

Form **990**

**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)

OMB No. 1545-0047

**2001**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

**A** For the 2001 calendar year, or tax year period beginning and ending

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return  
 Amended return  
 Application pending

**C** Name of organization  
**AMERICAN INSTITUTE FOR SOCIAL JUSTICE, INC**  
 Number and street (or P O box if mail is not delivered to street address) Room/Suite  
**1024 ELYSIAN FIELDS AVE.**  
 City or town, state or country, and ZIP + 4  
**NEW ORLEANS, LA 70117**

**D** Employer identification number  
**23-7108110**

**E** Telephone number  
**(504) 943-5954**

**F** Accounting method  Cash  Accrual  
 Other (specify) ▶

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

H and I are not applicable to section 527 organizations.

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? **N/A**  Yes  No (If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling?  Yes  No

I Enter 4-digit GEN ▶

M Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

**G** Web site ▶ **N/A**

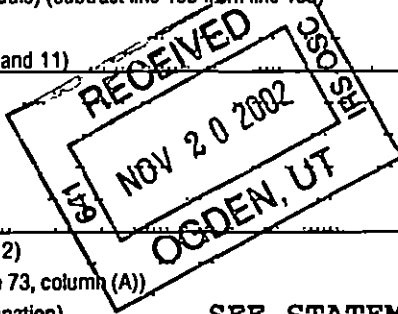
**J** Organization type (check only one) ▶  501(c) ( 3 ) ◀ (insert no.)  4947(a)(1) or  527

**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

**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **1,337,646.**

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

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received:				
	<b>a</b> Direct public support	<b>1a</b>	<b>1,256,658.</b>		
	<b>b</b> Indirect public support	<b>1b</b>			
	<b>c</b> Government contributions (grants)	<b>1c</b>			
	<b>d</b> Total (add lines 1a through 1c) (cash \$ <b>1,256,658.</b> noncash \$ _____)			<b>1d</b>	<b>1,256,658.</b>
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)			<b>2</b>	<b>36,994.</b>
	<b>3</b> Membership dues and assessments			<b>3</b>	
	<b>4</b> Interest on savings and temporary cash investments			<b>4</b>	<b>130.</b>
	<b>5</b> Dividends and interest from securities			<b>5</b>	<b>125.</b>
	<b>6 a</b> Gross rents	<b>6a</b>			
	<b>b</b> Less: rental expenses	<b>6b</b>			
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)			<b>6c</b>	
<b>7</b> Other investment income (describe ▶ )			<b>7</b>		
<b>8 a</b> Gross amount from sale of assets other than inventory	(A) Securities		(B) Other		
	<b>8a</b>				
	<b>8b</b>				
	<b>8c</b>				
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))			<b>8d</b>		
<b>9</b> Special events and activities (attach schedule)	<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1a)	<b>9a</b>			
	<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>			
	<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)			<b>9c</b>	
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>				
	<b>b</b> Less: cost of goods sold	<b>10b</b>			
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			<b>10c</b>	
<b>11</b> Other revenue (from Part VII, line 103)			<b>11</b>	<b>43,739.</b>	
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			<b>12</b>	<b>1,337,646.</b>	
Expenses	<b>13</b> Program services (from line 44, column (B))			<b>13</b>	<b>1,235,540.</b>
	<b>14</b> Management and general (from line 44, column (C))			<b>14</b>	<b>105,656.</b>
	<b>15</b> Fundraising (from line 44, column (D))			<b>15</b>	<b>19,025.</b>
	<b>16</b> Payments to affiliates (attach schedule)			<b>16</b>	
	<b>17</b> Total expenses (add lines 16 and 44, column (A))			<b>17</b>	<b>1,360,221.</b>
<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)			<b>18</b>	<b>&lt;22,575.&gt;</b>	
Net Assets	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))			<b>19</b>	<b>1,136,604.</b>
	<b>20</b> Other changes in net assets or fund balances (attach explanation)			<b>20</b>	<b>&lt;1.&gt;</b>
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)			<b>21</b>	<b>1,114,028.</b>



SEE STATEMENT 1

SCANNED DEC 10 2002

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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.

