Form **990**

Internal Revenue Service

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)

2001

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

Open to Public Inspection

A	For the 2	001 calendar year, or tax year period beginning		and en	iding			
В	Check if	Please C Name of organization				D En	ployer id	entification number
•	pplicable	use IRS						
	_Address change	PROJECT VOTE/VOTING	FOR AMERICA,	INC	· •	'	<u>72-12</u>	268719
		type. Number and street (or P.O. box if mail is no	ot delivered to street address	s)	Ro		lephone r	
	initial return	Specific 1024 ELYSIAN FIELDS	AVE				(504)	943-5954
	Final	tions. City or town, state or country, and ZIP + 4				FAC	constag med	
	Amende	MEW ORLEANS, LA 701	17				Other (specify)	<u> </u>
	Application pending		1) nonexempt chantable tri		H and I are	not applicable t	section	527 organizations.
		must attach a completed Schedule A (Form 99	#U OF 990-EZ)		H(a) is the	s a group return	for affiliat	les? Yes X No
<u> </u>	Neb site	▶N/A		_	H(b) If Ye	s," enter number	of affiliat	es –
		<u></u>		_		l affiliates includ	ed? N	N/A Yes No
<u>J_1</u>	Organiza	tion type (check eaty one) ➤ X 501(c) (3) ◀ (insert	(no.) 4947(a)(1) or	527	[(IT "No	o," attach a list.)		
K (Check he	re 🕨 🗔 if the organization's gross receipts are norm	nally not more than \$25,000	The	H(d) is the	s a separate retu	m filed by	
		on need not file a return with the IRS; but if the organiza			ganız	ation covered by	a group	ruling? Yea X No
!	n the ma	it, it should file a return without financial data. Some stat	tes require a complete retu	rn		4-digit GEN ▶		
								on is not required to attach
		ceipts: Add lines 6b, 8b, 9b, and 10b to line 12	428,1			3 (Form 990, 99	0-EZ, or 9	90-PF).
P	art I	Revenue, Expenses, and Changes in	Net Assets or Fund	Bala	nces		,	
	1	Contributions, gifts, grants, and similar amounts receiv	eq.	1			1	
		Direct public support		1a		112,897	4	
	Ь	Indirect public support		1b			- 1	
	C	Government contributions (grants)		te	<u> </u>		- I	
	d	Total (add lines 1a through 1c)	1 1					
		(cash \$375,555. noncash \$	1d	412,897.				
	2	Program service revenue including government fees an	d contracts (from Part VII, t	ne 93)			2	<u> 15,095.</u>
3	3	Membership dues and assessments					3	
	4	Interest on savings and temporary cash investments					4	
4	5	Dividends and interest from securities		1 _ 1	ı		5	
Ź	6 .	Gross rents		62			-	
-		Less: rental expenses	-\	65	<u> </u>		-	
. 9	٦, ا	e Net rental income or (loss) (subtract line 6b from line 6a)					8c 7	
Revenue	I -	Other investment income (describe Gross amount from sale of assets other	(A) Securities	<u> </u>	<u></u>	Other	 '	
2 2		than inventory	(N) Occurses	8a	<u>\</u>	/ Outer	1 1	
Reven	.	Less: cost or other basis and sales expenses		8b			1	
		Gain or (loss) (attach schedule)		8c	<u> </u>		1 I	
n	_	Net gain or (loss) (combine line 8c, columns (A) and (B	<u> </u>					
	9	Special events and activities (attach schedule)	"					· · · · · · · · · · · · · · · · · · ·
	i -	Gross revenue (not including \$	of contributions				1	
	1	reported on line 1a)		9a	1] [
	0.5	1855, direct expenses, other than fundraising expenses		9b] [
F	RE	(loss) from special events (subtract line	9b from line 9a)				9c	
W.	10 a	Gross sales of investory, less returns and allowances	•	10a	<u> </u>			
	nnab	Lessi cost of good Solid		10b]	
L	MAK	soss monto (loss from sales of inventory (attach so	hedule) (subtract line 10b fr	om line	10a)		10c	
(bed	Offpgrevenue (from Part VII, line 103)	••		·		11	169.
	12	Total revenue (add thes 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10	o, and 11)				12	428,161.
_	13	Program services (from line 44, column (B))		-		-	13	413,192.
Expenses	14	Management and general (from line 44, column (C))					14	37,174.
6	15	Fundraising (from line 44, column (D))						16,210.
핓	16	Payments to affiliates (attach schedule)						
	17	Total expenses (add lines 16 and 44, column (A))					17	466,576.
•	18	Excess or (deficit) for the year (subtract line 17 from lin	•				18	<u> <38,415.</u> >
Net Assets	19	Net assets or fund balances at beginning of year (from					19	443,248.
Ž		Other changes in net assets or fund balances (attach ex		BB	STATE	ENT 1	20	17.
	21	Net assets or fund balances at end of year (combine line		21	404,850.			

