990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internel Revenue Service

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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements For the 2002 calendar year, or tax year beginning APRIL 01 , 2002, and ending MAR 31 20 03 D Employer identification number C Name of organization B Check if applicable 95 3658314 CONCERNED BUSINESSMEN'S ASSOCIATION OF AMERICA, INC Address change orint or Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Name change type. See 13428 MAXELLA AVENUE (818) 352-0384 initial return City or town, state or country, and ZIP + 4 F Accounting method: Cash Accrual Final return **MARINA DEL REY, CA 90292** ☐ Other (specify) ▶ Amended return H and I are not applicable to section 527 organizations Application pending • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). H(b) If "Yes," enter number of affiliates ▶ G Web site: ▶ H(c) Are all affiliates included? Yes No J Organization type (check only one) ► 501(c) () < (insert no) 4947(a)(1) or 527 (if "No," attach a list. See instructions.) H(d) Is this a separate return filed by an 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. Enter 4-digit GEN ▶ Check ▶ ☐ If the organization is not required Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ to attach Sch. B (Form 990, 990-EZ, or 990-PF) Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 17 of the instructions.) Contributions, gifts, grants, and similar amounts received: 2 2004 39,425 1b **b** Indirect public support c Government contributions (grants) MAR 0 : 39,425 **1d** Total (add lines 1a through 1c) (cash \$ _ 2 Program service revenue including government fees and contracts (from Part VII, line 93) 140,510 3 Membership dues and assessments 132. 4 Interest on savings and temporary cash investments 5 Dividends and interest from securities . . . **b** Less: rental expenses 6<u>c</u> c Net rental income or (loss) (subtract line 6b from line 6a) . 7 Other investment income (describe > (B) Other (A) Securities 8a Gross amount from sales of assets other 8a **b** Less: cost or other basis and sales expenses. c Gain or (loss) (attach schedule) 8d d Net gain or (loss) (combine line 8c, columns (A) and (B)) Special events and activities (attach schedule) a Gross revenue (not including \$ 9a **b** Less: direct expenses other than fundraising expenses 10,900 c Net income or (loss) from special events (subtract line 9b from line 9a) 10a Gross sales of inventory, less returns and allowances . . . **b** Less: cost of goods sold 10c c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) . 11 Other revenue (from Part VII, line 103) 11 190.967 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 12 13 90,012 Program services (from line 44, column (B)) 14 36,373 15 33,258 16 159,643 17 31324 18 (52270) 19 Net assets or fund-balances at end of year (combine lines 18, 19, and 20) (20946)



Form 990 (2002)

Pa	rt II	Statement of Functional Expenses			plete column (A). Column exempt chantable trusts t			
	Do	not include amounts repo 6b, 8b, 9b, 10b, or 16 of	rted on line Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Gran	nts and allocations (attach	schedule)					
	•	\$ noncash \$		22				
23		lfic assistance to individuals (23				
24		fits paid to or for members (24	55,495	29,967	3,330	22,198
25		pensation of officers, dire		25 26	7,524	29,907	7,524	22,190
26 27		er salaries and wages		27	7,324		7,524	
27 20		sion plan contributions ,		28				
28 29		er employee benefits		29	5,842	2,778	1,006	2058
20 30		essional fundraising fees .		30	3,640		,	3,640
31		ounting fees		31	8,558		8,558	
32		al fees		32	40		40	
33		plies		33				
34		phone		34	7,862	2,270	253	5,339
35		tage and shipping		35	12,873	12,850		23
36		upancy		36	2,540	2,540		
37	Equi	pment rental and maintena		37	1,315	792	522	
38		ting and publications		38	24,039	24,039		
39	Trave	el		39	105	105		·
40		ferences, conventions, and	•	40				
41		est		41	1,767		1,767	
42		reciation, depletion, etc. (at		42	750	750	40.070	
43		expenses not covered above (ite	•	43a	27,294	13,921	13,373	0
b				43b	l			
C		••••••		43c 43d			· · · · · · · · · · · · · · · · · · ·	
d				43e				
e 44	Total f	functional expenses (add lines 22 throu leting columns (B)-(D), carry these to	gh 43). Organizations	44	159,644	90,012	36,373	33,258
Are a	it Cos any joir	its. Check if you a nt costs from a combined edu nter (i) the aggregate amount	re following SOP ucational campaign	98-2. and fu	undraising solicitation	reported in (B) Pro	gram services? . It	➤ ☐ Yes ☑ No
		ount allocated to Manageme			; and (iv) the	amount allocated	to Fundraising \$	
Pa	rt III	Statement of Program	n Service Acc	ompli	ishments (See p	age 24 of the in	structions.)	
All o	rganiza	ne organization's primary e ations must describe their e served, publications issued,	exempt purpose a	chieve	ments in a clear an	d concise manner.	State the number 1 501(c)(3) and (4)	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1)
		ons and 4947(a)(1) nonexemp						trusts, but optional for others.)
		NSORSHIP OF THE SET						,
	.Y. IOI	lence From sc	nosi.4.r.o.a	ISO	ממושוגיייצע	suag.Mones.	7.Y.1.X.X.3.1.	
	. (37.0	d competene	<u>e</u>	Grants	and allocations	s)	180,067
ь. Б			······································			· · · · · · · · · · · · · · · · · · ·		
			(0	Frants	and allocations	\$)	
c								· · · · · · · · · · · · · · · · · · ·

