	863.	997.	0.	<134.>
500 SHS - OSHKOSH B GOSH	22,328.	23,125.	0.	<797.>
9 SHS - AMGEN INC	444.	497.	0.	<53.>
656 SHS - AEGON	14,666.	14,924.	0.	<258.>
1775 SHS - SCHERING PLOUGH CORP.	39,751.	40,523.	0.	<772.>
690 SHS - SCHERING PLOUGH CORP.	15,340.	15,594.	0.	<254.>
TO FORM 990, PART I, LINE 8	96,484.	98,966.	0.	<2,482.>

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 2

DESCRIPTION	AMOUNT
UNREALIZED LOSS ON INVESTMENTS	<60.>
TOTAL TO FORM 990, PART I, LINE 20	<60.>

FORM 990 OTHER EXPENSES STATEMENT 3

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
CONSULTANTS	498,616.	468,463.	625.	29,528.
INSURANCE	9,240.	7,236.	778.	1,226.
OFFICE EXPENSE	25,771.	20,303.	2,714.	2,754.
DELIVERY	4,275.	3,869.	128.	278.
ADMINISTRATIVE FEES/COMMISSIONS	11,309.	11,309.	0.	0.
ADVERTISING	25,650.	25,000.	650.	0.
STAFF DEVELOPMENT	1,599.	289.	1,279.	31.
SUBSCRIPTIONS/RESOURCES	2,523.	2,001.	306.	216.

FILING FEES	160.	0.	160.	0.
SPEAKER FEES	14,725.	14,725.	0.	0.
TOTAL TO FM 990, LN 43	593,868.	553,195.	6,640.	34,033.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 4
PART III

EXPLANATION

EDUCATION CONCERNING U.S. POLICY TOWARDS THE THIRD WORLD AND ITS IMPACT ON HUMAN RIGHTS AND NEEDS.

FORM 990 CASH GRANTS AND ALLOCATIONS STATEMENT 5

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
GRANTS	LATIN AMERICA WORKING GROUP	WASHINGTON, DC	NONE	243,168.
GRANTS	THE ADVOCACY PROJECT	WASHINGTON, DC	NONE	101,965.
GRANTS	FORO	WASHINGTON, DC	NONE	22,105.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				367,238.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 6

SECURITY DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
UBS PAINE WEBBER - CHOICEPOINT, INC.	3,057.				3,057.
TO 990, LN 54 COL B	3,057.				3,057.

FORM 990	OTHER INVESTMENTS	STATEMENT	7
DESCRIPTION	VALUATION METHOD	AMOUNT	
UNITED BANK - CERTIFICATE OF DEPOSIT	MARKET VALUE	10,550.	
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		10,550.	

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	8
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
2 SELECTRICS	300.	300.	0.
2 TELEPHONES	250.	250.	0.
ANSWERING MACHINE	60.	60.	0.
3 DESKS	300.	300.	0.
METAL DESK	75.	75.	0.
2 COMPUTER TABLES	160.	160.	0.
3 BOOKCASES	120.	120.	0.
3 LEGAL FILES	225.	225.	0.
3 CHAIRS	105.	105.	0.
CHAIR	20.	20.	0.
REFRIGERATOR	60.	60.	0.
POSTAGE SCALE	45.	45.	0.
COLOR TV	150.	150.	0.
OFFICE EQUIPMENT	750.	750.	0.
DONOR LIST	2,000.	2,000.	0.
PRINTER	199.	199.	0.
FURNITURE	1,424.	1,424.	0.
CHAIRS	850.	850.	0.
COMPUTER	1,221.	1,221.	0.
PRINTER	224.	224.	0.
FURNITURE	1,150.	1,150.	0.
CABINETS (3)	225.	225.	0.
COMPUTER	1,219.	1,219.	0.
MONITOR	239.	239.	0.
HP DESKJET 660C	304.	304.	0.
CANON PRINTER	177.	177.	0.
COMPUTERS & EQUIPMENT	466.	433.	33.
COMPUTERS	1,230.	1,143.	87.
OFFICE EQUIPMENT	2,425.	2,201.	224.
COMPUTER EQUIPMENT	147.	147.	0.
COMPUTER	1,384.	1,088.	296.
PRINTER	926.	727.	199.
MONITOR	238.	187.	51.
TELECOM	296.	231.	65.