Fam	PROJECT V	OT	E/VOTING FOR tions must complete column	AMERICA INC	(D) are required for section	268719 Page 2		
P	art II Functional Expenses (4) or	janiza Janiza	itions and section 4947(a)(1) nonexempt charitable trus	ts but optional for others.			
	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising		
22	Grants and allocations (attach schedule)							
	cash \$noncash \$	22						
	Specific assistance to individuals (attach schedule)	23						
	Benefits paid to or for members (attach schedule)	24						
	Compensation of officers, directors, etc.	25	60 030	0. 44.138.	0. 8,396.	<u>0.</u> 8,396.		
	Other salaries and wages	26	60,930. 2,924.	2,748.	88.	88.		
27	•	27 28		5,064.	161.			
28	· ·	29	7,475.	7,027.	224.	224.		
	Payroll taxes Professional fundraising fees	30		7,027.				
	Accounting fees	31	39,145.	19,182.	19,350.	613.		
	Legal tees	32	33,11131					
	Supplies	33	3,910.	3,674.	118.	118.		
-	Telephone	34	6,278.	5,902.	188.	188.		
	Postage and shipping	35	18,451.	16,052.		2,399.		
	Occupancy	36	21,080.	19,816.	632.	632.		
	Equipment rental and maintenance	37				<u> </u>		
38	Printing and publications	38	13,316.	11,585.		<u>1,731.</u>		
39	Travel	89	7,906.	6,878.		1,028.		
40	Conferences, conventions, and meetings	40		259.				
41	Interest	41	196.		196.			
	Depreciation, depletion, etc. (attach schedule)	42	1,001.	941.	30.	30.		
43	Other expenses not covered above (demize):	I I						
		43a						
þ		43b		_ 				
C		43c 43d						
9	SEE STATEMENT 2	436	278,319.	269,926.	7,791.	602.		
44	Total functional expenses (add lines 22 through 43)	730	4/0,515	20515201	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
**	Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	466,576.	413,192.	37,174.	16,210.		
Join	nt Costs Check > if you are following SOP 98	3-2.				<u> </u>		
	any joint costs from a combined educational campai		d fundraising solicitation rep	oorted in (B) Program service	es? ▶□	Yes X No		
	es," enter (I) the aggregate amount of these joint cos					;		
(m)	the amount allocated to Management and general \$, and (v) the amount allocated to	Fundraising \$			
P	art III Statement of Program Servi	ce A	ccomplishments			<u> </u>		
	at is the organization's primary exempt purpose? 🕨					Danasan Candan		
	TER REGISTRATION AND EL				Name of the Column	Program Service Expenses		
All o	rganizations must describe their exempt purpose achievement evernents that are not measurable. (Section 501(c)(3) and (4) on	genszai	clear and concise manner. State t bons and 4947(a)(1) nonexempt o	the number of clients earved, put hantable trusts must also enter t	he amount of grants and	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1)		
<u>alloc</u>	ations to others.)			<u> </u>		trusts; but optional for others.)		
а	SEE STATEMENT 3							
			 -		 -			
				rants and allocations \$		413,192.		
ь	_ _ -		(0	rants and andcations p				
_								
		_						
				rants and allocations \$	<u> </u>			
_	(Cacino and directions 4							
•								
ď				arants and allocations \$				
_			(0	rants and allocations \$).			
е	Other program services (attach schedule)			Frants and allocations \$	<u></u> <u></u>]	 		
	Take Lad Desarra Coming Company /chould count l	44	Lechione (D) Droomer com		_	A12 102		

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Form 990 (2001)

123011 01-02-02

Part IV Balance Sheets

Note.		re required, attached schedules and amounts with Id be for end-of-year amounts only	hin the desc	ription column	(A) Beginning of year		(B) End of year
	45	Cash - non-interest-bearing			477,645.	45	126,464.
	46	Savings and temporary cash investments				46	
	47 a	Accounts receivable	47a	265,966.			
	b	Less, allowance for doubtful accounts	47b		39,600.	47c	265,966.
		Oladasa assaulta					
	48 a	Pledges receivable Less, allowance for doubtful accounts	48a 48b			48c	
	49	Grants receivable	1 400			49	5,000.
	50	Receivables from officers, directors, trustees,			•		<u> </u>
		and key employees				50	
Assets	51 a		51a		. -		-
Ass	ь	Less, allowance for doubtful accounts	51b			51c	
-	52	Inventories for sale or use		<u> </u>		52	
	53	Prepaid expenses and deferred charges	_	, <u> </u>	<u>3,500.</u>	53	<u> 17,042.</u>
	54	Investments - securities	▶∟	_ Cost FMV _	<u></u>	54	
	55 a	Investments - land, buildings, and	1 1				
		equipment basis	55a				
		Less accumulated depreciation	55b	PEMENT 4	0.	55c 56	2,302.
	56		57 a	8,142	<u> </u>	36	
		Land, buildings, and equipment basis Less: accumulated depreciation STMT 5	57b	4,834.	1,969.	57c	3,308.
	58		E STAT		2,660.	58	3,060.
			<u> </u>				
	59	Total assets (add lines 45 through 58) (must equal line		525,374.	59	423,142.	
	60	Accounts payable and accrued expenses			82,126.	60	18,292.
	61	Grants payable				61	
8	62	Deferred revenue		L		62	
Jabilities	63	Loans from officers, directors, trustees, and key emplo	oyees	ļ		63	
		Tax-exempt bond liabilities		<u> </u>		64a	
_	b	Mortgages and other notes payable		<u> </u>		64b	
	65	Other liabilities (describe		, <u> </u>		65	<u> </u>
	66	Total Irabilities (add lines 60 through 65)			82,126.	66	18,292.
			and complete	lines 67 through	04,140.		10,232.
	Organ	69 and lines 73 and 74	and dompion	a moo or a mooget			
8	67	Unrestricted			403,648.	67	254,850.
and	68	Temporarily restricted			39,600.	68	150,000.
Bal	69	Permanently restricted				69	
Net Assets or Fund Balances	Organ	nzations that do not follow SFAS 117, check here	and co	omplete lines			
r F		70 through 74.					
9	70	Capital stock, trust principal, or current funds		L		70	
180	71	Paid-in or capital surplus, or land, building, and equipm		L		71	
₽	72	Retained earnings, endowment, accumulated income,				72	
Ž	73	Total net assets or fund balances (add lines 67 through	s 70 through 72;				
		column (A) must equal line 19; column (B) must equal line 21)			443,248.	73	404,850.
	74	Total liabilities and net assets / fund balances (add li	3)	<u>525.374.</u>	74	<u> </u>	

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.

