

Form 990

Return of Organization Exempt From Income Tax
Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation), section 527, or section 4947(a)(1) nonexempt charitable trust

OMB No 1545-0047

2000

Open to Public Inspection

A For the 2000 calendar year, or tax year period beginning, and ending

- B Check if applicable: Change of address, Change of name, Initial return, Final return, Amended return

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: U.S.
Number and street (or P.O. box if mail is not delivered to street address): 445 E. MITCHELL
Room/suite:
City or town, state or country, and ZIP code: PETOSKEY MI 49770

D Employer ID number: 38-2418377
E Telephone number: 231-347-1171
F Check if application pending

G Org. type (check only one) 501(c)(3) (insert no.) 527 or 4947(a)(1)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990EZ).

J Accounting method: Cash, Accrual, Other (specify)

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.

Note: H and I are not applicable to section 527 orgs.
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates
H(c) Are all affiliates included? Yes No
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Enter 4-digit group exemption no. (GEN)
L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16.)

SCANNED AUG 17 '01

679

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Table with 21 rows and 4 columns: Description, (A) Securities, (B) Other, and Total. Includes revenue items like contributions, program service revenue, and expenses like fundraising and management costs.

149-14

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B) (C) and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See Specific Instructions on page 20)

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) <u>STMT 4</u> (cash \$ <u>250,925</u> non-cash \$ _____)	22 250,925	250,925		
23	Specific assistance to individuals	23			
24	Benefits paid to or for members	24			
25	Compensation of officers, directors, etc.	25 110,643	80,000	30,643	
26	Other salaries and wages	26 347,049	304,380	42,583	86
27	Pension plan contributions	27 24,021	20,957	3,064	
28	Other employee benefits	28 24,228	17,882	6,346	
29	Payroll taxes	29 35,616	30,058	5,485	73
30	Professional fundraising fees	30			
31	Accounting fees	31 16,615		16,615	
32	Legal fees	32 34,448	34,448		
33	Supplies	33 23,374	21,325	2,015	34
34	Telephone	34 16,691	13,824	2,867	
35	Postage and shipping	35 32,394	31,703	644	47
36	Occupancy	36 62,239	60,698	1,541	
37	Equipment rental and maintenance	37 1,561	1,531	30	
38	Printing and publications	38 194,867	164,151	51	30,665
39	Travel	39 73,427	73,427		
40	Conferences, conventions, and meetings	40			
41	Interest	41 2,381	2,381		
42	Depreciation, depletion, etc. (att. sch)	42 26,065	10,656	15,409	
43	Other expenses (itemize): a	43a			
	b SEE STATEMENT 5	43b 1,032,859	999,337	11,527	21,995
	c	43c			
	d	43d			
	e	43e			
44	<b>Total functional expenses</b> (add lines 22 - 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 2,309,403	2,117,683	138,820	52,900

**Reporting of Joint Costs.** Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation?  Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \$ 144,940; (ii) the amount allocated to Program services \$ 114,275; (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ 30,665

**Part III Statement of Program Service Accomplishments (See Specific Instructions on page 23.)**

What is the organization's primary exempt purpose?	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
► <b>CHARITABLE &amp; EDUCATIONAL</b> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a SEE STATEMENT 6  (Grants and allocations \$ _____ )	1,077,291
b SEE STATEMENT 7  (Grants and allocations \$ _____ )	343,975
c SEE STATEMENT 8  (Grants and allocations \$ _____ )	577,061
d SEE STATEMENT 9  (Grants and allocations \$ _____ )	109,925
e Other program services (attach schedule) SEE STMT 10 (Grants and allocations \$ _____ )	9,431
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)	<b>2,117,683</b>

