

Return of Organization Exempt From Income Tax

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

2000

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2000 calendar year, or tax year period beginning 06-01, 2000, and ending 05-31, 2001

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

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

C Name of organization, number and street, city, town, state, and ZIP code: UNITED SAFETY ALLIANCE INC, 9010 CORBIN AVE #10, NORTHRIDGE CA 91324

D Employer identification number 95-4487026; E Telephone number (818) 893-5534; F Check if application pending

G Organization type: 501(c)(3)

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

J Accounting method: Cash

K Check here if the organization's gross receipts are normally not more than \$25,000.

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

SCANNED JUL 19 2001

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

Table with columns for Revenue, Expenses, and Assets. Rows include: 1 Contributions, 2-5 Program service revenue, 6a-6c Rental income, 7 Other investment income, 8a-8d Sales of assets, 9 Special events, 10a-10c Inventory, 11 Other revenue, 12 Total revenue (162,535), 13-17 Total expenses (139,050), 18-21 Net assets (47,481).

For Paperwork Reduction Act Notice, see the separate instructions.

Handwritten notes: m pg 10 + 11 20

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.)

| Do not include amounts reported on line 8b, 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 | | | |
| 23 | Specific assistance to individuals (attach schedule) | 23 | | | |
| 24 | Benefits paid to or for members (attach schedule) | 24 | | | |
| 25 | Compensation of officers, directors, etc. | 25 | 20,000 | 5,000 | 15,000 |
| 26 | Other salaries and wages | 26 | | | |
| 27 | Pension plan contributions | 27 | | | |
| 28 | Other employee benefits | 28 | | | |
| 29 | Payroll taxes | 29 | 1,677 | 419 | 1,258 |
| 30 | Professional fundraising fees | 30 | | | |
| 31 | Accounting fees | 31 | 655 | | 655 |
| 32 | Legal fees | 32 | | | |
| 33 | Supplies | 33 | 6,563 | 4,922 | 1,641 |
| 34 | Telephone | 34 | 3,024 | 1,512 | 1,512 |
| 35 | Postage and shipping | 35 | | | |
| 36 | Occupancy | 36 | | | |
| 37 | Equipment rental and maintenance | 37 | 238 | | 238 |
| 38 | Printing and publications | 38 | | | |
| 39 | Travel | 39 | | | |
| 40 | Conferences, conventions, and meetings | 40 | | | |
| 41 | Interest | 41 | 2,466 | 2,466 | |
| 42 | Depreciation, depletion, etc. (attach schedule) | 42 | | | |
| 43 | Other expenses (itemize) <u>Artist</u> | 43a | 115 | 115 | |
| | <u>Insurance</u> | 43b | 7,317 | 7,317 | |
| | <u>Outside services</u> | 43c | 67,468 | 67,468 | |
| | <u>Show expense</u> | 43d | 25,882 | 25,882 | |
| | <u>Misc</u> | 43e | 3,645 | 3,645 | |
| 44 | Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15 | 44 | 139,050 | 118,746 | 20,304 |

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) aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See Specific Instructions.)

| What is the organization's primary exempt purpose? ▶ | Program Service Expenses (Required for 501(c)(3) & (4) orgs., & 4947(a)(1) trusts; but optional for others.) |
|---|--|
| a <u>Org did 15 safety shows throughout the contry for schools and civic groups. Safety inspect and classes to truckers and safety award.</u> (Grants and allocations \$ 160,418.) | 118,746. |
| b <u>Through the year, more than 100,000 people visited the various exhibits and workshops.</u> (Grants and allocations \$) | |
| c _____ (Grants and allocations \$) | |
| d _____ (Grants and allocations \$) | |
| e Other program services (attach schedule) (Grants and allocations \$) | |
| f Total of Program Service Expenses (should equal line 44, column (B), Program services) | 118,746. |

Part IV Balance Sheets (See Specific Instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