Form	990 (2001) PROJECT VOTE/VOTING	FOR	AMERICA, II			2687				
Pa	rt IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per	P	art IV-B Reconci	liation of Exp I Statements	enses With	per Ai	udited			
	Return		Return		willi	Chell	sas haı			
-	Total revenue, gains, and other support		Total expenses and los	ses per		T-=	166 586			
	per audited financial statements		audited financial stater b Amounts included on	nents line a but not on		•	<u>466,576.</u>			
Ь	Amounts included on line a but not on	'	line 17, Form 990	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
	line 12, Form 990:	((1) Donated services and use of facilities	•						
(1)	Net unrealized gains on investments \$ 17.	1 4	(2) Prior year adjustments	<u> </u>			-			
(2)	Donated services	· '	reported on line 20,				-			
(2)	and use of facilities \$		Form 990	\$		-	<u>-</u>			
(3)	Recoveries of prior	- 1 ((3) Losses reported on				=			
(-,	year grants \$		line 20, Form 990	\$			_			
(4)	Other (specify):	((4) Other (specify)				-			
_	\$ -	<u>-</u>		\$		-				
	420 46	7.	Add amounts on lines	(1) through (4)		Ь	0.			
C	Line a minus line b	┶	c Line a minus line b	les 17 Core		C	<u>466,576.</u>			
d	Amounts included on line 12, Form 990 but not on line a:	'	d Amounts included on 990 but not on line a:							
	1	- 1 ,	(1) Investment expenses				-			
(1)	Investment expenses Included on	'	not included on				-			
	line 6b, Form 990 \$		line 6b, Form 990	\$			-			
(2)		- 1	(2) Other (specify):				, - * -			
\-,		'		\$						
	Add amounts on lines (1) and (2)	0.	Add amounts on lines	(1) and (2)	•	d	<u> </u>			
e	Total revenue per line 12, Form 990		e Total expenses per line	a 17, Form 990						
	(line e plus line d) Pie 428, 16	1 <u>. </u>	(line c plus line d)	own if not compan	cated)		<u>466,576.</u>			
Pa	Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated) (B) Title and average hours per week devoted to (If not pard, enter plans a deferred pl									
	(A) Name and address	1,5	per week devoted to	(If not paid, enter	employ plans	ee benefit deferred	account and other allowances			
WA.	XINE NELSON	RG	position RES/DIRECTOR	-0- /	COMP	ensation_	Onici allowances			
	08 W. 9TH, PINE BLUFF, AR. 71603		MD/DINECTON							
37	<u> </u>		irs/week	0.		0.	0.			
GE	ORGE HAMPTON		CE-PRES/DIR			_				
31	HAVELOCK, DORCHESTER, MA 02124	_								
		_	IRS./WEEK	<u>0.</u>		0.	0.			
	RY ALVAREZ	_ SE	CT/DIRECTOR				ļ			
<u>84</u>	5 FLATBUSH, BROOKLYN, NY 11226	_		0		0.	1			
	70 1/181		REAS/DIRECTO	<u> </u>		<u> </u>	0.			
55	EO MATA 03 KERNEL ST., HOUSTON, TX 77087		KENS/DIRECIO	K						
02	02 VEXNET 21." TOOSION! TV 1/101	- AH	rs/week	0.		0.	0.			
		7.	III THE STATE OF T	_, <u>v -</u>		<u>~_</u> _				
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		_								
				_	<u> </u>		<u> </u>			
75	Did any officer, director, trustee, or key employee receive aggregate compe	nsation o	of more than \$100,000 from	m your <u>organization</u>	and all i	related				
	organizations, of which more than \$10,000 was provided by the related org	anczation	nsy II Yes," altach schedu	Yes Yes	X No		Form 990 (2001			

Form 990 (2001)

	990 (2001) PROJECT VOTE/VOTING FOR AMERICA, INC. 72-126	<u> 3719</u>		Page 5
Pa	rt VI Other Information		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	_ 76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		X
	If "Yes," attach a conformed copy of the changes.			
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year?	79		X
	If "Yes," attach a statement			
8D a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership,			
	governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	-	Lx ⁻
h	If "Yes," enter the name of the organization	002		
•	and check whether it is exempt OR nonexempt.		İ.] ;
81 a	Enter direct or indirect political expenditures. See line 81 instructions 81a 0			
	Did the organization file Form 1120-POL for this year?	ᅥᆕᆹᅦ	-	x
D -		81b		┢┻
82 E	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than		v	
	fair rental value?	82a	_X	<u> </u>
þ	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an	- F		'
	expense in Part II (See instructions in Part III.)	┩╼╌		-
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	_X_	<u> </u>
Ь	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b		_
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not			- ,
	tax deductible? N/A	84b		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax	1		
	owed for the prior year.	1 1		
c	Dues, assessments, and similar amounts from members 85c N/A	j l		
d	Section 162(e) lobbying and political expenditures 856 N/A]		
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A]		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A	1		
٥	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues	1		
••	allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	100		
	Gross receipts, included on line 12, for public use of club facilities 86b N/A	1		! !
87	501(c)(12) organizations Enter a Gross income from members or shareholders 87a N/A	1 i	ı	ı I
	Gross income from other sources. (Do not net amounts due or paid to other sources	1 1		
	against amounts due or received from them.) 87b N/A	1 1	i	
00	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership,	┫- <u> </u>		
88		1 1	l	
	or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-37		İ	v
	If "Yes," complete Part IX	88		<u> </u>
89 2	501(c)(3) organizations Enter. Amount of tax imposed on the organization during the year under		1	
_	section 4911 ▶ 0 .; section 4912 ▶ 0 .		İ	
Ь	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year or did it become aware of an excess benefit transaction from a prior year?		1	
	If "Yes," attach a statement explaining each transaction	89b	1	<u> </u>
C	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under			
	sections 4912, 4955, and 4958			0.
d	Enter Amount of tax on line 89c, above, reimbursed by the organization			<u>0.</u>
90 a	List the states with which a copy of this return is filed SEE STATEMENT 7			
Ь	Number of employees employed in the pay period that includes March 12, 2001			2
91	The books are in care of ▶ BARBARA FAHERTY Telephone no. ▶ (504)	943	_59	54
	Located at ► 1024 ELYSIAN FIELDS AVE, NEW ORLEANS, LA ZIP+4 ► 7	011	7	
92	Section 4947(a)(1) nonexempt chantable trusts filing Form 990 in lieu of Form 1041- Check here		▶ □	\neg
-	and enter the amount of tax-exempt interest received or accrued during the tax year	N/2	٠ -	
123041 01-02-			990 (2001)
			(