			(0	Grants	and allocations	\$)	
d				-				
_ 7	Jehn-	program comines (stack			and allocations))	
		program services (attach s				\$		
	oul (of Program Service Expe	nasa (zuonio edi	iai IINE	: 44, COIUMN (B), P	rogram services).	<u></u> ▶	

Part IV	Balance Sheets	anen aa2)	24 of the	instructions)
rantiv	Dalance Sneets	isee page	24 UI IIIE	INSURCHOUS.

•	lote:	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
	45	Cashnon-interest-bearing	6,032	45	4910
	46	Savings and temporary cash investments		46	
		Accounts receivable			
	ם	Less: allowance for doubtful accounts		47c	
	400	Pledges receivable			
		Less: allowance for doubtful accounts		48c	
	49	Grants receivable		49	·· · · · · · · · · · · · · · · · · · ·
ets	50	Receivables from officers, directors, trustees, and key employees			
	**	(attach schedule)	······································	50	. , , . , . ,
	51a	Other notes and loans receivable (attach			
		schedule)			
Assets	b	Less: allowance for doubtful accounts		51c	
•	52		14,803	52	14803
	53	Prepaid expenses and deferred charges	 	53 54	
	54	Investments—securities (attach schedule) ▶ ☐ Cost ☐ FMV		/////	
	55a	Investments—land, buildings, and equipment: basis			
		Less: accumulated depreciation (attach schedule)		55c	
	56	Investments—other (attach schedule)		56	
	57a	Land, buildings, and equipment: basis 57a			
		Less: accumulated depreciation (attach			
		schedule) 57b	2,162		1412
	58	Other assets (describe ► PAC BELL PHONE DEPOSIT)	1,880	58	1880
	59	Total assets (add lines 45 through 58) (must equal line 74)	24,877		23,005
			77,147	59 60	43951
	60 61	Accounts payable and accrued expenses	17,177	61	70301
	62	Grants payable		62	
St.	63	Loans from officers, directors, trustees, and key employees (attach	· · · · · · · · · · · · · · · · · · ·		······································
Ilti	0.5	schedule)		63	
Liabilities	64a	Tax-exempt bond liabilities (attach schedule)		64a	
		Mortgages and other notes payable (attach schedule)		64b	
	65	Other liabilities (describe -)		65	
	66	Total liabilities (add lines 60 through 65)	77,147	66	43951
			71,141		40001
	Orga	nizations that follow SFAS 117, check here ► and complete lines 67 through 69 and lines 73 and 74.			
ခွ	67	Unrestricted	(52,270)	67	(20946)
a	68	Temporarily restricted		68	
Ba	69	Permanently restricted		69	
Fund Balances	Orga	nizations that do not follow SFAS 117, check here ▶ ☐ and			
		complete lines 70 through 74.			
ō	70	Capital stock, trust principal, or current funds		70	***************************************
ets	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
Net Assets	72	Retained earnings, endowment, accumulated income, or other funds	·	72	· · · · · · · · · · · · · · · · · · ·
et	73	Total net assets or fund balances (add lines 67 through 69 or lines			
Z		70 through 72; column (A) must equal line 19; column (B) must equal line 21)	(52,270)	73	(20946)
	74	Total liabilities and net assets / fund balances (add lines 66 and 73)	24,877	74	23005

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.