**Part IV Balance Sheets** (See Specific Instructions on page 23.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.		(A)		(B)	
		Beginning of year		End of year	
A s s e t s	45	Cash-non-interest-bearing	182,062	45	354,351
	46	Savings and temporary cash investments	1,241,843	46	772,837
	47a	Accounts receivable	4,807		
	b	Less: allowance for doubtful accounts		47c	4,807
	48a	Pledges receivable			
	b	Less: allowance for doubtful accounts	25,000	48c	
	49	Grants receivable		49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a	Other notes and loans receivable (attach schedule)			
	b	Less: allowance for doubtful accounts		51c	
	52	Inventories for sale or use	22,991	52	34,067
	53	Prepaid expenses and deferred charges	61,223	53	84,731
	54	Investments-securities SEE STMT 11 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		54	202,344
	55a	Investments-land, buildings, and equipment basis			
	b	Less: accumulated depreciation (attach schedule)		55c	
56	Investments-other (attach schedule)		56		
57a	Land, buildings, and equipment: basis	132,242			
b	Less: accumulated depreciation (attach schedule) SEE STMT 12	71,714	57c	60,528	
58	Other assets (describe SEE STMT 13 )	27,306	58	100,000	
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)	1,623,613	59	1,613,665	
L i a b i l i t i e s	60	Accounts payable and accrued expenses	82,295	60	53,676
	61	Grants payable		61	
	62	Deferred revenue		62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a	Tax-exempt bond liabilities (attach schedule)		64a	
	b	Mortgages and other notes payable (attach schedule)		64b	
	65	Other liabilities (describe )		65	
66	<b>Total liabilities</b> (add lines 60 through 65)	82,295	66	53,676	
N F e u n d A s s e t s	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67	Unrestricted	159,749	67	196,935
	68	Temporarily restricted	1,381,569	68	1,363,054
	69	Permanently restricted		69	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74				
	70	Capital stock, trust principal, or current funds		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
	72	Retained earnings, endowment, accumulated income, or other funds		72	
	73	<b>Total net assets or fund balances</b> (add lines 67 through 69 OR lines 70 through 72; column (A) must equal line 19 and column (B) must equal line 21)	1,541,318	73	1,559,989
	74	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	1,623,613	74	1,613,665

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

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions, page 25.)	Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
<p><b>a</b> Total revenue, gains, and other support per audited financial statements ▶ <b>a</b> 2,307,802</p> <p><b>b</b> Amounts included on line a but not on line 12, Form 990</p> <p>(1) Net unrealized gains on investments \$ 3,047</p> <p>(2) Donated services and use of facilities \$</p> <p>(3) Recoveries of prior year grants \$</p> <p>(4) Other (specify) SEE STMT 14 \$ -9,449</p> <p>Add amounts on lines (1) through (4) ▶ <b>b</b> -6,402</p> <p><b>c</b> Line a minus line b. ▶ <b>c</b> 2,314,204</p> <p><b>d</b> Amounts included on line 12, Form 990 but not on line a:</p> <p>(1) Investment expenses not included on line 6b, Form 990 \$</p> <p>(2) Other (specify) SEE STMT 15 \$</p> <p>Add amounts on lines (1) and (2) ▶ <b>d</b></p> <p><b>e</b> Total revenue per line 12, Form 990 (line c plus line d) ▶ <b>e</b> 2,314,204</p>	<p><b>a</b> Total expenses and losses per audited financial statements ▶ <b>a</b> 2,289,131</p> <p><b>b</b> Amounts included on line a but not on line 17, Form 990</p> <p>(1) Donated services and use of facilities \$</p> <p>(2) Prior year adjustments reported on line 20 Form 990 \$</p> <p>(3) Losses reported on line 20 Form 990 \$</p> <p>(4) Other (specify) SEE STMT 16 \$ -9,449</p> <p>Add amounts on lines (1) through (4) ▶ <b>b</b> -9,449</p> <p><b>c</b> Line a minus line b ▶ <b>c</b> 2,298,580</p> <p><b>d</b> Amounts included on line 17, Form 990 but not on line a:</p> <p>(1) Investment expenses not included on line 6b, Form 990 \$</p> <p>(2) Other (specify) SEE STMT 17 \$ 10,823</p> <p>Add amounts on lines (1) and (2) ▶ <b>d</b> 10,823</p> <p><b>e</b> Total expenses per line 17, Form 990 (line c plus line d) ▶ <b>e</b> 2,309,403</p>

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated, see Specific Instructions on page 25.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contrib to employee benefit plans & deferred compensation	(E) Expense account and other allowances
JOHN H. TANTON PETOSKEY, MI 49770	CHAIRMAN F/T	80,000	10,749	0
MARY LOU TANTON PETOSKEY, MI 49770	VICE-CHAIR P/T	0	0	0
DAVID IRISH HARBOR SPRINGS, MI 49740	DIRECTOR P/T	0	0	0
JOHN ROHE PETOSKEY, MI 49770	DIRECTOR P/T	0	0	0
NIKI CALLOWAY HARBOR SPRINGS, MI 49740	SECRETARY F/T	30,643	5,054	0
JOHN FOUGHT PETOSKEY, MI 49770	DIRECTOR P/T	0	0	0

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ▶  Yes  No  
 If "Yes," attach schedule-see Specific Instructions on page 26

Part VI Other Information (See Specific Instructions on page 26.)