Table with 5 columns: (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include: 22 Grants and allocations (905,439), 23 Specific assistance to individuals, 24 Benefits paid to or for members, 25 Compensation of officers, directors, etc. (0), 26 Other salaries and wages (59,158), 27 Pension plan contributions (2,749), 28 Other employee benefits (5,383), 29 Payroll taxes (8,994), 30 Professional fundraising fees, 31 Accounting fees (39,817), 32 Legal fees, 33 Supplies (9,780), 34 Telephone (13,970), 35 Postage and shipping (5,442), 36 Occupancy (13,664), 37 Equipment rental and maintenance (611), 38 Printing and publications (204), 39 Travel (8,562), 40 Conferences, conventions, and meetings, 41 Interest (54), 42 Depreciation, depletion, etc. (975), 43 Other expenses not covered above (itemize), 44 Total functional expenses (1,360,221).

Joint Costs Check [ ] if you are following SOP 98-2. Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? [ ] Yes [X] No. If "Yes," enter (i) the aggregate amount of these joint costs \$ , (ii) the amount allocated to Program services \$ , (iii) the amount allocated to Management and general \$ , and (iv) the amount allocated to Fundraising \$ .

Part III Statement of Program Service Accomplishments

Table with 2 columns: Description of program service, Program Service Expenses. Row a: AMOUNTS COLLECTED WERE UTILIZED TO ACTIVELY PROMOTE COMMUNITY ORGANIZATION AND LEADERSHIP DEVELOPMENT OF LOW TO MODERATE INCOME CITIZENS.. (Grants and allocations \$ 905,439.) 1,235,540. Row b: (Grants and allocations \$ ) Row c: (Grants and allocations \$ ) Row d: (Grants and allocations \$ ) Row e: Other program services (attach schedule) (Grants and allocations \$ ) Row f: Total of Program Service Expenses (should equal line 44, column (B), Program services) 1,235,540.

**Part IV Balance Sheets**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	45 Cash - non-interest-bearing	476,169.	45	458,649.
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	47a 1,666,374.		
	b Less: allowance for doubtful accounts	47b 755,123.	927,583.	47c 911,251.
	48 a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b		48c
	49 Grants receivable		18,750.	49
	50 Receivables from officers, directors, trustees, and key employees			50
	51 a Other notes and loans receivable	51a		
	b Less: allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use			52
	53 Prepaid expenses and deferred charges		34,324.	53 37,806.
	54 Investments - securities <b>STMT 4</b>	<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	9,042.	54 9,042.
	55 a Investments - land, buildings, and equipment: basis	55a		
	b Less: accumulated depreciation	55b		55c
56 Investments - other			56	
57 a Land, buildings, and equipment: basis	57a 23,264.			
b Less: accumulated depreciation <b>STMT 5</b>	57b 22,844.	1,395.	57c 420.	
58 Other assets (describe <b>▶ SEE STATEMENT 6</b> )		1,325.	58 125,035.	
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)		1,468,588.	59 1,542,203.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	20,195.	60	14,344.
	61 Grants payable	257,789.	61	335,186.
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable <b>STMT 7</b>		54,000.	64b 54,000.
65 Other liabilities (describe <b>▶ OTHER</b> )			65 24,645.	
66 <b>Total liabilities</b> (add lines 60 through 65)		331,984.	66 428,175.	
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	1,055,444.	67	1,034,480.
	68 Temporarily restricted	81,160.	68	79,548.
	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 <b>Total net assets or fund balances</b> (add lines 67 through 69 OR lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)		1,136,604.	73 1,114,028.	
74 <b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)		1,468,588.	74 1,542,203.	