| | | (A) Beginning of year | | (B) End of year |
|---|--|--|------------|--------------------|
| A S S E T S | 45 Cash -- non-interest-bearing | | 45 | |
| | 46 Savings and temporary cash investments | 29,106. | 46 | 50,907. |
| | 47a Accounts receivable | 47a | | |
| | b Less: allowance for doubtful accounts | 47b | | 47c |
| | 48a Pledges receivable | 48a | | |
| | b Less: allowance for doubtful accounts | 48b | | 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) | 51a | | |
| | b Less: allowance for doubtful accounts | 51b | | 51c |
| | 52 Inventories for sale or use | | 52 | |
| | 53 Prepaid expenses and deferred charges | | 53 | |
| | 54 Investments -- securities (attach schedule) | <input type="checkbox"/> Cost <input type="checkbox"/> FMV | 54 | |
| | 55a Investments -- land, buildings, and equipment: basis | 55a | | |
| | b Less: accumulated depreciation (attach schedule) | 55b | | 55c |
| 56 Investments -- other (attach schedule) | | 56 | | |
| 57a Land, buildings, and equipment: basis | 57a | | | |
| b Less: accumulated depreciation (attach schedule) | 57b | | 57c | |
| 58 Other assets (describe | | 58 | | |
| 59 Total assets (add lines 45 through 58) (must equal line 74) | 29,106. | 59 | 50,907. | |
| L I A B I L I T I E S | 60 Accounts payable and accrued expenses | 5,110. | 60 | 3,426. |
| | 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 Total liabilities (add lines 60 through 65) | 5,110. | 66 | 3,426. | |
| N E T A S S E T B A L A N C E S | Organizations that follow SFAS 117, check here ... <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74. | | | |
| | 67 Unrestricted | 23,996. | 67 | 47,481. |
| | 68 Temporarily restricted | | 68 | |
| | 69 Permanently restricted | | 69 | |
| | Organizations that do not follow SFAS 117, check here ... <input type="checkbox"/> and complete lines 70 through 74. | | | |
| | 70 Capital stock, trust principal, or current funds | | 70 | |
| | 71 Paid-in or capital surplus, or land, building, and equipment fund | | 71 | |
| | 72 Retained earnings, endowment, accumulated income, or other funds | | 72 | |
| 73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72; column (A) must equal line 19 and column (B) must equal line 21) | 23,996. | 73 | 47,481. | |
| 74 Total liabilities and net assets / fund balances (add lines 66 and 73) | 29,106. | 74 | 50,907. | |

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.)

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

| | |
|---|--------------|
| a Total revenue, gains, and other support per audited financial statements ▶ | a N/A |
| b Amounts included on line a but not on line 12, Form 990: | |
| (1) Net unrealized gains on investments . . \$ | |
| (2) Donated services & use of facilities . \$ | |
| (3) Recoveries of prior year grants \$ | |
| (4) Other (specify): | |
| _____ \$ | |
| Add amounts on lines (1) through (4) . . ▶ | b |
| c Line a minus line b ▶ | c |
| d Amounts included on line 12, Form 990 but not on line a: | |
| (1) Investment expenses not included on line 6b, Form 990 \$ | |
| (2) Other (specify): | |
| _____ \$ | |
| Add amounts on lines (1) and (2) ▶ | d |
| e Total revenue per line 12, Form 990 (line c plus line d) ▶ | e |

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

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

| (A) Name and address | (B) Title and average hours per week devoted to position | (C) Compensation (If not paid, enter -0-.) | (D) Contributions to employee benefit plans & deferred comp. | (E) Expense account and other allowances |
|--|--|--|--|--|
| R J TAYLOR PO BOX 2401 VAN NUYS | PRES 40 HOURS | 20,000. | 0. | 0. |
| DONALD RECTOR PO BOX 2401 VAN NUYS | SECT 1 HOURS | 0. | 0. | 0. |
| WILLIAM BIGELSON PO BOX 2401 VAN NUYS | TREASURER 1 HOURS | 0. | 0. | 0. |
| SAM EICHENBERGER PO BOX 2401 VAN NUYS | DIRECTOR 1 HOURS | 0. | 0. | 0. |
| BOBBI FARRELL PO BOX 2401 VAN NUYS | DIRECTOR 1 HOURS | 0. | 0. | 0. |
| KENNETH B HEARST PO BOX 2401 VAN NUYS | DIRECTOR 1 HOURS | 0. | 0. | 0. |
| DAVID KOLMAN PO BOX 2401 VAN NUYS | DIRECTOR 1 HOURS | 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.

Part VI Other Information (See Specific Instructions.)