		N/A	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			X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.			X
78a	Did the organization have unrelated business gross inc. of \$1,000 or more during the year covered by this return?			X
b	If "Yes," has it filed a tax return on Form 990-T for this year?			X
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement			X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc. to any other exempt or nonexempt organization?			X
b	If "Yes," enter the name of the organization <input type="checkbox"/> and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt.			
81a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81			
b	Did the organization file Form 1120-POL for this year?			X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?			X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions for reporting in Part III)			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?		X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	N/A		
84a	Did the organization solicit any contributions or gifts that were not tax deductible?			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		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	N/A		
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			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)			
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	N/A		
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 allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A		
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12			
b	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			
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			X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> 0 ; section 4912 <input type="checkbox"/> 0 ; section 4955 <input type="checkbox"/> 0			
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction			X
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			0
90a	List the states with which a copy of this return is filed <input type="checkbox"/> MI Also, see schedule included			
b	Number of employees employed in the pay period that includes March 12, 2000 (See instructions)			
91	The books are in care of <input type="checkbox"/> FAITH PERUZZI Telephone no. <input type="checkbox"/> 231-347-1171 Located at <input type="checkbox"/> PETOSKEY, MICHIGAN ZIP code <input type="checkbox"/> 49770			
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 <input type="checkbox"/>			

**Part VII Analysis of Income-Producing Activities** (See Specific Instructions on page 30.)

	Unrelated business income		Excluded by sec. 512, 513 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a SUBSCRIPTIONS					4,342
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	52,170	
96 Dividends 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 income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					-512
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory			41	19,213	
103 Other revenue:					
a					
b RENTAL OF MAILING LIST			13	19,464	
c MISCELLANEOUS					17,124
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		90,847	20,954
105 Total (add line 104, columns (B), (D), and (E))					111,801

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See Specific Instructions on page 31.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A	LINE 93A: SUBSCRIPTION REVENUE RECEIVED FROM PUBLISHING A JOURNAL CONTAINING REPRINTED AND ORIGINAL ARTICLES AND SPEECHES ALL DEALING WITH POPULATION GROWTH, IMMIGRATION SEE STATEMENT 18

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See Specific Instructions on page 31.)

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

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See Specific Instructions on pg. 31.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

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

Please Sign

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. (Important: See General Instruction W, on page 14.)

1 Aug 9, 2001 Date  Preparer's SSN or PTIN 200000000

JOHN H TANTON, CHAIRMAN Type or print name and title

8/9/01 Date Check if self-  Preparer's SSN or PTIN 200000000

**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

**2000**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

Employer identification number

U.S.

38-2418377

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

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee ben plans & deferred compensation	(e) Expense account and other allowances
KENNETH MCALPIN 203 POPLAR DR, FALLS CHURCH, VA	PROENGLISH EXEC. DIR. FULL TIME	65,509	4,586	1,500

Total number of other employees paid over \$50,000 ▶ 0

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 1 of the instr. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
ROY BECK 1126 N. FREDERICK, ARLINGTON, VA 22205	CONSULTING	120,275
WHETSTONE LOGIC 600 CAMERON STREET, ALEXANDRIA, VA 22314-2652	CONSULTING	60,878

Total number of others receiving over \$50,000 for professional services ▶ 0

**Part III Statements About Activities**

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities <b>\$ 3,578</b> Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	X	
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary:		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of exp. if more than \$1,000)? <b>SEE PART V, FORM 990 SEE STMT 19</b>	X	
e	Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions.		X
3	Does the organization make grants for scholarships, fellowships, student loans, etc.?		X
4a	Do you have a section 403(b) annuity plan for your employees?	X	
b	Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See pg. 2 of the instr.) <b>SEE STMT 20</b>		

**Part IV Reason for Non-Private Foundation Status (See pages 2 through 5 of the instructions.)**

The organization is not a private foundation because it is. (Please check only ONE applicable box.)