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	Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return
<b>a</b> Total revenue, gains, and other support per audited financial statements <span style="float:right">▶ <b>a</b> 1,337,646.</span>	<b>a</b> Total expenses and losses per audited financial statements <span style="float:right">▶ <b>a</b> 1,360,221.</span>
<b>b</b> Amounts included on line <b>a</b> but not on line 12, Form 990: <ul style="list-style-type: none"> <li>(1) Net unrealized gains on investments \$ _____</li> <li>(2) Donated services and use of facilities \$ _____</li> <li>(3) Recoveries of prior year grants \$ _____</li> <li>(4) Other (specify): \$ _____</li> </ul> Add amounts on lines (1) through (4) <span style="float:right">▶ <b>b</b> 0.</span>	<b>b</b> Amounts included on line <b>a</b> but not on line 17, Form 990: <ul style="list-style-type: none"> <li>(1) Donated services and use of facilities \$ _____</li> <li>(2) Prior year adjustments reported on line 20, Form 990 \$ _____</li> <li>(3) Losses reported on line 20, Form 990 \$ _____</li> <li>(4) Other (specify): \$ _____</li> </ul> Add amounts on lines (1) through (4) <span style="float:right">▶ <b>b</b> 0.</span>
<b>c</b> Line <b>a</b> minus line <b>b</b> <span style="float:right">▶ <b>c</b> 1,337,646.</span>	<b>c</b> Line <b>a</b> minus line <b>b</b> <span style="float:right">▶ <b>c</b> 1,360,221.</span>
<b>d</b> Amounts included on line 12, Form 990 but not on line <b>a</b> : <ul style="list-style-type: none"> <li>(1) Investment expenses not included on line 6b, Form 990 \$ _____</li> <li>(2) Other (specify): \$ _____</li> </ul> Add amounts on lines (1) and (2) <span style="float:right">▶ <b>d</b> 0.</span>	<b>d</b> Amounts included on line 17, Form 990 but not on line <b>a</b> : <ul style="list-style-type: none"> <li>(1) Investment expenses not included on line 6b, Form 990 \$ _____</li> <li>(2) Other (specify): \$ _____</li> </ul> Add amounts on lines (1) and (2) <span style="float:right">▶ <b>d</b> 0.</span>
<b>e</b> Total revenue per line 12, Form 990 (line <b>c</b> plus line <b>d</b> ) <span style="float:right">▶ <b>e</b> 1,337,646.</span>	<b>e</b> Total expenses per line 17, Form 990 (line <b>c</b> plus line <b>d</b> ) <span style="float:right">▶ <b>e</b> 1,360,221.</span>

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
LARRY RODGERS 816 S. DENISON ST. LITTLE ROCK, AR 72202	PRESIDENT/DIRECTOR 4HRS./WEEK	0.	0.	0.
PAT HOUSE 1009 S. ROCK STREET LITTLE ROCK, AR 72202	SECRETARY/DIRECTOR 4HRS./WEEK	0.	0.	0.
JAMES BUTLER 13510 BECKENHAM NORTH LITTLE ROCK, AR 72212	TREASURER/DIRECTOR 4HRS./WEEK	0.	0.	0.
JACK LAVELY 501 N. BRYANT ST. LITTLE ROCK, AR 72205	DIRECTOR 2HRS./WEEK	0.	0.	0.
JAMES LYNCH # 16 LENON DRIVE LITTLE ROCK, AR 72207	DIRECTOR 2HRS./WEEK	0.	0.	0.
CAROLYN CARR 904 DEBERE DRIVE SILVER SPRINGS, MD 20903	EXECUTIVE DIRECTOR 4HRS./WEEK	0.	0.	0.
BARBARA FAHERTY 1024 ELYSIAN FIELDS AVENUE NEW ORLEANS, LA 70117	ASSISTANT TREASURER 4HRS./WEEK	0.	0.	0.
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**AMERICAN INSTITUTE FOR SOCIAL JUSTICE, INC**

Form 990 (2001)