orm 990 (2001) PROJECT Part VII Analysis of Income-Prod		IG FOR AMERIC			1268719 Page 6
		ited business income		ted by section 512, 513, or 514	
Note: Enter gross amounts unless otherwise indicated.	(A) Business code	(B) Amount	(C) Exclu- ston	(D) Amount	(E) Related or exempt function income
93 Program service revenue:		 	code		
• CONTRACTUAL FEE SETT	-IRW				<u> 15,095.</u>
b			-		
c					
d			<u> </u>		
e		<u></u>	_		
f Medicare/Medicaid payments	<u> </u>		<u></u>		<u> </u>
g Fees and contracts from government agencies	<u> </u>				
94 Membership dues and assessments				<u></u>	
95 Interest on savings and temporary	ĺ				
cash investments					
96 Dwidends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental moome or (loss) from personal prope	rtv				
99 Other investment Income	"	-			
100 Gain or (loss) from sales of assets					
other than inventory		ì			
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
		-	_		, .
03 Other revenue.					169.
MISCELLANEOUS	-		\vdash		103.
D			\vdash		
<u> </u>			-		
d			 	·	<u> </u>
6(D) (D) and (E)		0.	\vdash	0.	15,264.
104 Subtotal (add columns (B), (D), and (E))		1 0.	I		15,264.
105 Total (add line 104, columns (B), (D), and (E))	the amount on hee t	O David I		▶.	15,204.
lote. Line 105 plus line 1d, Part I, should equal Part VIII Relationship of Activities	to the Accomp	ishment of Evern	+ Din	TOSOS (See Specific Instru	chone on page 33)
Line No Explain how each activity for which inco exempt purposes (other than by providi			i mipor	tailing to the accomplishment	oi nis orđanization 2
	ing latings for section purp				
SEE STATEMENT 8					
					
					
Part IX Information Regarding Ta	avable Subsidia	ries and Disregarde	ed Fr	ntities (See Specific Instruc	tions on page 33)
		(C)			
Name, address, and EIN of corporation, Perc	(B) entage of	Nature of activities		(D) Total income	(E) End-of-year
partnership, or disregarded entity owners	hip interest			·	<u>assets</u>
	<u> </u>				
N/A	<u> </u>				
	%				
Part X Information Regarding Tr	%	stad with Damasal	Boss	ofit Contracts (See See	eific Instructions on the 2011
					
(a) Did the organization, during the year, receive at(b) Did the organization, during the year, pay prem					Yes X No

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

companying schedules and statements, and to the best of my knowledge and belief, it is true, information of which preparer has any knowledge.

12603 ADMIN (. NOUKWE ASS. SEC.

SCHEDULE A

(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

2001

OMB No. 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Chantable Trust Supplementary Information-(See separate instructions.) Department of the Treasury ▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ Internal Revenue Service

PROJECT VOTE/VOTING FOR A	MERICA. INC.		72 12687	
Part I Compensation of the Five Highest Paid Employ		icers, Directo		
(See page 1 of the instructions. List each one. If there are none, enter		•	•	
(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 othe allowances
<u>none</u>			1	
				İ
·				
	+			
	ĺ			
Total number of other employees paid				-
over \$50,000 Part II Compensation of the Five Highest Paid Independent	0	Du-4i	-1 Cai	_
Part II Compensation of the Five Highest Paid Independence (See page 2 of the instructions. List each one (whether individuals or fi			ai Services	
(a) Name and address of each independent contractor paid more the		(b) Type of s	ervice é	e) Compensation
		(-, -, -, -		
ACORN				
	C	ONTRACTUA		
<u>1024 ELYSIAN FIELDS AVENUE, NEW ORLEA</u>	NS,LA 70117C	AMPAIGN S	ERVICES	<u>180,760.</u>
CITIZENS' CONSULTING INC.				
	C	ONTRACT,	LEGAL &	
1024 ELYSIAN FIELDS AVENUE, NEW ORLEA	<u>NS,LA 70117A</u>	<u>DMINISTRA</u>	TIVE	62,500.
· 			!	
				
otal number of others receiving over	, [ŧ		
50,000 for professional services	0 1			

Sch	iedule A (l	Form 990 or 990-EZ) 2001 PROJECT VOTE/VOTING FOR AMERICA, INC. 72-126	<u>871</u>	<u>9</u> F	age 2
P	ar,t III	Statements About Activities (See page 2 of the instructions.)		Yes	No
1	public of	he year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence pinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the activities \$ \$ (Must equal amounts on line 38, Part VI-A,			
		of Part VI-B)	1		x
		tions that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking			<u> </u>
		ust complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		-	_
2	During ti	he year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors,		1	[
	trustees,	directors, officers, creators, key employees, or members of their families, or with any taxable organization with which arry such		ĺ	
	person is	s affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes,"	1	l	-
	attach a	detailed statement explaining the transactions) SEE STATEMENT 9			
	Sale, exc	change, or leasing of property?	2a	X	
b	Lending	of money or other extension of credit?	2b		X_
C	Furnishir	ng of goods, services, or facilities?	2c	х	
d	Раутель	of compensation (or payment or reimbursement of expenses if more than \$1,000)?	26	X	
8	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		lave a section 403(b) annuity plan for your employees?	4		X
Not	_	a statement to explain how the organization determines that individuals or organizations receiving grants or loans	<u> </u>		
		therance of its charitable programs "qualify" to receive payments SEE STATEMENT 10	<u>L</u> .		-
P	art IV	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)			
The	organizat	ion is not a private foundation because it is: (Please check only ONE applicable box.)			
5	닏	A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).			
6	닏	A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)			
7	\vdash	A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).			
8	<u></u>	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	ш	An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(v).			
114	X	(Also complete the Support Schedule in Part IV-A.) An organization that normally receives a substantial part of its support from a governmental unit or from the general public.			
	ىمى .	Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A.)			
111		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	Ш	An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations descri	bed 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.)	/5.1		
		(a) Name(s) of supported organization(s)		e numb om abo	
		*			
4.4		An exponential arranged and expended to test for multiple patch, Contract 500/AVA1 /Contract College (Contract College)			
14		An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)			