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

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

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

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



**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or FY beginning in)	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants, & contnb. received. (Do not incl. unusual grants. See line 28.)	2,570,222	1,821,203	1,528,066	1,244,798	7,164,289
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a busn. unrelated to the organization's charitable etc., purpose	23,696	32,741	76,195	34,591	167,223
18 Gross inc. from int., dividends, amounts received from pymt on securities loans (section 512(a)(5)), rents, royalties, & unrelated busn. taxable inc. (less sec. 511 taxes) from businesses acquired by the organization after June 30, 1975	52,098	60,938	68,744	40,416	232,196
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's ben & either paid to it or expended on its behalf					
21 The value of services or fac., furnished to the org by a governmental unit without charge. Do not incl. the value of serv. or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of cap. assets. STMT 21	606	3,341	2,526	4,530	11,003
23 Total of lines 15 through 22	2,656,622	1,918,223	1,675,531	1,324,335	7,574,711
24 Line 23 minus line 17	2,632,926	1,885,482	1,599,336	1,289,744	7,407,488
25 Enter 1% of line 23	26,566	19,182	16,755	13,243	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 148,150
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts. SEE STMT 22					26b 4,450,692
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 7,407,488
d Add: Amounts from column (e) for lines: 18 232,196 19 22 11,003 26b 4,450,692					26d 4,693,891
e Public support (line 26c minus line 26d total)					26e 2,713,597
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 36.6332%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year: N/A					
(1999) (1998) (1997) (1996)					
b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A					
(1999) (1998) (1997) (1996)					
c Add: Amounts from column (e) for lines 15 16 17 20 21 and line 27a total and line 27b total					27c 27d
e Public support (line 27c total minus line 27d total)					27e
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See page 5 of the instr.)

**Part V Private School Questionnaire** (See page 5 of the instructions.)  
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		N/A	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?			
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions programs, and scholarships?			
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?			
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?			
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?			
d	Copies of all material used by the organization or on its behalf to solicit contributions?			
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?			
b	Admissions policies?			
c	Employment of faculty or administrative staff?			
d	Scholarships or other financial assistance?			
e	Educational policies?			
f	Use of facilities?			
g	Athletic programs?			
h	Other extracurricular activities?			
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?			
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation.			

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 7 of the instructions.)

(To be completed ONLY by an eligible organization that filed Form 5768)

- Check here **a**  if the organization belongs to an affiliated group.
- Check here **b**  if you checked "a" above and "limited control" provisions apply.

**Limits on Lobbying Expenditures**

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

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	444
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>	3,134
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	3,578
<b>39</b> Other exempt purpose expenditures	<b>39</b>	2,305,825
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	2,309,403
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table-		
<b>If the amount on line 40 is-</b>		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
<b>The lobbying nontaxable amount is-</b>		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000	<b>41</b>	265,470
\$225,000 plus 5% of the excess over \$1,500,000		
\$1,000,000		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	66,368
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	<b>43</b>	0
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	<b>44</b>	0

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

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.)

See the instructions for lines 45 through 50 on page 9 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
<b>45</b> Lobbying nontaxable amount	265,470	268,853	252,810	212,336	999,469
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					1,499,204
<b>47</b> Total lobbying expenditures	3,578	34,909	72,852	34,868	146,207
<b>48</b> Grassroots nontaxable amount	66,368	67,213	63,203	52,084	248,868
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					373,302
<b>50</b> Grassroots lobbying expenditures	444	31,999	60,340	34,868	127,651

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 9 of the instr.)

N/A

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

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

Yes	No	Amount

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 9 of the instructions.)

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

a Transfers from the reporting organization to a noncharitable exempt organization of:

(i) Cash

(ii) Other assets

b Other transactions:

(i) Sales or exchanges of assets with a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

Table with 3 columns: Question, Yes, No. Rows include 51a(i), 51a(ii), 51b(i-vi), 51c, and 51d.

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Row 1 contains 'N/A'.

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

Yes No (with checked box for No)

b If "Yes," complete the following schedule:

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Row 1 contains 'N/A'.

**Schedule B**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Supplementary Information for line 1d of Form 990 or  
line 1 of Form 990-EZ (see instructions)

OMB No 1545-0047

**2000**

Name of organization

Employer identification number

U. S.

38-2418377

Organization type (check one)- Section.  501(c)( 3 ) (enter number)  527 or  4947(a)(1) nonexempt charitable trust

**A Section 501(c)(7), (8), or (10) organizations-**

Check this box if the organization had no General charitable contributors who contributed more than \$1,000 during the year. (But see rule below )

Enter here the total gifts recieved during the year for a religious, charitable, etc., purpose  \$

**Note:** This form is generally not open to public inspection except for section 527 organizations.

Name of organization

Employer identification number

U.S.