23-7108110

Page 5

<b>Part VI Other Information</b>		<b>Yes</b>	<b>No</b>
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? If "Yes," attach a conformed copy of the changes.	77		X
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? <span style="float:right">N/A</span>	78b		
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80 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		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.			
81 a Enter direct or indirect political expenditures. See line 81 instructions <span style="float:right">81a 0.</span>			
b Did the organization file Form 1120-POL for this year?	81b		X
82 a 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 in Part III.) <span style="float:right">82b</span>			
83 a 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? <span style="float:right">N/A</span>	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? <span style="float:right">N/A</span>	84b		
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? <span style="float:right">N/A</span>	85a		
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? <span style="float:right">N/A</span>	85b		
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
c Dues, assessments, and similar amounts from members <span style="float:right">85c N/A</span>			
d Section 162(e) lobbying and political expenditures <span style="float:right">85d N/A</span>			
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices <span style="float:right">85e N/A</span>			
f Taxable amount of lobbying and political expenditures (line 85d less 85e) <span style="float:right">85f N/A</span>			
g Does the organization elect to pay the section 6033(e) tax on the amount in 85f? <span style="float:right">N/A</span>	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 allocable to nondeductible lobbying and political expenditures for the following tax year? <span style="float:right">N/A</span>	85h		
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 <span style="float:right">86a N/A</span>			
b Gross receipts, included on line 12, for public use of club facilities <span style="float:right">86b N/A</span>			
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders <span style="float:right">87a N/A</span>			
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) <span style="float:right">87b N/A</span>			
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
89 a 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) 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? 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 <span style="float:right">0.</span>			
d Enter: Amount of tax on line 89c, above, reimbursed by the organization <span style="float:right">0.</span>			
90 a List the states with which a copy of this return is filed <input type="checkbox"/> <b>SEE STATEMENT 8</b>			
b Number of employees employed in the pay period that includes March 12, 2001 <span style="float:right">90b 3</span>			
91 The books are in care of <input type="checkbox"/> <b>BARBARA FAHERTY</b> Telephone no. <input type="checkbox"/> <b>504-943-5954</b>			
Located at <input type="checkbox"/> <b>1024 ELYSIAN FIELDS AVE.</b> ZIP + 4 <input type="checkbox"/> <b>70117</b>			
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 <span style="float:right">92 N/A</span>			

**Part VII Analysis of Income-Producing Activities** (See Specific Instructions on page 32)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
<b>Note</b> Enter gross amounts unless otherwise indicated					
93 Program service revenue:					
a <b>TRAINING &amp; CONSULTATION</b>					36,913.
b <b>PUBLICATIONS</b>					81.
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	130.	
96 Dividends and interest from securities			14	125.	
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 or (loss) from sales of inventory					
103 Other revenue:					
a <b>INTEREST ON NOTES REC</b>					44,548.
b <b>MISCELLANEOUS</b>					<809.>
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		255.	80,733.
105 Total (add line 104, columns (B), (D), and (E))					80,988.

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 32.)

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).
▼	SEE STATEMENT 9

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See Specific Instructions on page 33.)

(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 page 33.)

- (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

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

174-02 [Signature]

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**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.)**

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

OMB No. 1545-0047

**2001**

Name of the organization **AMERICAN INSTITUTE FOR SOCIAL  
JUSTICE, INC**

Employer identification number  
**23 7108110**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 of the instructions. List each one. If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000	0			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
ACORN 1024 ELYSIAN FIELDS AVE, NEW ORLEANS, LA 70117	PERSONNEL, PROJ. ADM, CONTRACTUAL	108,480.
CITIZEN'S CONSULTING, INC. 1024 ELYSIAN FIELDS AVE, NEW ORLEANS, LA 70117	LEGAL, BOOKKEEPING, ADM	94,169.
DUPLANTIER, HRAPMANN, HOGAN & MAHER 1340 POYDRAS ST., SUITE 2000, NEW ORLEANS, LA 70117	ACCOUNTING, AUDIT, MANAGEMENT ADVI	75,960.
Total number of others receiving over \$50,000 for professional services	0	

**Part III Statements About Activities** (See page 2 of the instructions.)

- 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 ► \$ \_\_\_\_\_ \$ \_\_\_\_\_ (Must equal amounts on line 38, Part VI-A, or line l of Part VI-B )
- Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.
- 2** During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) **SEE STATEMENT 10**
- a** Sale, exchange, or leasing of property?
- b** Lending of money or other extension of credit?
- c** Furnishing of goods, services, or facilities?
- d** Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?
- e** Transfer of any part of its income or assets?
- 3** Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below )
- 4** Do you have a section 403(b) annuity plan for your employees?
- Note** Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments **SEE STATEMENT 11**