Par	t IV-A	Financial	iation of Revenu Statements with See page 26 of the	h Revenue	per	Part	F	teconciliation (inancial State) teturn			
b (1) (2) (3)	per audite Amounts line 12, Fe Net unrea on investr Donated and use of Recoveries	nue, gains, ad financial sincluded or orm 990. Alized gains ments services of facilities es of prior ts	and other support statements > n line a but not on	e instruction	mmmm	(2)	Total exp audited fir Amounts i	penses and lonancial statement included on line, Form 990: services facilities \$ djustments on line 20,	ıts ▶	a	
C d	Add amou	unts on lines	\$ (1) through (4) ►	b c		(4) c	Line a mir	ecify): s nts on lines (1) th nus line b ncluded on line	▶	D C	
(1)	Form 990 Investment not includ 6b, Form 9	but not or t expenses ed on line 990	n line a:				Form 990 Investment not include 6b, Form 99	but not on line expenses d on line 90, \$	•		
e	Total reve (line c plu t V Lis	unts on line enue per lii is line d) .	\$ es (1) and (2) ne 12, Form 990 ers, Directors, Ti	d e ustees, ar		e e implo	Add amou Total expe (line c plus	sints on lines (1) nses per line 17 s line d)	, Form 990	d e sated;	see page 26 of
	the	(A) Name	s.) e and address		(B) Title a	nd avera	ige hours per to position	(C) Compensation (If not paid, enter		slans &	(E) Expense account and other allowances
	ERT AYA				CHAIRN	fan, 4	0 HOURS	25,700	usales culper	2001	allowances
	BARA AY				CEO, 60	HOU	RS	29,795			
LOS	RAY GOL	S			VICE CI	IAIRM	IAN	0	ļ		
ING	IARD PAL LEWOOD,	CA			SECRE	TARY		0		\downarrow	
HAR	N WHEAT TFORD, C NIS DUBI	CT .			DIRECT	OR		0		\dashv	
BRY	N MAWR, RY NORT	PA			DIRECT	OR		0		_	
FRE	SNO, CA				DIRECT	OR	 	0		\dashv	
CUL	VER CITY	, CA			DIRECT	OR		0			
	TCHEST				DIRECT	OR		0		_	
								55,495	<u></u>		- <u></u>
75	organizatio	on and all rel	or, trustee, or key en ated organizations, o edule—see page 2	of which mor	e than \$10	,000 w	npensation (as provided	of more than \$100 by the related org	0,000 from yo ganizations?	ur ▶ [Yes 🛭 No

	P	age 5
	Yes	No
76		7
77		1
////// 70^		<i>J.</i>
70a		_
78D		
מממו	mm	
80a	mm	<i>,</i>
	<i>\\\\\\</i>	
	<i>\//////</i>	<i>V//////</i>
	<i>\\\\\\</i>	
	<i>4//////</i>	
81b		✓
		1
82a		
		<i>V//////.</i>
////// 22a	J	
83P	-	
030	•	
04a	mm	mm.
,,,,,,,	<i>////////</i>	<i>V//////</i> .
84b		
84b 85a		<i> </i>
84b 85a 85b		//////////////////////////////////////
84b 85a 85b		
84b 85a 85b 85g		
84b 85a 85b 85g		
84b 85a 85b 85g		
84b 85a 85b 85g 85g		
84b 85a 85b 85g 85g		
84b 85a 85b 85b 885g		
84b 85a 85b 85b 885g		
84b 85a 85b 85b		
84b 85a 85b 85b 85g		
84b 85a 85b 85b 85g		
84b 85a 85b 85b 85g		
84b 85a 85b 85b 85g 85g		
84b 85a 85b 85b 85g 85g		
84b 85a 85b 85g 85h		
84b 85a 85b 85b 85g 85g		
84b 85a 85b 85b 85g 85h		