38-2418377

**Part I Contributors**

(a) No.	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>	ANONYMOUS	\$ 1,130,000	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
<u>7</u>	ANONYMOUS	\$ 437,500	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
<u>8</u>		\$ 50,000	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
<u>9</u>		\$ 100,000	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
<u>10</u>		\$ 101,000	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
		\$	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)

**Statement 21 - Schedule A, Part IV-A, Line 22 - Other Income**

Description	1999	1998	1997	1996
MISCELLANEOUS INCOME	\$ 606	\$ 3,341	\$ 2,526	\$ 4,530
TOTAL	\$ 606	\$ 3,341	\$ 2,526	\$ 4,530

**Statement 22 - Schedule A, Part IV-A, Line 26b - Excess Gifts**

Donor Name	Total	Excess
ANONYMOUS	\$ 4,335,142	\$ 4,186,992
	340,000	191,850
	220,000	71,850
TOTAL	\$ 4,895,142	\$ 4,450,692

**Indirect Depreciation**

**Statement 23 - Form 4562, Part VI, Line 40 - Amortization Beginning in 2000**

Description	Amort Beg Date	Amortizable Amount	Code Sec	Period/Percent	Current Yr Amortization
ADOBE ACROBAT 4.0	5/05/00	\$ 240	0	3.0	\$ 53
MICROSOFT OFFICE/WINDOWS UPGRADES	5/05/00	1,697	0	3.0	377
TOTAL		\$ 1,937			\$ 430

Direct Public Support

<u>Contributor</u>	<u>Cash Contribution</u>	<u>Noncash Contribution</u>
OTHER CONTRIBUTIONS UNDER 2% OF LINE 1D'S TOTAL	\$ 383,903	\$
TOTAL	\$ 383,903	\$ 0



**Federal Statements**

**Statement 1 - Form 990, Part I, Line 8c - Sale of Assets Other than Inventory-Securities**

Desc	Date		Sale Price	How Rec'd	Whom Sold		Gain/-Loss
	Acquired	Sold		Cost & Expense	Deprec		
FEDERATED ULTRASHRT BOND FUND INST				PURCHASE			
	VARIOUS	8/16/00	\$ 104,828	\$ 105,340	\$		\$ -512
TOTAL			\$ 104,828	\$ 105,340	\$ 0		\$ -512

**Form 990, Part I, Line 8c - Sale of Assets Other than Inventory-Other**

Desc	Date		Sale Price	How Rec'd	Whom Sold		Gain/-Loss
	Acquired	Sold		Cost & Expense	Deprec		
AUDIO COPIER				PURCHASE			
	1/28/91	12/31/00	\$	\$ 345	\$ 345	\$	
POSTAGE SCALE				PURCHASE			
	2/14/94	12/31/00		140	140		
COMPUTER				PURCHASE			
	1/04/92	12/31/00		1,943	1,943		
SOUND EQUIPMENT				PURCHASE			
	11/06/90	6/30/00		890	890		
TOTAL			\$ 0	\$ 3,318	\$ 3,318	\$	0

**Statement 2 - Form 990, Line 10c - Sales of Inventory**

Description	Gross Sales	COGS	Gross Profit
IMMIGRATION BOOKS & TV TAPE	\$ 20,191	\$ 978	\$ 19,213
TOTAL	\$ 20,191	\$ 978	\$ 19,213

**Statement 3 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances**

Description	Amount
UNREALIZED GAINS ON INVESTMENTS	\$ 3,047
EXPENSES IN FORM 990 NOT IN F/S REGARDING AMOUNTS RECEIVED BY U.S. UNDER FAS 136 WHICH ARE TO BE GRANTED ONLY AT THE DIRECTION OF DONORS	10,823
TOTAL	\$ 13,870

**Statement 4 - Form 990, Part II, Line 22 - Grants and Allocations**

Description	Cash Contribution	Noncash Contribution
HARVARD UNIVERSITY PO BOX 1550 VINEYARD HAVEN, MA 02568	\$ 5,000	\$
UNIVERSITY OF MARYLAND 1000 HILLTOP CIRCLE BALTIMORE, MD 21250	6,000	
FIRST PRESBYTERIAN CHURCH PETOSKEY, MICHIGAN 49770	1,800	
PETOSKEY-HARBOR SPRINGS AREA COMMUNITY FOUNDATION PETOSKEY, MICHIGAN 49770	13,000	
PROJECTUSA.COM 38-11 DITMARS BLVD. #544 ASTORIA, NY 11105	15,000	
SCENIC MICHIGAN 445 E. MITCHELL STREET PETOSKEY, MI 49770	5,000	
REHABILITATION OF ARID ENVIRONMENTS P.O. BOX 31 GUERNSEY, GY13AT ENGLAND	6,000	
EDUCATIONAL COMMUNICATIONS 1783 S. WOOSTER STREET LOS ANGELES, CA 90035	80,000	
PETOSKEY PUBLIC SCHOOLS 1130 HOWARD STREET PETOSKEY, MI 49770	3,475	
VIRGINIA TECH EDUCATIONAL FOUNDATION BLACKSBURG, VA 24061	5,000	
NATIONAL VIDEO COMMUNICATIONS 701 "B" STREET SAN DIEGO, CA 92101	33,750	
TREFERIG COTTAGE FARM PONTYCLUN, MID GLAM SOUTH WALES, CF7 8LQ UNITED KINGDOM	2,000	
ENGLISH FOR THE CHILDREN 504 HILLCREST DRIVE RYEKA, CA 96097	5,000	
NATIONAL VIDEO COMMUNICATIONS P.O. BOX 606 WALLOON LAKE, MI 49796	18,000	
AMERICANS FOR BETTER IMMIGRATION 1126 N. FREDERICK STREET ARLINGTON, VA 22205	50,000	
OTHERS < \$1,000	1,900	
<b>TOTAL</b>	<u>\$ 250,925</u>	<u>\$ 0</u>