	Yes	No
1		X
2a	X	
2b		X
2c	X	
2d		X
2e		X
3		X
4		X

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions )

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

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

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

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

- 14**  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)



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

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,460,898.	864,711.	521,633.	790,712.	3,637,954.
<b>16</b> Membership fees received					
<b>17</b> 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	152,457.	198,945.	121,843.	95,554.	568,799.
<b>18</b> 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	373.		231.	225.	829.
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> 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					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
<b>23</b> Total of lines 15 through 22	1,613,728.	1,063,656.	643,707.	886,491.	4,207,582.
<b>24</b> Line 23 minus line 17	1,461,271.	864,711.	521,864.	790,937.	3,638,783.
<b>25</b> Enter 1% of line 23	16,137.	10,637.	6,437.	8,865.	
<b>26</b> Organizations described on lines 10 or 11: <b>a</b> Enter 2% of amount in column (e), line 24					<b>26a</b> 72,776.
<b>b</b> Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					<b>26b</b> 457,094.
<b>c</b> Total support for section 509(a)(1) test: Enter line 24, column (e)					<b>26c</b> 3,638,783.
<b>d</b> Add. Amounts from column (e) for lines: 18 <u>829.</u> 19 _____					<b>26d</b> 457,923.
22 _____ 26b <u>457,094.</u>					<b>26e</b> 3,180,860.
<b>e</b> Public support (line 26c minus line 26d total)					<b>26e</b> 3,180,860.
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))					<b>26f</b> 87.4155%
<b>27</b> Organizations described on line 12: <b>a</b> For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: <b>N/A</b>	(2000)	(1999)	(1998)	(1997)	
<b>b</b> For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: <b>N/A</b>	(2000)	(1999)	(1998)	(1997)	
<b>c</b> Add. Amounts from column (e) for lines: 15 _____ 16 _____					<b>27c</b> N/A
17 _____ 20 _____ 21 _____					<b>27d</b> N/A
<b>d</b> Add. Line 27a total _____ and line 27b total _____					<b>27e</b> N/A
<b>e</b> Public support (line 27c total minus line 27d total)					
<b>f</b> Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					<b>27f</b> N/A
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))					<b>27g</b> N/A %
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					<b>27h</b> N/A %

**28 Unusual Grants:** For an organization described in line 10, 11, or 12, that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

**AMERICAN INSTITUTE FOR SOCIAL**

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

N/A

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

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
_____			
_____			
_____			
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.)		
_____			
_____			
34 a	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		

**AMERICAN INSTITUTE FOR SOCIAL JUSTICE, INC**

Schedule A (Form 990 or 990-EZ) 2001

23-7108110 Page 5

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.) N/A

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
	<b>N/A</b>	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount. Enter the amount from the following table -		
If the amount on line 40 is -		
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		
The lobbying nontaxable amount is -		
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		
\$225,000 plus 5% of the excess over \$1,500,000		
\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

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

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

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities** (For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions.) N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines e through h )			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h )			0.

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



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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Supplementary Information for  
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No. 1545-0047

**2001**

Name of organization

AMERICAN INSTITUTE FOR SOCIAL  
JUSTICE, INC

Employer identification number

23-7108110

Organization type (check one)

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the General rule or a Special rule. (Note: Only a section 501(c)(7), (8), or (10) organization can check box(es) for both the General rule and a Special rule-see instructions.)