Pa	rt IV-A Support Schedule (C	Complete only if you che he worksheet in the inst	cked a box on line 10, ructions for converting	11, or 12) Use cash from the accrual to the	method of acco	xuntir of acc	ng. counting
begu	ndar year (or fiscal year naing in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997		(e) Total
15 	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,164,323.	90,695.	349,507.	93,9	98.	1,698,523.
<u>16</u>	Membership fees received ,, ,				<u> </u>		
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	4,967.	2,037.	3,956.	30,6	98	41,658.
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		2,037.	J,230.			41,050.
19	Net income from unrelated business	•					
	activities not included in line 18					— ₊	· · ·
20	Tax revenues levied for the organization e 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	1,169,290.	92,732.	353,463.	124,69	<u> 36.</u>	1,740,181.
24	Line 23 minus line 17	1,164,323.	90,695.	349,507.	93,99		1,698,523.
25_	Enter 1% of line 23	11,693.	927.	3,535.	1.24	$\overline{}$	
26	Organizations described on lines 10		• • •			26a	33,970.
Ь	Prepare a list for your records to sho					1	
	unit or publicly supported organization	-	•	ed the amount shown in	. [<u> </u>	330 360
_	Do not file this list with your return Total support for section 509(a)(1) to				· -	26b 26c	328,369. 1,698,523.
ď	Add Amounts from column (e) for I	· · · · · · · · · · · · · · · · · · ·	19			200	1,030,323.
•	And Andreas Born column (e) for in	22	266	328,3	69. ▶	26d	328,369.
	Public support (line 26c minus line 2					26e	1,370,154.
	Public support percentage (line 26e	•	ine 26c (denominator))	- 1 41	▶	26f	80.6674%
27 b	organizations described on line 12 to show the name of, and total amout for each year: N/A (2000) For any amount included in line 17 the amount received for each year, that will lines 5 through 11, as well as individual.	ints received in each year f (1999) hat was received from each was more than the larger (rom, each "disqualified pe (*) i peson (other than "disqu of (1) the amount on line	rson." Do not file this li 1998) Ialified persons"), prepar 25 for the year or (2) \$5,	st with your return (e a list for your rec ,000. (Include in th	Enter 1997) ords to e list o	r the sum of such amounts to show the name of, and organizations described in
	amount described in (1) or (2), enter (2000)		es (the excess amounts)	· ·	A	1997)	aen 910 818 191 Ö st
C	Add: Amounts from column (e) for la			16			
	17			21		27c	N/A
đ	Add: Line 27a total		ne 27b total			27d	N/A
•	Public support (line 27c total minus l		.	ا معدا -	· -	27 e	N/A
1	Total support for section 509(a)(2) to				N/A	07-	17/3 ·
e h	Public support percentage (line Investment income percentage	•	- •	**	. г	27 <u>0</u> 27h	N/A %
	Investment income percentage Jousual Grants: For an organization						
S	how, for each year, the name of the co eturn. Do not include these grants in li	intributor, the date and am	ount of the grant, and a b	rief description of the na	iture of the grant. D	o not	file this list with your

Schedule A (Form 990 or 990-EZ) 2001 PROJECT VOTE/VOTING FOR AMERICA, INC.

NONE

Pa	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)	N/	Α	
			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing			
00	Instrument, or in a resolution of its governing body? Does the presenting include a statement of the months and descriptions policy to produce the breaking of the breaking of the present of the months and descriptions and the breaking of	29	┢	╂──
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	30		╁──
31	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	<u> </u>	
	If "Yes," please describe, if "No," please explain. (If you need more space, attach a separate statement.)	31		╁
	it res, please describe, it no, please explain. (If you need more space, attach a separate statement.)	_	-	
32	Does the organization maintain the following:	_		
1	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	i -	
-	Records documenting that schotarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		┢
_	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student	320		\vdash
•	admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
Ī	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	<u> </u>	-	
33	Does the organization discriminate by race in any way with respect to.	_		
•	Students' rights or privileges?	33a		
-	Admissions policies?	33b		<u> </u>
	Employment of faculty or administrative staff?	33c		
ď	Scholarships or other financial assistance?	33d		Γ—
	Educational policies?	33e		
ŧ	Use of facilities?	331		
٥	Athletic programs?	330		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			

34 a Does the organization receive any financial aid or assistance from a governmental agency?

If you answered "Yes" to either 34a or b, please explain using an attached statement.

1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation

Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50,

b Has the organization's right to such aid ever been revoked or suspended?

Schedule A (Form 990 or 990-EZ) 2001

34a

34b

		2001 PROJECT VC Expenditures by Elected ONLY by an eligible organic	cting Public Chariti					72	-1268719 Page 5 N/A
Ch		ation belongs to an affiliated o		b lif	you che	cked "a" and	d Timited o	ontrol	provisions apply
	Li	imits on Lobbying E	penditures		•	Affilia	(a) ted group totals		(b) To be completed for ALL electing organizations
						N/	/A		
36	Total lobbying expenditures t	o influence public opinion (gra	assroots lobbying)		36	_			
37	Total lobbying expenditures t	o influence a legislative body (direct lobbying)		37				·
38	Total lobbying expenditures (add lines 36 and 37)			38				
39	Other exempt purpose expen	ditures			39				_
40	· · · · · · · · · · · · · · · · · · ·	•			40			\longrightarrow	
41	Lobbying nontaxable amount								
	If the amount on line 40 is -		nontaxable amount is -					i	
	Not over \$500 000	20% of the amo		Ì				[-
	Over \$500,000 but not over \$1,000		5% of the excess over \$500,000		41		•	ľ	
	Over \$1,000,000 but not over \$1,50 Over \$1,500 000 but not over \$171		0% of the excess over \$1,000,000 % of the excess over \$1,500,000	' !	7'-				_ ·
	Over \$17,000,000	\$1,000,000 \$1,000,000	26 Of this externs over \$ 1,200,000.	J	i .			- 1	
42	Grassroots nontaxable amoun	* .,,			42		_		
43		Enter -0- if line 42 is more that	ın line 36		43				
44	Subtract line 41 from line 38	Enter -0- if line 41 is more tha	ın line 38		44		•		
	<u> </u>	Some organizations that mad below See the instr	uctions for lines 45 through 5 Lobbying Expend	50 on page 1	1 of th	e instruction:	s.)		N/A
	endar year (or eal year beginning in)	(a) (b) (c) 2001 2000 1999				(d) 1998		(e) Total	
45	Lobbying nontaxable amount								0.
46 	Lobbying ceiling amount (150% of line 45(e))						- 		0.
47	Total lobbying expenditures ,								
48 	Grassroots nontaxable amount								0.
49	Grassroots ceiling amount (150% of line 48(e))								0.
50	Grassroots lobbying								
P	expenditures art VI-B Lobbying A	Activity by Nonelecti	ng Public Charities						0.
_		nly by organizations that did n				-	1 1		<u> </u>
	ang the year, did the organization	•	•	cluding any	attemp	t to	Yes	No	Amount
	uence public opinion on a legisl Volunteers	zove matter or referencium, tr	rough the ase of.						
b	Paid staff or management (Inc	cluda compensation in expens	es renorted on lines e throug	h h \				-	
c	Media advertisements	лаво оотпроизации и върсиз	oo tahorwa on micoa anong	u <i>j</i>				$\neg \neg$	
d	Mailings to members, legislate	ors, or the public							
	Publications, or published or t	•							
t	Grants to other organizations								
0	Direct contact with legislators,	their staffs, government offic	als, or a legislative body						
b	Rallies, demonstrations, semi	-	ectures, or any other means					\dashv	
i	Total lobbying expenditures (A		detailed description of the lol	bbying activ	nties.				0.