| | N/A | Yes | No |
|---|------------|-----|----|
| 76 Did the organization engage in any activity not previously reported to IRS? If "Yes," attach detailed description of each activity | 76 | | X |
| 77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes. | 77 | | X |
| 78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? ... | 78a | | X |
| b If "Yes," has it filed a tax return on Form 990-T for this year? ... | 78b | | |
| 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement ... | 79 | | X |
| 80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? ... | 80a | | X |
| b If "Yes," enter the name of the organization ▶ _____ 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 | 81a | | |
| b Did the organization file Form 1120-POL for this year? | 81b | | X |
| 82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? | 82a | | X |
| b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions for reporting in Part III.) | 82b | | |
| 83a Did the organization comply with the public inspection requirements for returns and exemption applications? | 83a | X | |
| b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? | 83b | X | |
| 84a Did the organization solicit any contributions or gifts that were not tax deductible? | 84a | | X |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 84b | | |
| 85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? | 85a | | X |
| b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year. | 85b | | X |
| c Dues, assessments, and similar amounts from members | 85c | | |
| d Section 162(e) lobbying and political expenditures | 85d | | |
| e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices | 85e | | |
| f Taxable amount of lobbying and political expenditures (line 85d less 85e) | 85f | | |
| g Does the organization elect to pay the section 6033(e) tax on the amount in 85f? | 85g | | X |
| 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? | 85h | | X |
| 86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 | 86a | | |
| b Gross receipts, included on line 12, for public use of club facilities | 86b | | |
| 87 501(c)(12) orgs. Enter: a Gross income from members or shareholders | 87a | | |
| b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) | 87b | | |
| 88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX. | 88 | | X |
| 89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ _____; section 4912 ▶ _____; section 4955 ▶ _____ | | | |
| b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction. | 89b | | X |
| c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶ _____ | | | |
| d Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ _____ | | | |
| 90a List the states with which a copy of this return is filed ▶ _____ | | | |
| b Number of employees employed in the pay period that includes March 12, 2000 (See Inst.) | 90b | | 1 |
| 91 The books are in care of ▶ R J TAYLOR Telephone no. ▶ (818) 892-9501 Located at ▶ PO BOX 2401 VAN NUYS CA ZIP code ▶ 91404 | | | |
| 92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 -- Check here. ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ 92 | | | |

Part VII Analysis of Income-Producing Activities (See Specific Instructions.)

| | Unrelated business income | | Excluded by section 512, 513, or 514 | | (E) Related or exempt function income |
|--|---------------------------|---------------|--------------------------------------|---------------|---|
| | (A) Business code | (B) Amount | (C) Exclusion code | (D) Amount | |
| 93 Program service revenue: | | | | | |
| a _____ | | | | | |
| b _____ | | | | | |
| c _____ | | | | | |
| d _____ | | | | | |
| e _____ | | | | | |
| f Medicare/Medicaid payments | | | | | |
| g Fees & contracts from govt. agencies | | | | | |
| 94 Membership dues & assessments | | | | | |
| 95 Interest on savings and temporary cash investments | | 0. | | 0. | 2,117. |
| 96 Dividends & 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 | | | | | |
| 101 Net income or (loss) from special events | | | | | |
| 102 Gross profit/(loss) from sales of inventory | | | | | |
| 103 Other revenue: a _____ | | | | | |
| b _____ | | | | | |
| c _____ | | | | | |
| d _____ | | | | | |
| e _____ | | | | | |
| 104 Subtotal (add columns (B), (D), and (E)) | | 0. | | 0. | 2,117. |
| 105 Total (add line 104, columns (B), (D), and (E)) | | | | | 2,117. |

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.)

| 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). |
|----------|---|
| 01 | These funds were used for safety training and other programs as |
| 02 | required for truck safety and inspection programs. |

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions.)

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

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

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
 - (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No
- Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

I, including accompanying schedules and statements, and to the best of my knowledge and
 or than officer) is based on all information of which preparer has any knowledge. (Important:
 16-21-01
 Date R J TAYLOR
 Type or print name and title. PRESIDENT

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

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

OMB No. 1545-0047

2000

Department of the Treasury
Internal Revenue Service

Supplementary Information — (See separate instructions.)

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

Name of the organization

UNITED SAFETY ALLIANCE INC

Employer identification number

95-4487026

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See 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 empl. benefit plans & deferred compensation | (e) Expense account and other allowances |
|---|--|------------------|--|--|
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Total number of other employees paid over

\$50,000

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

| (a) Name and address of each independent contractor paid more than \$50,000 | (b) Type of service | (c) Compensation |
|---|---------------------|------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Total number of others receiving over \$50,000 for

professional services

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 total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ 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 expenses if more than \$1,000)? | | 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 the instructions.) | | |

Part IV Reason for Non-Private Foundation Status (See 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 (8), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See 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 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.

Table with columns for years 1999, 1998, 1997, 1996, and Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends, amounts received from payments on securities loans; 19 Net income from unrelated business activities not included in line 18; 20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf; 21 The value of services or facilities furnished to the organization by a governmental unit without charge; 22 Other income: Attach a schedule. Do not include gain or (loss) from sale of capital assets; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23; 26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24; 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; c Total support for section 509(a)(1) test: Enter line 24, column (e); d Add: Amounts from column (e) for lines: 18 9,282. 19; 22 26b; e Public support (line 26c minus line 26d total); f Public support percentage (line 26e (numerator) divided by line 26c (denominator)); 27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," 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: (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: (1999) (1998) (1997) (1996); c Add: Amounts from column (e) for lines: 15 16 17 20 21; d Add: Line 27a total and line 27b total; e Public support (line 27c total minus line 27d total); f Total support for section 509(a)(2) test: Enter amount on line 23, column (e); g Public support percentage (line 27e (numerator) divided by line 27f (denominator)); h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)); 28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 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 the instructions.)