**Statement 5 - Form 990, Part II, Line 43 - Other Functional Expenses**

Description	Total Expenses	Program Service	Mgt & General	Fund-Raising
	\$	\$	\$	\$
INDIRECT EXPENSE				
PROFESSIONAL FEES	368,326	368,326		
COMPUTER FEES	38,402	38,402		
CONSULTING FEES	584,644	562,649		21,995
TAXES & LICENSES	2,765	2,765		
DUES & SUBSCRIPTIONS	3,144	3,144		
MEDIA ADS	424	424		
INSURANCE	779		779	
ADVERTISING	9,269	9,269		
REPAIRS & MAINTENANCE	4,120		4,120	
BANK CHARGES	1,609	1,609		
MISCELLANEOUS	19,377	12,749	6,628	
<b>TOTAL</b>	<b>\$ 1,032,859</b>	<b>\$ 999,337</b>	<b>\$ 11,527</b>	<b>\$ 21,995</b>

**Statement 6 - Form 990, Part III, Line a - Statement of Program Service Accomplishments**

NUMBERS USA: USES THE INTERNET TO 1) INFORM THE PUBLIC OF THE FACTS REGARDING IMMIGRATION TO THE UNITED STATES (FIVE TIMES THE TRADITIONAL AVERAGE) AND 2) ALLOW THE PUBLIC TO FAX THEIR CONGRESSIONAL DELEGATIONS TO DECREASE THE NUMBERS. WE ARE PRO-IMMIGRANT, PRO-IMMIGRATION, AND FAVOR THE REFORMS PROPOSED BY THE BARBARA JORDAN COMMISSION.

**Statement 7 - Form 990, Part III, Line b - Statement of Program Service Accomplishments**

PRO ENGLISH: A NATIONAL ORGANIZATION WORKING TO PRESERVE OUR NATION'S LINGUISTIC UNITY IN THE ENGLISH LANGUAGE AND TO MAKING IT THE OFFICIAL LANGUAGE OF US GOVT. OPERATIONS. SUPPORTED BY THE CONTRIBUTIONS OF SOME 50,000 MEMBERS AND SUPPORTERS NATIONWIDE, PRO ENGLISH SEEKS TO ACHIEVE ITS GOALS PRIMARILY THROUGH PUBLIC EDUCATION, RESEARCH, PUBLICATIONS, AND LITIGATION.

**Statement 8 - Form 990, Part III, Line c - Statement of Program Service Accomplishments**

CENTRAL OFFICE: A FOUNDATION WITH BROAD CHARITABLE AND EDUCATIONAL PURPOSES, WITH PROJECTS RELATED TO CONSERVING NATURAL RESOURCES, STUDYING IMMIGRATION, PROMOTING NATIONAL UNITY, AND ENCOURAGING FOREIGN LANGUAGE STUDY.

**Statement 9 - Form 990, Part III, Line d - Statement of Program Service Accomplishments**

SOCIAL CONTRACT: PUBLICATION OF "THE SOCIAL CONTRACT," A JOURNAL OF REPRINTED AND ORIGINAL ARTICLES, SPEECHS AND OTHER INFORMATION ALL DEALING WITH POPULATION GROWTH, IMMIGRATION AND LANGUAGE. JOURNAL CIRCULATION ABOUT 1,400.