Schedule Part	VII Information Re	1 PROJECT VOTE/VO garding Transfers To an zations (See page 12 of the inst	d Transactions and	RICA, INC. 72- d Relationships With Noncha	126871 eritable	9	Page	
	id the reporting organization o	directly or indirectly engage in any of section 501(c)(3) organizations) or i	the following with any other					
	• •	ganization to a noncharitable exemp		nited or Benefitions:	}	Yes	No	
	i) Cash	Amin'not to a noncember of the	(or g arried to to		51a(ı)		X	
	i) Other assets				a(ii)		X	
_	ther transactions:							
(i) Sales or exchanges of asse	ets with a noncharitable exempt orga	nization		b(i)		X	
(0	i) Purchases of assets from a	noncharitable exempt organization			b(n)		X	
(u	i) Rental of facilities, equipme	ent, or other assets			b(iii)		X	
-	v) Reimbursement arrangeme	ents			b(iv)		X	
•	v) Loans or loan guarantees				b(v)		X	
	•	membership or fundraising solicitat			b(vi)		X	
		, mailing lists, other assets, or paid e		always show the fair market value of the	_ C _ ,		X	
gı	oods, other assets, or services	s given by the reporting organization	. If the organization received	l less than fair market value in any				
		nent, show in column (d) the value o	or the goods, other assets, o			N/A		
(a) Line no.	(b) Amount involved	Name of noncharitable ex	empt organization	Description of transfers, transactions, a				
					<u> </u>			
	-			_	_			
					<u>-</u>			
	-	-						
Co	the organization directly or initiate (other than section 501(c)	(3)) or in section 527?	one or more tax-exempt org	anizations described in section 501(c) of t	he Yes	x] No	
	(a) Name of org	panization	(b) Type of organization	(c) Description of relatio	nship			
	_ ,.					<u>.</u>		
					<u> </u>			
		·				_		
<u></u> .								
								
		 .	 -	_				
	 							
123151			<u> </u>	Sohadula & /E				

Page 6

S S	Description	Date Acquired	Method	Life	<u>\$</u> 2	Unadjusted Cost Or Basis	Bus % Excl	Reduction in Basis - 17C, 179, Salvage	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation	
1	1EQUIPMENT	18960E90		5.00	16	2,357.			2,357.	2,357.	i E	• 0	
	2PRINTER	TS860E90		2.00	16	1,600.		•	1,600.	799.	-	320.	
1	3COMPUŢERS (2)	033199SL		5.00	16	1,845.		r (1,845.	677.	ł	369.	
	4COMPUTER	050101SL		2.00	16	2,340.			2,340.	-	- - -1	312.	
-	* TOTAL 990 PAGE 2 DEPR					8,142.	-	0	8,142.	3,833.	0	1,001.	
		-							=			,	
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128102		- - - -			1								

(D) - Asset disposed

TOTAL TO FM 990, LN 43

		_			<u>-</u>
FORM 990 OTHER	CHANGES IN NET A	ASSETS OR FUNI	BALANCES	STATEMENT	1
DESCRIPTION				AMOUNT	
UNREALIZED GAIN ON INV	estments		•		17.
TOTAL TO FORM 990, PAR	T I, LINE 20				17.
FORM 990	ОТНЕ	REXPENSES		STATEMENT	
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISI	NG
					
ADMINISTRATIVE	5,283.		5,283.		
DATA PROCESSING	821.	821.			
CONTRACTUAL SERVICES	244,312.	244,312.			
CAMPAIGN SERVICES	670.	670.			
RECRUITING	212. 1,397.	212. 1,397.			
VEHICLE RENTAL PROGRAM	2,006.	2,006.			
BANK CHARGES	521.	2,000.	521.		
EQUIPMENT PURCHASES	64.	60.	2.		2.
CORPORATE SERVICES	9,182.	8,632.	275.	2	75.
INSURANCE	371.	349.	11.		11.
MEMBERSHIP FEES	75.	75.		•	
MANAGEMENT ADVISORY					
SERVICES	2,122.	1,994.	64.	1	64.
FUNDRAISING	222.			2	22.
CREDIT CARD FEES	299.		299.		
PENALTIES	195.		195.		
TAXES	75.	71.	2.		2.
MISCELLANEOUS	879.	827.	26.	•	26.
OUTREACH SERVICES	8,500.	8,500.			
LOSS ON INVESTMENTS	1,113.		1,113.		

278,319.

602.

7,791.

269,926.

TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B

FORM 990 STATEMENT OF PROGR	RAM SERVICE ACC	OMPLISHMENTS	STATEMENT	3
DESCRIPTION OF PROGRAM SERVICE ON	E			
THE ORGANIZATION'S EXEMPT PURPOSE REGISTRATION AND TURNOUT, PROVIDE PUBLIC EDUCATION ON ISSUES OF DEMOSTUDY THE OBSTACLES TO PARTICIPAT	TRAINING PROGRA OCRATIC PARTICI	AMS, AND		
		GRANTS	expenses	
TO FORM 990, PART III, LINE A	=		413,1	92.
FORM 990 OTH	ER INVESTMENTS		STATEMENT	4
DESCRIPTION		VALUATION METHOD	AMOUNT	
	2,302.			
COMMON STOCK		COST	4,3	02.
COMMON STOCK TOTAL TO FORM 990, PART IV, LINE !	56, COLUMN B	COST	2,30	
TOTAL TO FORM 990, PART IV, LINE !				02.
TOTAL TO FORM 990, PART IV, LINE S			2,30	5
FORM 990 DEPRECIATION OF ASSI	ETS NOT HELD FOR	R INVESTMENT ACCUMULATED	2,30 STATEMENT BOOK VALUE	02. 5 0. 31.
FORM 990 DEPRECIATION OF ASSERTANT DESCRIPTION EQUIPMENT PRINTER COMPUTERS (2)	COST OR OTHER BASIS 2,357. 1,600. 1,845.	ACCUMULATED DEPRECIATION 2,357. 1,119. 1,046.	2,30 STATEMENT BOOK VALUE	02. 5
FORM 990 DEPRECIATION OF ASSI DESCRIPTION EQUIPMENT PRINTER COMPUTERS (2) COMPUTER FOTAL TO FORM 990, PART IV, LN 57	COST OR OTHER BASIS 2,357. 1,600. 1,845. 2,340.	ACCUMULATED DEPRECIATION 2,357. 1,119. 1,046. 312.	BOOK VALUE	0.31.31.328.
FORM 990 DEPRECIATION OF ASSI DESCRIPTION EQUIPMENT PRINTER COMPUTERS (2) COMPUTER FOTAL TO FORM 990, PART IV, LN 57	COST OR OTHER BASIS 2,357. 1,600. 1,845. 2,340.	ACCUMULATED DEPRECIATION 2,357. 1,119. 1,046. 312.	BOOK VALUE 40 70 2,00	02. 5