Par	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		1		
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		1		
	If "Yes," attach a conformed copy of the changes.					
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?.	78a	 	. ✓		
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	ļ			
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79				
80a	la Is the organization related (other than by association with a statewide or nationwide organization) through common					
L	membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a				
D	If "Yes," enter the name of the organization ▶					
012	Enter direct or indirect political expenditures. See line 81 instructions					
	Did the organization file Form 1120-POL for this year?	81b	,,,,,,,			
	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge			1		
ULU.	or at substantially less than fair rental value?	82a	<u> </u>	V		
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.)					
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	1	 		
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	1	-		
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	DAb.				
05	or gifts were not tax deductible?	84b 85a		 		
85 h	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85b				
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization					
	received a waiver for proxy tax owed for the prior year.					
c	Dues, assessments, and similar amounts from members					
d	Section 162(e) lobbying and political expenditures					
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e	<i>4////</i>				
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f					
_	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					
	Gross receipts, included on line 12, for public use of club facilities					
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a					
b	Gross income from other sources. (Do not net amounts due or paid to other					
	sources against amounts due or received from them.)					
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				
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶; section 4912 ▶; section 4955 ▶					
.	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction					
U	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach			1		
	a statement explaining each transaction.	89b				
С	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958					
d	sections 4912, 4955, and 4958	-				
90a	List the states with which a copy of this return is filed CA NY CT					
b	Number of employees employed in the pay period that includes March 12, 2002 (See instructions.)					
91	The books are in care of ▶ BARBARA AYASH Telephone no. ▶ (310)8		73			
	Located at ► 13428 MAXELLA AVE #248, MARINA DEL REY, CA ZIP + 4 ► 90	292				
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here			▶ ∟		
	and enter the amount of tax-exempt interest received or accrued during the tax year > 92		005			

Part	VII Analysis of Income-Producing A	Activities (See page	age 31 of the i	nstructions.)	
	Enter gross amounts unless otherwise	Unrelated b	usiness income	Excluded by sec	tion 512, 513, or 514	(E) Related or
indica 93	nted Program service revenue:	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	exempt function income
b			ļ	ļ <u>.</u>		(
C				 		
d.	<u> </u>			<u> </u>		
e .						
	Medicare/Medicaid payments	1	-	ļ		
-	Fees and contracts from government agenci	es	 	 		
	Membership dues and assessments		<u> </u>	 		
	Interest on savings and temporary cash investmen					· · · · · · · · · · · · · · · · · · ·
	Dividends and interest from securities	V/////////////////////////////////////				
	Net rental income or (loss) from real estate. debt-financed property					
	not debt-financed property	1	<u> </u>			
	Net rental income or (loss) from personal proper		·	<u> </u>		
	Other investment income					
	Gain or (loss) from sales of assets other than inventor					
	Net income or (loss) from special events .					
	Gross profit or (loss) from sales of inventory					
	Other revenue: a					
b .	and the second s					
C.				<u> </u>		
d.	· · · · · · · · · · · · · · · · · · ·	 				
е.			ļ			
	Subtotal (add columns (B), (D), and (E)) .					L., .,,
	Total (add line 104, columns (B), (D), and (E Line 105 plus line 1d, Part I, should equal ti					
Part				see (See na	go 32 of the inc	tructions)
Line !	No. Explain how each activity for which income of the organization's exempt purposes (or				nportantly to the a	ccomplishment
				(0)	20 611 - 1 - 1	
Part	Information Regarding Taxable Sub	osidiaries and Disi	regarded Enude (C)	s (See page	32 of the instru	CUONS.)
	Name, address, and EIN of corporation, partnership, or disregarded entity	Percentage of ownership interest	Nature of ac	ctivities	Total income	End-of-year assets
		<u>%</u> %		•		
		%				
		%				
Part	X Information Regarding Transfers Ass		nal Benefit Con	tracts (See pa	age 33 of the ins	tructions.)
(a) (b)	Did the organization, during the year, receive any funds, Did the organization, during the year, pay present "Yes" to (b), file Form 8870 and Form	, directly or indirectly, to emiums, directly or	pay premiums on a rindirectly, on a	personal benefit	contract?	Yes No
Please Sign Here	Under penalties of perjury, I declare that I have examined belief, it is true, correct, and complete. Declar Barbara Gyash Signature of officer Barbara Ayash Type or print name and title	ation of preparer (other by	than officer) is based	on all information of the second of the seco	ements, and to the bon of which preparer	- 2004
Paid	Preparer's October 100		Date	Check if	Preparer's SSN or	PTIN (See Gen Inst. W)
Preparei	signature Manage 10 m	sen	2/16/04	self- employed ▶ x	567-	37-8538
Use Only	If self-employed)	Y TAX & ACCOUN			► 91 1669	
	address, and ZIP + 4 12122 VIA SANTA	A MARTA, SYLMA	R, CA 91342	Phone	no ► (818)36	7-1995