**Statement 10 - Form 990, Part III, Line e - Other Program Services**

PROGRAM NAME	GRANTS/ALLOC.	PROGRAM SVC EXP
ALCOHOL AND DRUG AWARENESS	-	9,431
TOTALS		\$ 9,431

**Statement 11 - Form 990, Part IV, Line 54 - Investments in Securities**

Description	Beginning of Year	End of Year	Basis of Valuation
US AND STATE GOVERNMENT US TREASURY NOTES (2)		202,344	MARKET
		202,344	

**Statement 12 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment**

Description	Beginning of Year	Accum Deprec	End of Year	Accum Deprec
FURNITURE & EQUIP	\$ 110,555	\$ 48,967	\$ 132,242	\$ 71,714
TOTAL	\$ 110,555	\$ 48,967	\$ 132,242	\$ 71,714

**Statement 13 - Form 990, Part IV, Line 58 - Other Assets**

Description	Beginning of Year	End of Year
EMERGENCY FUND	\$ 25,000	\$ 100,000
ACCRUED INTEREST RECEIVABLE	2,306	
TOTAL	\$ 27,306	\$ 100,000

**Statement 14 - Form 990, Part IV-A - Other Revenue Included in Financial Statements**

Description	Amount
COST OF BOOKS SOLD	\$ -9,449
TOTAL	\$ -9,449

**Statement 15 - Form 990, Part IV-A - Other Revenue Included on Return**

Description	Amount
DONOR DIRECTED FUND CONTRIBUTION ADDED TO SUPPORT IN ACCORDANCE WITH IRS RULING DATED 3/14/88, E:EO:R:3-RJC	\$
TOTAL	\$ 0

**Statement 16 - Form 990, Part IV-B - Other Expenses Included in Financial Statements**

Description	Amount
COST OF BOOKS SOLD	\$ -9,449
TOTAL	\$ -9,449

**Statement 17 - Form 990, Part IV-B - Other Expenses Included on Return**

Description	Amount
EXPENSES FROM DONOR DIRECTED FUND (FAS 136)	\$ 10,823
TOTAL	\$ 10,823

**Statement 18 - Form 990, Part VIII - Relationship of Activities**

Line No.	Description
103	AND LANGUAGE RELATED TO ORGANIZATION'S EXEMPT PURPOSE. LINE 103B: RENTAL OF EXEMPT ORGANIZATION'S MAILING LIST. LINE 103C: MISCELLANEOUS REVENUE RELATED TO THE ORGANIZATION'S EXEMPT PURPOSE.

**Statement 19 - Schedule A, Part III, Question 2d - Payment of Compensation**

SEE INFORMATION INCLUDED IN PART V

**Statement 20 - Schedule A, Part III, Question 4b - Explanation of Grants/Loans Qualifications**

ORGANIZATIONS RECEIVING GRANTS FROM U.S. ARE, IN THE CASE OF LOCAL ENTITIES, WELL KNOWN TO U.S. TO BE RELIGIOUS, CHARITABLE OR EDUCATIONAL ORGANIZATIONS. IN THE CASE OF OTHER ENTITIES, MANAGEMENT OF U.S. REVIEWS THEIR GOALS AND OBJECTIVES BEFORE MAKING A GRANT AND CONDUCTS PERIODIC FOLLOW UP THROUGH PERSONAL CONTACT AND/OR CORRESPONDENCE WITH THE ORGANIZATIONS.

**Form 990, Part VI, Question 90a – List of States with which a copy of 990 is filed.**

ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, FLORIDA, GEORGIA,  
ILLINOIS, KANSAS, KENTUCKY, LOUISIANA, MAINE, MARYLAND,  
MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, NEW  
HAMPSHIRE, NEW JERSEY, NEW MEXICO, NEW YORK, NORTH CAROLINA,  
NORTH DAKOTA, OHIO, OKLAHOMA, OREGON, PENNSYLVANIA, RHODE ISLAND,  
SOUTH CAROLINA, TENNESSEE, UTAH, VIRGINIA, WASHINGTON, WEST  
VIRGINIA, WISCONSIN.

# Depreciation and Amortization

Form **4562**

Department of the Treasury  
Internal Revenue Service (99)

(Including Information on Listed Property)

▶ See separate instructions.      ▶ Attach this form to your return.

OMB No. 1545-0172

**2000**

Attachment  
Sequence No. **67**

Name(s) shown on return **U. S.**

Identifying number  
**38-2418377**

Business or activity to which this form relates

**INDIRECT DEPRECIATION**

**Part I Election To Expense Certain Tangible Property (Section 179)**

**Note:** If you have any "listed property," complete Part V before you complete Part I.

1 Maximum dollar limitation. If an enterprise zone business, see page 2 of the instructions.	1	\$20,000
2 Total cost of section 179 property placed in service. See page 2 of the instructions.	2	
3 Threshold cost of section 179 property before reduction in limitation.	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see page 2 of the instructions.	5	

(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6		
7 Listed property. Enter amount from line 27.	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7.		8
9 Tentative deduction. Enter the smaller of line 5 or line 8.		9
10 Carryover of disallowed deduction from 1999. See page 3 of the instructions.		10
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions).		11
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11.		12
13 Carryover of disallowed deduction to 2001. Add lines 9 and 10, less line 12. ▶	13	

**Note:** Do not use Part II or Part III below for listed property (automobiles, certain other vehicles, cellular telephones, certain computers, or property used for entertainment, recreation, or amusement). Instead, use Part V for listed property.