**General Rule-**

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II)

**Special Rules-**

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000 (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose Do not complete any of the Parts unless the General rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year) ▶ \$ \_\_\_\_\_

**Caution:** Organizations that are not covered by the General rule and/or the Special rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule B (Form 990, 990-EZ, or 990-PF) (2001)

Name of organization  
**AMERICAN INSTITUTE FOR SOCIAL JUSTICE, INC**

Employer identification number

**23-7108110**

**Part I Contributors** (See Specific Instructions)

(a) No.	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 494,475.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
2		\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
3		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
4		\$ 102,325.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
5		\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
6		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)



Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction in Basis - ITC, 179, Salvage	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
1	TI MATE 486 COMPUTER & MODEM	070293SL		5.00	16	3,015.			3,015.	3,015.		0.
2	APPLE COMPUTER	010393SL		5.00	16	3,240.			3,240.	3,240.		0.
3	MAC CLASSIC #1	100194SL		5.00	16	625.			625.	625.		0.
4	MAC CLASSIC #2	100194SL		5.00	16	625.			625.	625.		0.
5	MAC 635CD COMPUTER	05309520DB		5.00	17	790.			790.	790.		0.
6	DESKTOP COMPUTERS	09049520DB		5.00	17	1,772.			1,772.	1,772.		0.
7	XEROX COPIER CAPITAL LEASE	0101195SL		7.00	17	5,875.			5,875.	4,616.		839.
8	TOSHIBA TELEPHONE SYSTEM CAPITAL LEASE	1231195SL		5.00	17	4,958.			4,958.	4,958.		0.
9	MAC 635CD COMPUTER	05019620DB		5.00	17	2,364.			2,364.	2,228.		136.
*	TOTAL 990 PAGE 2 DEPR					23,264.		0.	23,264.	21,869.	0.	975.



FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	1
DESCRIPTION			AMOUNT
ROUNDING			<1.>
TOTAL TO FORM 990, PART I, LINE 20			<1.>

FORM 990	OTHER EXPENSES	STATEMENT	2
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
BANK CHARGES	1,486.		1,486.	
CONTRACTUAL SERVICES	35,360.	35,360.		
INSURANCE	6,339.	6,339.		
ADMINISTRATIVE SERVICES	520.		520.	
PROGRAM	17,376.	17,376.		
RECRUITMENT AND ADVERTISING	1,828.	1,828.		
CAMPAIGN SERVICES	63,521.	63,521.		
OUTREACH SERVICES	2,500.	1,600.	750.	150.
PERSONNEL SERVICES	140,399.	127,763.		12,636.
PROJECT ADMINISTRATIVE SERVICES	651.	651.		
TAXES - ANNUAL FILINGS	2,341.	1,498.	702.	141.
CORPORATE SERVICES	1,670.	1,069.	501.	100.
BUS RENTAL	250.	160.	75.	15.
EXPRESS SERVICES	5,106.	3,268.	1,532.	306.
MANAGEMENT ADVISORY SERVICES	2,466.	1,578.	740.	148.
MISCELLANEOUS AUTOMOBILE/VAN RENTAL	<12,020.>	<7,693.>	<3,606.>	<721.>
PENALTIES	301.	301.		
COPYING	526.		526.	
CREDIT CARD FEES	5,526.	3,536.	1,658.	332.
EQUIPMENT PURCHASES	140.		140.	
MILEAGE	8,904.	6,767.	1,514.	623.
TAXES- CORPORATE	24.	24.		
	205.	131.	62.	12.
TOTAL TO FM 990, LN 43	285,419.	265,077.	6,600.	13,742.

FORM 990 CASH GRANTS AND ALLOCATIONS STATEMENT 3

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
COMMUNITY REINVESTMENT	ACORN(ASS.COMM.ORG FOR REFORM NOW)	1024 ELYSIAN FIELDS AVE., NEW ORLEANS, LA. 70117	NOT APPLICABLE-NON INDIVIDUAL	905,439.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				905,439.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 4

SECURITY DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
EXXON MOBIL STOCK	9,042.				9,042.
TO 990, LN 54 COL B	9,042.				9,042.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 5

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
TI MATE 486 COMPUTER & MODEM	3,015.	3,015.	0.
APPLE COMPUTER	3,240.	3,240.	0.
MAC CLASSIC #1	625.	625.	0.
MAC CLASSIC #2	625.	625.	0.
MAC 635CD COMPUTER	790.	790.	0.
DESKTOP COMPUTERS	1,772.	1,772.	0.
XEROX COPIER CAPITAL LEASE	5,875.	5,455.	420.
TOSHIBA TELEPHONE SYSTEM CAPITAL LEASE	4,958.	4,958.	0.
MAC 635CD COMPUTER	2,364.	2,364.	0.
TOTAL TO FORM 990, PART IV, LN 57	23,264.	22,844.	420.