3,060.

7

FORM 990

LIST OF STATES RECEIVING COPY OF RETURN PART VI, LINE 90

STATEMENT

STATES

ALABAMA, ARKANSAS, ARIZONA, CALIFORNIA, CONNECTICUT, FLORIDA, GEORGIA, KANSAS, MAINE, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, NORTH CAROLINA, NEW MEXICO, NORTH DAKOTA, OHIO, OKLAHOMA, OREGON, RHODE ISLAND, SOUTH CAROLINA, TENNESSEE, UTAH, VIRGINIA, WASHINGTON, WISCONSIN, WEST VIRGINIA

FORM 990

PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES

STATEMENT

EXPLANATION OF RELATIONSHIP OF ACTIVITIES LINE

93A TRAINING AND EDUCATION ON ISSUES OF DEMOCRATIC PARTICIPATION IN THE VOTING PROCESS. THIS INCREASED VOTER REGISTRATION AND TURNOUT.

MISCELLANEOUS REVENUES RECEIVED WERE UTILIZED TO ENHANCE 103A AND INCREASE VOTER REGISTRATION AND TURNOUT AND TO PROVIDE ADDITIONAL TRAINING AND EDUCATION ON ISSUES OF DEMOCRATIC PARTICIPATION IN THE VOTING PROCESS.

SCHEDULE A

STATEMENT REGARDING ACTIVITIES WITH SUBSTANTIAL CONTRIBUTORS, TRUSTEES, DIRECTORS, CREATORS, KEY EMPLOYEES, ETC,. PART III, LINE 2

STATEMENT

10

2D REIMBURSEMENT TO ACORN FOR LONG DISTANCE, E-MAIL, TRAVEL- \$692

- 2C AMOUNTS PAID TO ACORN FOR CONTRACTUAL SERVICES \$180,760
- 2A LEASING OF PROPERTY-AMOUNT PAID TO ACORN FOR OFFICE LEASE-\$4,000
- 2C PREPAID EXPENSES ACORN- \$2,123
- 2C CAMPAIGN SERVICES ACORN- \$670
- 2D CONVENTION COST- ACORN-\$259

SCHEDULE A EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS STATEMENT PART III, LINE 3

THE BOARD OF DIRECTORS OR ITS DULY APPOINTED REPRESENTATIVES ARE RESPONSIBLE TO DETERMINE THAT ORGANIZATIONS RECEIVING GRANTS OR LOANS DO QUALIFY TO RECEIVE THESE PAYMENTS.

THE PAYMENTS ARE MADE ONLY TO RECIPIENTS THAT THE ENTITY IS FAMILIAR WITH THE REPUTATION, STRUCTURE AND BOARD MAKEUP OF THE ORGANIZATION SO THAT THE ENTITY CAN BE REASONABLY ASSURED THAT THE PAYMENTS ARE MADE ONLY TO QUALIFIED RECIPIENTS THAT WILL FURTHER THE CHARITABLE PURPOSE OF THE ENTITY. CONTRIBUTIONS ARE NOT MADE TO INDIVIDUALS.

(Rev. March 2002) Department of the Treasur Internal Revenue Service

Depreciation and Amortization (Including Information on Listed Property)

990 ▶ See separate instructions.

▶ Attach to your tax return.