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

Supplementary Information—(See separate instructions.)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

CONCERNED BUSINESSMEN'S ASSOCIATION	OF AMERICA, INC.		95 3658314			
Compensation of the Five High (See page 1 of the instructions.	nest Paid Employees Of List each one. If there ar	ther Than Officers, Directors, and Trustees re 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		
Total number of other employees paid over \$50,000 ▶						
Part II Compensation of the Five High (See page 2 of the instructions. Lie	est Paid Independent (st each one (whether indi	Contractors for viduals or firms).	Professional Self there are none,	ervices enter "None.")		
(a) Name and address of each independent contractor	r paid more than \$50,000	(b) Туре	of service	(c) Compensation		
Total number of others receiving over \$50,000 for professional services						

Sche	dule /	A (Form 990 or 990-EZ) 2002		Ρ	age 2
Pa	rt II	Statements About Activities (See page 2 of the instructions.)		Yes	No
1	or i Par Org org	ring the year, has the organization attempted to influence national, state, or local legislation, including any empt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid incurred in connection with the lobbying activities \$	1		1
2	sut wit ow	ring the year, has the organization, either directly or indirectly, engaged in any of the following acts with any obstantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or the any taxable organization with which any such person is affiliated as an officer, director, trustee, majority oner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the insactions)			
а	Sal	le, exchange, or leasing of property?	2a		√
b	Ler	nding of money or other extension of credit?	2b	✓	
c	Fui	rnlshing of goods, services, or facilities?	2c		· · · · · ·
đ	Pa	yment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	✓	√
е	Tra	ansfer of any part of its income or assets?	2e	<u>-</u>	1
	Do a At	es the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below.)	3		1
Pa	rt I\	Reason for Non-Private Foundation Status (See pages 3 through 5 of the instructions.)			
The	orga	anization is not a private foundation because it is: (Please check only ONE applicable box)			
5 6		A church, convention of churches, or association of churches Section 170(b)(1)(A)(i). 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)(lii). Enter the hospital state ▶	pital's n	ame	, city,
10		An organization operated for the benefit of a college or university owned or operated by a governmental unit. Sect (Also complete the Support Schedule in Part IV-A.)	ion 170	(b)(1)	A)(iv).
11a	Ø	An organization that normally receives a substantial part of its support from a governmental unit or from the Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)	he gene	eral p	ublic.
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 331/5% of its support from contributions, membership receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no moits support from gross investment income and unrelated business taxable income (less section 511 tax) from but by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part 1	re thar isinesse IV-A.)	1 337 s acc	% of quired
13		An organization that is not controlled by any disqualified persons (other than foundation managers) and supp 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)(3).)			
		Provide the following information about the supported organizations. (See page 5 of the instructions.			
		(a) Nameisi of supported organization(s)	numbe n above		

Sched	lule A (Form 990 or 990-EZ) 2002						Page 3
	t IV-A Support Schedule (Complete only						accounting.
	: You may use the worksheet in the instructions	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				_	
	ndar year (or fiscal year beginning in) . >	(a) 2001	(b) 2000	(c) 1999	(d) 1998		(e) Total
15	Gifts, grants, and contributions received. (Do	208,185	294,227	302,977	311,	760	1,117,149
	not include unusual grants. See line 28)	<u></u>			311,	700	
16	Membership fees received	13,306	32,327	17,375			63,008
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose						
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975						
19	Net income from unrelated business activities not included in line 18						
20	Tax revenues levled 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	221,491	326,554	320,352	311,	760	1,180,157
24	Line 23 minus line 17	221,491	326,554	320,352	311,	760	1,180,157
25	Enter 1% of line 23	2215	3266	3204	3	118	
26 b	Organizations described on lines 10 or 11: Prepare a list for your records to show the name governmental unit or publicly supported organizamount shown in line 26a. Do not file this list w	ne of and amount ration) whose total	contributed by e gifts for 1998 the	each person (other	er than a eded the	26a ///// 26b	23603 ///////////////////////////////////
_	Total support for section 509(a)(1) test: Enter lie					26c	1,180,157
d	Add: Amounts from column (e) for lines: 18					///// 26d	//////////////////////////////////////
e	Public support (line 26c minus line 26d total)					26e	855478
f	Public support percentage (line 26e (numera				▶	26f	72.5 %
27	Organizations described on line 12: a For person," prepare a list for your records to show Do not file this list with your return. Enter the (2001)	the name of, and t e sum of such am	otal amounts reco	eived in each yea ear:	or from, each	"dis	qualified person."
b	For any amount included in line 17 that was receishow the name of, and amount received for each (Include in the list organizations described in lines the difference between the amount received and amounts) for each year: (2001) (2000)	year, that was mor 5 through 11, as we the larger amount	e than the larger of the last individuals.) I described in (1) of the last in (1) of the	of (1) the amount Do not file this lis or (2), enter the s	on line 25 for st with your a um of these	the treturi	year or (2) \$5,000. n. After computing ences (the excess
c	Add: Amounts from column (e) for lines: 15		16		_ 1	27c	
فد	17 20					27d	
d	Add: Line 27a total					27e	
e	Public support (line 27c total minus line 27d to Total support for section 509(a)(2) test: Enter a	mount from line ?			· · - b		
f	Public support percentage (line 27e (numera					///// 27g	
g h	Investment income percentage (line 18, colu					27h	%
28	Unusual Grants: For an organization describe prepare a list for your records to show, for ea description of the nature of the grant. Do not to	ed in line 10, 11, o	or 12 that receive	ed any unusual o	grants during	g 199 the g	98 through 2001, grant, and a brief