FORM 990	OTHER ASSETS	STATEMENT 6
DESCRIPTION	AMOUNT	
RENT DEPOSIT	1,325.	
OTHER	123,710.	
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	125,035.	



FORM 990

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

STATEMENT 8

STATES

AL, AR, AZ, CA, CT, FL, GA, IL, MA, MD, ME, MI, MN, NC, NJ, NM, NY, OH, OK,  
OR, OH, OK, PA, SC, TN, VA, WI, WV

FORM 990

PART VIII - RELATIONSHIP OF ACTIVITIES TO  
ACCOMPLISHMENT OF EXEMPT PURPOSES

STATEMENT 9

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	FEEES COLLECTED FOR LEADERSHIP TRAINING PROGRAMS & PUBLICATIONS:
93B	THE ORGANIZATION'S PURPOSE INCLUDES LEADERSHIP TRAINING OF LOW-INCOME PERSONS TO EMPOWER THEM TO CHALLENGE VARIOUS GOVERNMENT ENTITIES SUCH AS SCHOOL BOARDS TO IMPROVE THEIR EFFECTIVENESS.
103A	ACCRUED INTEREST ON NOTES RECEIVABLE NOT HELD AS AN INVESTMENT; AD-
103B	VANCES TO FIVE NON-PROFIT ORGANIZATIONS, WHOSE ORGANIZATIONAL PURPOSE ADVANCES THIS ORGANIZATION'S PURPOSE-EMPOWERMENT OF THE DISADVANTAGED.

SCHEDULE A	STATEMENT REGARDING ACTIVITIES WITH SUBSTANTIAL CONTRIBUTORS, TRUSTEES, DIRECTORS, CREATORS, KEY EMPLOYEES, ETC.,	STATEMENT 10
	PART III, LINE 2	

2(A) OFFICE LEASING- FIFTEENTH STREET CORPORATION	\$ 243
2(C) COPYING SERVICES- FIFTEENTH STREET CORPORATION	\$ 2,695

SCHEDULE A	EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS	STATEMENT 11
	PART III, LINE 4	

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

THE PAYMENTS ARE MADE ONLY TO ORGANIZATONS 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 ORGANIZATIONS THAT WILL FURTHER THE CHARITABLE PURPOSE OF THE ENTITY. PAYMENTS ARE NOT MADE TO INDIVIDUALS.

**Depreciation and Amortization**  
(Including Information on Listed Property) **990**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

**AMERICAN INSTITUTE FOR SOCIAL JUSTICE, INC**

**FORM 990 PAGE 2**

**23-7108110**

**Part I Election To Expense Certain Tangible Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See instructions for a higher limit for certain businesses.	1	24,000.
2	Total cost of section 179 property placed in service (see instructions).	2	
3	Threshold cost of section 179 property before reduction in limitation.	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions.	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter amount from line 29.	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7.	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8.	9	
10	Carryover of disallowed deduction from line 13 of your 2000 Form 4562.	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5.	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11.	12	
13	Carryover of disallowed deduction to 2002. Add lines 9 and 10, less line 12.	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)**

14	Special depreciation allowance for certain property (other than listed property) acquired after September 10, 2001 (see instructions).	14	
15	Property subject to section 168(f)(1) election (see instructions).	15	
16	Other depreciation (including ACRS) (see instructions).	16	

**Part III MACRS Depreciation (Do not include listed property) (See instructions)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2001.	17	975.
18	If you are electing under section 168(f)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B - Assets Placed in Service During 2001 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property	/		27.5 yrs	MM	S/L	
	/		27.5 yrs	MM	S/L	
i Nonresidential real property	/		39 yrs	MM	S/L	
	/			MM	S/L	