**Part II MACRS Depreciation for Assets Placed in Service Only During Your 2000 Tax Year (Do not include listed property)**

**Section A-General Asset Account Election**

14 If you are making the election under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check this box. See page 3 of the instructions.

**Section B-General Depreciation System (GDS) (See page 3 of the instructions.)**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
15a 3-year property						
b 5-year property		16,582	5.0	HY	200DB	3,316
c 7-year property		6,483	7.0	HY	200DB	926
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs	MM	S/L	
			39 yrs	MM	S/L	

**Section C-Alternative Depreciation System (ADS) (See page 5 of the instructions.)**

16a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

**Part III Other Depreciation (Do not include listed property.) (See page 5 of the instructions.)**

17 GDS and ADS deductions for assets placed in service in tax years beginning before 2000	17	19,786
18 Property subject to section 168(f)(1) election	18	
19 ACRS and other depreciation	19	969

**Part IV Summary (See page 6 of the instructions.)**

20 Listed property. Enter amount from line 26.	20	
21 Total. Add deductions from line 12, lines 15 and 16 in column (g), and lines 17 through 20. Enter here and on the appropriate lines of your return. Partnerships and S corporations-see instructions.	21	24,997
22 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.	22	

For Paperwork Reduction Act Notice, see page 9 of the instructions.

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

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 23a, 23b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A-Depreciation and Other Information** (Caution: See page 7 of the instructions for limits for passenger automobiles.)

23a Do you have evidence to support the busn /invest use claimed?				Yes	No	23b If "Yes" is the evidence written?			Yes	No
(a) Type of prop (list vehicles first)	(b) Date placed in service	(c) Busn /invest use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)		(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost	
24 Property used more than 50% in a qualified business use (See page 6 of the instructions):										
		%								
25 Property used 50% or less in a qualified business use (See page 6 of the instructions):										
		%					S/L-			
		%					S/L-			
26 Add amounts in column (h). Enter the total here and on line 20, page 1								26		
27 Add amounts in column (i). Enter the total here and on line 7, page 1									27	

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

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

28 Total business/investment miles driven during the year (do not include commuting miles- see page 1 of the instructions)	(a)	(b)	(c)	(d)	(e)	(f)
	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle 5	Vehicle 6
29 Total commuting miles driven during the year						
30 Total other personal (noncommuting) miles driven						
31 Total miles driven during the year. Add lines 28 through 30						
32 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
33 Was the vehicle used primarily by a more than 5% owner or related person?	Yes	No	Yes	No	Yes	No
34 Is another vehicle available for personal use?	Yes	No	Yes	No	Yes	No

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

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons. See page 8 of the instructions.

35 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
36 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See page 8 of the instructions for vehicles used by corporate officers, directors, or 1% or more owners.		
37 Do you treat all use of vehicles by employees as personal use?		
38 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
39 Do you meet the requirements concerning qualified automobile demonstration use? See page 8 of the instructions.		

**Note:** If your answer to 35, 36, 37, 38, or 39 is "Yes," do not complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
40 Amortization of costs that begins during your 2000 tax year (See page 8 of the instructions.)					
SEE STATEMENT 23		1,937			430
41 Amortization of costs that began before 2000				41	632
42 Total. Add amounts in column (f). See page 9 of the instructions for where to report				42	1,062



Form **8868**

# Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

(December 2000)  
Department of the Treasury  
Internal Revenue Service

▶ File a separate application for each return

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

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

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

**Note:** Form 990-T corporations requesting an automatic 6-month extension-check this box and complete Part I only  
All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066 or 1041

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization <u>U.S.</u>	Employer identification number <u>38-2418377</u>
	Number, street, and room or suite no. If a P.O. box, see instructions. <u>445 E. MITCHELL</u>	
	City, town, or post office, state, and ZIP code. For a foreign address, see instructions. <u>PETOSKEY MI 49770</u>	

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

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

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

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until 8/15/01 to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year 2000 or  
▶  tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_

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

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

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ \_\_\_\_\_

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ \_\_\_\_\_

### Signature and Verification

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

Signature [Handwritten Signature] Title CPA

Date 3/27/01

For Paperwork Reduction Act Notice, see Instruction

Form **8868** (12-2000)