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)

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?	29	Yes	No
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?	30		
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?	31		
32	Does the organization maintain the following:			
a b	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a 32b		
c d	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c 32d		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to: Students' rights or privileges?	33a		
a b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d e	Scholarships or other financial assistance?	33d 33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g 33h	_	
h	Other extracurricular activities?			
34a	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?	34b		
35	Does the organization certify that it has compiled 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		

Pa	(To be completed ONLY by an				e instructions.	•
Che	ck ▶ a ☐ if the organization belongs to an affil	iated group. Che	ck ▶ b 🔲 if	you checked "a" a	and "limited contro	" provisions apply.
	Limits on Lobby	•			Affiliated group totals	(b) To be completed for ALL electing organizations
36	Total lobbying expenditures to influence public	c opinion (grassro	ots lobbying)	36	1	
37	Total lobbying expenditures to influence a legi			37		
38	Total lobbying expenditures (add lines 36 and					
39						
40	Total exempt purpose expenditures (add lines	38 and 39)				
41	Lobbying nontaxable amount. Enter the amou	nt from the follow	ing table			
		bbying nontaxab		. ////		
	Not over \$500,000			I /////		
	Over \$500,000 but not over \$1,000,000 \$100,0	•		1 1		
	Over \$1,000,000 but not over \$1,500,000 .\$175,0	•		1 /////		
	Over \$1,500,000 but not over \$17,000,000 \$225,0 Over \$17,000,000 \$1,000	-		1 //////		
42	Grassroots nontaxable amount (enter 25% of),000				
43	Subtract line 42 from line 36. Enter -0- if line			43		
44	Subtract line 41 from line 38 Enter -0- if line			44		
	Caution: If there is an amount on either line 4	3 or line 44. you r	nust file Form 4	720.		
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	eraging Period				
	(Some organizations that made a section See the instructions	on 501(h) election	do not have to	complete all of th		pelow.
		Lob	bying Expendit	ures During 4-Ye	ear Averaging P	eriod
	Calendar year (or	(a)	(b)	(c)	(d)	(e)
	fiscal year beginning in) ▶	2002	2001	2000	1999	Total
45	habbalaa waxayabla aasayab					
45	Lobbying nontaxable amount					<u> </u>
46	Lobbying celling 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	ļ				1
	Lobbying Activity by Nonelec (For reporting only by organiza			Part VI-A) (See	page 11 of th	ne instructions.)
Duris	ng the year, did the organization attempt to infl					T
atter	npt to influence public opinion on a legislative r	matter or referend	um, through the	use of:		
8	Volunteers				·	
þ	Paid staff or management (Include compensat	ion in expenses re	ported on lines	c through h.) .	· ·	
C	Media advertisements ,		· · · · · ·		• •	
d	Mailings to members, legislators, or the public				• • - -	
e	Publications, or published or broadcast statem				• •	
, i	Grants to other organizations for lobbying purp Direct contact with legislators, their staffs, gov		or a logislative b		• •	
g h	Rallies, demonstrations, seminars, conventions		-	-		1
i	T-4-1 - - - - - - - - - - - - -		•			
	If "Yes" to any of the above, also attach a star	tement giving a de	tailed description	n of the lobbying	g activities	·