**Section C - Assets Placed in Service During 2001 Tax Year Using the Alternative Depreciation System**

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

**Part IV Summary (See instructions)**

21	Listed property. Enter amount from line 28.	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations see instr.	22	975.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.	23	

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

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

24a Do you have evidence to support the business/investment use claimed?		<input type="checkbox"/> Yes <input type="checkbox"/> No		24b If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for listed property acquired after September 10, 2001, and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				SL		
		%				SL		
		%				SL		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

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

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

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

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

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

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See instructions for vehicles used by corporate officers, directors, or 1% or more owners.			
39 Do you treat all use of vehicles by employees as personal use?			
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?			
41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.			

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2001 tax year					
43 Amortization of costs that began before your 2001 tax year					43
44 Total. Add amounts in column (f). See instructions for where to report					44

Form 8868

(December 2000)

Department of the Treasury  
Internal Revenue Service

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

OMB No 1545-1709

▶ File a separate application for each return

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

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

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

Note: Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print	Name of Exempt Organization <b>AMERICAN INSTITUTE FOR SOCIAL JUSTICE, INC</b>	Employer identification number <b>23-7108110</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P O box, see instructions <b>1024 ELYSIAN FIELDS AVE.</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>NEW ORLEANS, LA 70117</b>	

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

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

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

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until AUGUST 15, 2002 to file the exempt organization return for the organization named above. The extension is for the organization's return for  calendar year 2001 or  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

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

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

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

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

### Signature and Verification

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

Signature ▶ William G. Hamm Title ▶ CRA Date ▶ 5/13/02

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



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

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

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

<b>Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.</b>		
Type or print.	Name of Exempt Organization <b>AMERICAN INSTITUTE FOR SOCIAL JUSTICE, INC</b>	Employer identification number <b>23-7108110</b>
File by the extended due date for filing the return See instructions.	Number, street, and room or suite no. If a P O box, see instructions <b>1024 ELYSIAN FIELDS AVE.</b>	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions <b>NEW ORLEANS, LA 70117</b>	

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

- Form 990
- Form 990-EZ
- Form 990-T (sec 401(a) or 408(a) trust)
- Form 1041-A
- Form 5227
- Form 8870
- Form 990-BL
- Form 990-PF
- Form 990-T (trust other than above)
- Form 4720
- Form 6069

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If 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 is for

4 I request an additional 3-month extension of time until NOVEMBER 15, 2002

5 For calendar year 2001, or other tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_

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

7 State in detail why you need the extension  
ADDITIONAL TIME IS NEEDED TO GATHER THE INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE TAX RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$ \_\_\_\_\_

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ \_\_\_\_\_

c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ N/A

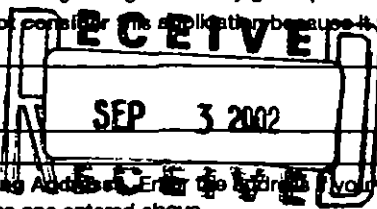
Signature and Verification

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

Signature William G. Hamm Title CPA Date 7/29/02

Notice to Applicant - To Be Completed by the IRS

- We have approved this application Please attach this form to the organization's return
- We have not approved this application However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions) This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return Please attach this form to the organization's return
- We have not approved this application After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file We are not granting the 10-day grace period
- We cannot consider this application because it was filed after the due date of the return for which an extension was requested
- Other \_\_\_\_\_



Director \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_

Alternate Mailing Address: Enter the address if you want the copy of this application for an additional 3-month extension to be sent to an address different than the one entered above

Type or print	Name <b>DUPLANTIER, HRAPMANN, HOGAN &amp; MAHER, LLP</b>	<b>AUG 09 2002</b>
	Number and street (include suite, room, or apt. no.) Or a P O box number <b>1340 POYDRAS STREET, SUITE 2000</b>	LINDA WEISKOPF, FIELD DIRECTOR, SUBMISSION PROCESSING, OGDEN
	City or town, province or state, and country (including postal or ZIP code) <b>NEW ORLEANS, LOUISIANA 70112</b>	