OMB No. 1545-0172 Attachment Sequence No. 67

Name(s) shown on return

Business or activity to which this form relates

Identifying number

PRO	JECT VOTE/VOTING FO	R AMERIC	A, INC	. FOI	RM 9	90 P.	AGE 2			72-1268	719
	I Election To Expense Certain Tangible				e any lis	sted prope	rty, complete P	art V	before		<u> </u>
	aximum amount. See instructions for				•	<u> </u>			1		000.
	otal cost of section 179 property place	•							2		
	reshold cost of section 179 property		3	\$200,000							
	eduction in limitation. Subtract line 3 f								4	3200,000	
_			•			****			5	<u> </u>	
6	itiar limitation for tax year, Subtract line 4 from line (a) Description of pro		r 40- (i marieo in	(b) Cost (busi	_		(c) Electe	d cost			
<u> </u>		· · ·		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-"	.,,	_		† -	
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		~~	1			7				1	
	sted property Enter amount from line									·	
	otal elected cost of section 179 proper	•	_	c), lines 6 and	1 /				8	·	
	intative deduction. Enter the smaller		=						9		
	arryover of disallowed deduction from					_			10		
	usiness income limitation. Enter the sn		•			រោ ខ 5			11		
	ection 179 expense deduction. Add lin	· ·			ine 11				12	<u> </u>	
	arryover of disallowed deduction to 20				<u></u>	13				<u> </u>	
	Do not use Part II or Part III below for										
Par	II Special Depreciation Allowance	and Other De	preciation (D	o not includ	e listed	property	<u>() </u>	-		_ _	
14 Sp	ecial depreciation allowance for certain property (o	ther than listed proper	ty) acquired after	September 10, 2	901 (a cc	instructions)		14		
15 Pr	operty subject to section 168(f)(1) elec	ction (see instruc	ctions)						15		
_	ther depreciation (including ACRS) (se								16	<u> </u>	<u>001.</u>
Par	III MACRS Depreciation (Do not i	nclude listed pro	perty) (See	instructions)	<u> </u>						
			Se	ction A							
17 M	ACRS deductions for assets placed in	service in tax ye	ears beginnin	g before 200	1				17		
18 H	you are electing under section 168(i)(4) to group any a	ssets placed	ın service du	inng th	e tax					
уе	ar into one or more general asset acco	ounts, check her	e	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			▶ ∟]		<u></u>	
	Section B - Assets I	laced in Service	e During 20	01 Tax Year	Using	the Gene	eral Deprecia	tton	Syst	em	
	(a) Classification of property	(b) Month and year placed in service	(business/in	r depreciation ivestment use instructions)		Recovery period	(e) Convention	(n M	lethod	(g) Depreciation dedu	ction
19a	3 year property					·- <u>-</u>					
ь	5-year property										
C	7-year property										
	10-year property						<u> </u>				
•	15-year property									-	
1	20-year property						1				
9	25-year property				2	5 yrs			žL		
		,				.5 γrs	мм		š/L		
ħ	Residential rental property	,				'5 yrs	MM		\$/L		
		,	_				MM		š/L		
i	Nonresidential real property	,			┼╌Ÿ	9 угз	MM	_	<u>уг</u>		
	Section C - Assets Pl	ced in Secre	During 2001	I Tay Year I i	sing t	a Altern				rtem	
		acco in sei vice	During 200	Tax rear o	J9 u	TO AUGUS	T Depre				
<u>20a</u>	Class life				 		ļ		<u>Y</u>		
<u>-</u> ь	12-year				1	2 yrs	1.11.4		3/L		
C	40-year	/			4	0 угз	<u>MM</u>		\$/L	<u> </u>	
	V Summary (See instructions)							1			
	sted property. Enter amount from line 2								21		
	tal. Add amounts from line 12, lines 14	-		=					Ì		
	ter here and on the appropriate lines o	_	•		tions -	see instr			22	1,0	01.
	r assets shown above and placed in s	-	current year	r, enter the							
po	rtion of the basis attributable to section	n 263A costs				23				<u></u> _	

ID	m 4562 (2001) (Nev 5-2002)													rage 2	
۰	art V Listed Property (Include aur recreation, or amusement) Note: For any vehicle for whether through (c) of Section A, all of	nch you are u	sing the	standar	d mileag	ge rate o						_			
Se	ction A - Depreciation and Other Info						for pa	ssenger a	utomob	les.)					
_	Do you have evidence to support the bus					es L	$\overline{}$	24b if "Y			ance wat	ten2	Yes	No	
23	(a) (b) Date	(c)	1	(d)	\top	(e)		(f)		(g)	Γ	(h)		(i)	
	Type of property placed in (list vehicles first) service	Business/ investment use percentar		Cost or ther basis	سما	sia for depre siness/inve- use only	stment	Recovery period		thod/ rention		eciation uction	section	cted on 179 ost	
25	Special depreciation allowance for list		•	d after S	eptemb	er 10, 20	01,			1_					
	and used more than 50% in a qualifie							_		25	<u> </u>		<u>l</u>		
26	Property used more than 50% in a qu						Т		1						
	· · · · · · · · · · · · · · · · · · ·		6					-			+		 -		
_		´9	_		\neg						1		 		
27	Property used 50% or less in a qualifi						•	•	•		<u> </u>			_	
			6						S/L-	•			1		
		9	6						S/L						
		9	6						S/L·]		
28	Add amounts in column (h), lines 25 ti	hrough 27 E	nter her	e and or	l:ne 21,	page 1				28	J				
29	Add amounts in column (i), line 26 En	ter here and	on line	7, page 1	1							29	<u> </u>		
		S	ection i	B - Infor	mation	on Use	of Vehi	icles							
fу	mplete this section for vehicles used by ou provided vehicles to your employee se vehicles											ing this :	section fo	or	
_			(:	a) .	- (b)		(c)	- (<u>-</u>	Τ (e)	- 6		
30	Total business/investment miles driven dur	ring the	Vehicle			nicle		chicle	I	i (d) Vehicle		Vehicle		(f) Vehicle	
	year (do not include commuting miles)	•													
31	Total commuting miles driven during t	he year									I	_			
32	Total other personal (noncommuting)	miles													
	driven							_							
33	Total miles driven during the year														
	Add lines 30 through 32							·1			<u> </u>		ļ	_	
34	Was the vehicle available for personal	luse	Yes	No	Yes	_No	Yes	No	Yes	No	Yes	No	Yes	<u>No</u>	
	dunng off-duty hours?	}						+			 	 			
35	Was the vehicle used primarily by a m	iore i										i	i		
	than 5% owner or related person?	_,						+			}		-		
36	Is another vehicle available for person use?	au							:						
	Section C -	Ouastions fo	v Emal	overe W	ho Pro	 ada Vab	ioloe f	or Health	· Thou s	molow	l	<u> </u>			
٠n:	swer these questions to determine if yo		_	_				_		-		re not m	ore than	5%	
	ners or related persons									_			T.:	т	
								.d	amitina.	DA AUT	r		Yes	No	
	Do you maintain a written policy state	ment that pro	shibits a	ll person	al use c	f vehicle	s, inclu	Jaing con		J, , J					
37	Do you maintain a written policy states employees?	•		·				-							
37	Do you maintain a written policy states employees? Do you maintain a written policy states	ment that pro	hibits p	ersonal	use of v	ehicles, i	except	commuti	ng, by y						
37	Do you maintain a written policy states employees? Do you maintain a written policy states employees? See instructions for vehic	ment that pro	ohibits p	ersonal te officer	use of v	ehicles, i	except	commuti	ng, by y						
37 39 39	Do you maintain a written policy states employees? Do you maintain a written policy states employees? See instructions for vehic Do you treat all use of vehicles by emp	ment that pro les used by o ployees as pe	ohibits p corporat ersonal u	ersonal te officer use?	use of v s, direct	ehicles, a tors, or 1	except % or m	commute	ng, by y ers						
37 39 39	Do you maintain a written policy states employees? Do you maintain a written policy states employees? See instructions for vehic Do you treat all use of vehicles by employou provide more than five vehicles	ment that pro les used by o ployees as pe s to your emp	ohibits p corporat ersonal u oloyees,	ersonal te officer use? obtain ii	use of v s, direct	ehicles, a tors, or 1	except % or m	commute	ng, by y ers						
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