	rt V		n Regarding Tra	ansfers To and Transaction e page 12 of the instruction	ns and Relationships With Nond	harital		age 6
51					following with any other organization		in se	ection
	501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organization. Transfers from the reporting organization to a noncharitable exempt organization of.							No
a		<u> </u>		illization of.	51a(i)	Yes	1	
	GD					a(ii)		1
b	٠,	er transactions						,
_	(i) Sales or exchanges of assets with a noncharitable exempt organization.				tion	b(i)		✓
				itable exempt organization		b(ii)		<u> </u>
	(iii)		s, equipment, or oth		b(iii)		<u> </u>	
		Reimbursement a		b(iv)		7		
			-			b(v)		√
		•		ship or fundraising solicitations		b(vi)		1
c					yees	C		1
	If the	ne answer to any of tods, other assets, or	the above is "Yes," (services given by th	complete the following schedule. ie reporting organization. If the or	Column (b) should always show the fair n ganization received less than fair market v ds, other assets, or services received:	narket val value in a	ue of t	the
	а) е по	(b) Amount involved	Name of none	(c) charitable exempt organization	(d) Description of transfers, transactions, and s	shanno arri	angeme	ents
					 	-		
			 		<u> </u>		•	
				· · · · · · · · · · · · · · · · · · ·				
					 			
					 			
					 	-		
					 			
		<u> </u>	<u> </u>		 		-	
								
			·					
			· · · · · · · · · · · · · · · · · · ·	- 			•	
								
						·.· .		
	des	cribed in section 50 Yes," complete the	01(c) of the Code (other than section 501(c)(3)) or i		☐ Yes	Z	No
(a) Name of organization			ration	(b) Type of organization	(c) Description of relationsh	ip	 -	
				<u> </u>				
						· · · ·		
			·····					
		· · · · · · · · · · · · · · · · · · ·						
_								
				⊕	Schedule A (For	m 990 or	990-EZ	2002

OTHER FUNCTIONAL EXPENSES, PAGE 2, LINE 43

•	TOTAL	PROGRAM SVCS	MGT & GENERAL
AWARDS	8,876.00	8,876.00	
BANK CHARGES	35.00		35.00
CREDIT CARD PROCESSING	1,612.00		1,612.00
EDUCATIONAL BOOKLETS	1,548.00	1,548.00	
AWARD EVENTS	4,500.00	4,500.00	
SALES TAX	283.00		283.00
INSURANCE	1,004.00		1,004.00
LICENSES & PERMITS	755.00		755.00
WEBSITE CHILDREN'S EDUC.	(1,495.00)	(1,495.00))
OFFICE EXPENSE	2,169.00	492.00	1,677.00
OFFICE SUPPLIES	2,477.00		2,477.00
INTERNET SERVICE	1,482.00		1,482.00
AUTO EXPENSE & MILEAGE	358.00		358.00
UTILITIES	571.00		571.00
PAYROLL TAX PEN & INT.	3,119.00		3,119.00
TOTAL	27,294.00	13,921.00	13,373.00

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

See separate instructions.

Attach to your tax return

OMB No 1545-0172

Attachment

Department of the Treasury Internal Revenue Service Name(s) shown on return

Sequence No 67

Business or activity to which this form relates **Identifying number CONCERNED BUSINESSMEN'S ASSOCIATION INDIRECT DEPRECIATION** 95-3658314 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. \$24,000 Maximum amount. See page 2 of the instructions for a higher limit for certain businesses 2 2 Total cost of section 179 property placed in service (see page 2 of the instructions). . . 3 \$200,000 Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see page 2 of the instructions (a) Description of property (b) Cost (business use only) 6 Listed property. Enter the amount from line 29 7 8 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 9 Tentative deduction. Enter the smaller of line 5 or line 8 10 10 Carryover of disallowed deduction from line 13 of your 2001 Form 4562. Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 11 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 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. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see page 3 of the instructions) 14 Property subject to section 168(f)(1) election (see page 4 of the instructions) . 15 Other depreciation (including ACRS) (see page 4 of the instructions) . Part III MACRS Depreciation (Do not include listed property.) (See page 4 of the instructions.) Section A 750 17 17 MACRS deductions for assets placed in service in tax years beginning before 2002 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 Section B-Assets Placed in Service During 2002 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery (a) Classification of property (e) Convention (f) Method (g) Depreciation deduction year placed in (business/investment use only-see instructions) 19a 3-year property b 5-year property c 7-year property d 10-year property 15-year property f 20-year property g 25-year property S/L 25 yrs. 27.5 yrs. MM S/L h Residential rental 27.5 yrs. property MM S/L MM S/L 39 yrs. i Nonresidential real MM S/L property 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