COMPUTER SOFTWARE	1,034.	813.	221.
COMPUTERS	7,663.	4,927.	2,736.
FURNITURE	600.	386.	214.
NETWORK	2,572.	1,285.	1,287.
COMPUTER	739.	318.	421.
TELEPHONE	115.	40.	75.
COMPUTER	1,294.	462.	832.
CHAIRS (4)	430.	153.	277.
TELEPHONE SYSTEM	5,396.	1,927.	3,469.
DELL COMPUTER	1,183.	254.	929.
DELL COMPUTER	894.	192.	702.
COMPUTER	817.	58.	759.
COMPUTER	808.	58.	750.
COMPUTERS (2)	1,396.	100.	1,296.
HP PRINTER	370.	26.	344.
COMPUTER - DELL	708.	50.	658.
LEASEHOLD IMPROVEMENTS	1,018.	74.	944.
TOTAL TO FORM 990, PART IV, LN 57	<u>46,001.</u>	<u>29,132.</u>	<u>16,869.</u>

FORM 990	OTHER REVENUE INCLUDED ON FORM 990	STATEMENT	9
DESCRIPTION		AMOUNT	
NET UNREALIZED LOSS ON INVESTMENTS		60.	
TOTAL TO FORM 990, PART IV-A		<u>60.</u>	

Depreciation and Amortization 990
(Including Information on Listed Property)

▶ See separate instructions ▶ Attach to your tax return

Name(s) shown on return CENTER FOR INTERNATIONAL POLICY, INC.	Business or activity to which this form relates FORM 990 PAGE 2	Identifying number 52-1446207
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Part I Election To Expense Certain Tangible Property Under Section 179 Note If you have any listed property, complete Part V before you complete Part I

1 Maximum amount See instructions for a higher limit for certain businesses	1	24,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	\$200,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter 0 If married filing separately, see instructions	5	
6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property Enter amount from line 29	7	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2001 Form 4562	10	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5	11	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2003 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 qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election (see instructions)	15	
16 Other depreciation (including ACRS) (see instructions)	16	4,668.

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 2002	17	
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 2002 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	/		39 yrs	MM	S/L	

Section C - Assets Placed in Service During 2002 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions)

21 Listed property Enter amount from line 28	21	
22 Total Add amounts from line 12 lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr	22	4,668.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

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

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

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No										24b 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			
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use																25			
26 Property used more than 50% in a qualified business use																			
27 Property used 50% or less in a qualified business use																			
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1																28			
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1																29			

Section B - Information on Use of Vehicles

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

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

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

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

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? 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
42 Amortization of costs that begins during your 2002 tax year					
43 Amortization of costs that began before your 2002 tax year					43
44 Total Add amounts in column (f) See instructions for where to report					44

CIP BOARD OF DIRECTORS 2002

	BOARD MEMBER				
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	CYNTHIA MCCLINTOCK				
	MARIO BAEZA				
	LOWELL BLANKFORT				
	WILLIAM BUTLER				
	THOMAS COOPER				
	JOAN DASSIN				
	ADRIAN DEWIND				
	SAMUEL ELLSWORTH				
	GERALD F GILMORE				
	SUSAN HOROWITZ				
	ROBERT KERRIGAN				
	SALLY LILIENTHAL				
	CONRAD MARTIN				
	STEWART R MOTT				
	PAUL SACK				
	DON SOLDINI				
	EDITH WILKIE				
	DESSIMA WILLIAMS				
					990