Listed property. Enter amount from line 28. . . . 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. For assets shown above and placed in service during the current year,

S/L

21

22

enter the portion of the basis attributable to section 263A costs

MM

40 yrs.

Pa	Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)														
		For any vehicle						-		r deduc	ting le	ase ex	oense,	comple	te only
	24a, 2	4b, columns (a,	through (c) of Se	ction A,	all of	Section	n B, ar	d Section	on C if a	pplica	ble.	 	·	-
	tion A-Depre														
<u> 24a</u>	Do you have evid			Invesuner		mea r	<u> Yes</u> (e)	L. No		r "Yes,"	is the e	viaence	written		(i)
Туј	(a) (b) Business/ Type of property (list vehicles first) Date placed in service use percentage		Cost or other basis (business/investment use only)		vestmen			(h) Depreciation deduction		Sect	Elected section 179 cost				
25	Special deprec				ced in s	ervice			25						
26		more than 50													
			%						I						
			%		······································		-					ļ			
27	Property used	50% or less i	%		0000 1100	(500	D200 7	of the	instruct	ione):					
<u> </u>	Property used	30% of less i	n a quaime		ess use	(266	page 7	or the	IIISUUCI	S/L		Υ		<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>	
	· · · · · · · · · · · · · · · · · · ·		%			-1			S/L -			†			
			%							S/L					
28		ın column (h),							1, page	1	28				
<u>29</u>	Add amounts	in column (i), I							<u> </u>		<u> </u>	· · ·	. 29	9	
Con	nplete this sect u provided vehicles	on for vehicles to your employee	used by a	sole p	roprietor	, part	ner, or	other "	Vehicles more that neet an ex	an 5%	owner, o compl	or rela	ated pe section	rson. for those	vehicles.
30	Total business/investment miles driven during the year (do not include commuting miles—			(a) Vehicle 1					(c) (d) Vehicle 4		-	(e) Vehicle 5		(f) Vehicle 6	
	see page 2 of the			<u> </u>				ļ					 		
31	_	miles driven durir												 	
32	Total other pe				ļ										
33	Total miles d Add lines 30 t	\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	810	V	81-	V	l Na	Va.	N.	- V	1 11-				
34		le available for -duty hours?		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person?															
36	, –					•									
Ansı		ection C—Qu												mplove	es who
	not more than										7070				
37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?							No							
38															
39				-	-										
40															
41		e requirements on swer to 37, 38											.)		
Pa	rt VI Amort	ization													
	Description of costs Date am			o) (c) pritization Amortizable pins amount				Code Amort		e) (f) pzation Amortizati od or this ye			for		
42	Amortization of	costs that beg	ins during	your 200	2 tax ye	ar (se	e page	9 of the	e instruc	tions):	1				
			+		+ -						+	\dashv			
43 44		of costs that be						r when		ort .		43			
					Ð					······	·····	سان درنسا	Fo	rm 456	2 (2002)

REPORT
DETAIL
ASSET
2001

Date	
Ero & L	
Sales	
Gain/ Loss	
Next	342 342 366 750
AMF Depr.	342 366 366
Current Depr.	48 342 366 756
Prior Depr.	11144 1911 2516 462 144 535 183
Rec. Per. Cv	5.0 MM 5.0 MM 5.0 MM 5.0 MM 5.0 MM
Meth.	ស់ ស់ ស់ ស់ ស់ ស់
Basis	11144 1911 2516 462 240 1710 1829 S
Sect. 1794 Spec.	
Bus. Use	11144 100 1911 100 2516 100 462 100 240 100 1710 100 1829 100
Cost	1911 1911 2516 462 240 1710 1829 19812
Date	RECTARI 01/95 01/96 01/98 01/99 09/00
*Scription	## Marker Control

