

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)

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 2002 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 AVENUE
 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) ▶

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

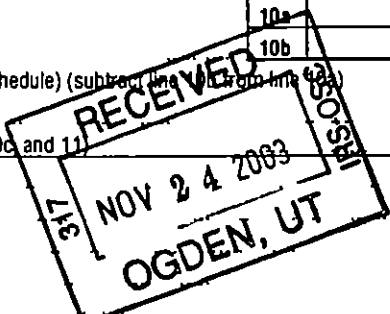
L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **2,529,006.**

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)

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

Revenue	1	Contributions, gifts, grants, and similar amounts received				
	a	Direct public support	1a	2,285,455.		
	b	Indirect public support	1b			
	c	Government contributions (grants)	1c	170,000.		
	d	Total (add lines 1a through 1c) (cash \$ <u>2,455,455.</u> noncash \$ _____)	1d	2,455,455.		
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	18,382.		
	3	Membership dues and assessments	3			
	4	Interest on savings and temporary cash investments	4			
	5	Dividends and interest from securities	5	191.		
	6a	Gross rents	6a			
	b	Less, rental expenses	6b			
	6c	Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7	Other investment income (describe ▶ _____)	7				
8	a	Gross amount from sale of assets other than inventory	(A) Securities	(B) Other		
	b	Less cost or other basis and sales expenses	8a			
	c	Gain or (loss) (attach schedule)	8b			
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c			
9		Special events and activities (attach schedule)				
	a	Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a			
	b	Less direct expenses other than fundraising expenses	9b			
9c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c				
10	a	Gross sales of inventory, less returns and allowances	10a			
	b	Less cost of goods sold	10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11	Other revenue (from Part VII, line 103)	11	54,978.			
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	2,529,006.			
Expenses	13	Program services (from line 44, column (B))	13	2,373,746.		
	14	Management and general (from line 44, column (C))	14	105,603.		
	15	Fundraising (from line 44, column (D))	15	65,653.		
	16	Payments to affiliates (attach schedule)	16			
	17	Total expenses (add lines 16 and 44, column (A))	17	2,545,002.		
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	<15,996.>			
Net Assets	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	1,071,106.		
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 1	20	<906.>		
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	1,054,204.		



SCANNED DEC 16 '03

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.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)				
	cash \$ 1,684,184, noncash \$	1,684,184.	1,684,184.	STATEMENT 3	
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc.	42,879.	32,159.	6,861.	3,859.
26	Other salaries and wages	196,097.	147,073.	31,375.	17,649.
27	Pension plan contributions	11,531.	8,648.	1,845.	1,038.
28	Other employee benefits	23,445.	17,584.	3,751.	2,110.
29	Payroll taxes	21,416.	16,062.	3,427.	1,927.
30	Professional fundraising fees				
31	Accounting fees	91,205.	43,459.	42,531.	5,215.
32	Legal fees				
33	Supplies	10,811.	8,108.	1,730.	973.
34	Telephone	18,513.	13,885.	2,962.	1,666.
35	Postage and shipping	8,657.	6,493.	1,385.	779.
36	Occupancy	11,914.	8,936.	1,906.	1,072.
37	Equipment rental and maintenance	2,522.	1,892.	403.	227.
38	Printing and publications	4,184.	3,138.	669.	377.
39	Travel	12,123.	12,123.		
40	Conferences, conventions, and meetings				
41	Interest	76.		76.	
42	Depreciation, depletion, etc (attach schedule)	829.	620.	133.	76.
43	Other expenses not covered above (itemize)				
a					
b					
c					
d					
e	SEE STATEMENT 2	404,616.	369,382.	6,549.	28,685.
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D) carry these totals to lines 13-15	2,545,002.	2,373,746.	105,603.	65,653.

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 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

What is the organization's primary exempt purpose? TO PROMOTE COMMUNITY ORGANIZATION AND LEADERSHIP DEVELOPMENT.		Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)		
a	AMOUNTS COLLECTED WERE UTILIZED TO ACTIVELY PROMOTE COMMUNITY ORGANIZATION AND LEADERSHIP DEVELOPMENT OF LOW TO MODERATE INCOME CITIZENS. (Grants and allocations \$ 1,684,184.)	2,373,746.
b	 (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)	2,373,746.

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
Assets	45 Cash - non-interest-bearing	458,649.	45 559,389.
	46 Savings and temporary cash investments		46
	47 a Accounts receivable	47a 1,628,563.	
	b Less allowance for doubtful accounts	47b 831,694.	47c 796,869.
	48 a Pledges receivable	48a	
	b Less allowance for doubtful accounts	48b	48c
	49 Grants receivable	122,084.	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	12,026.	53 12,759.
	54 Investments - securities STMT 4 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	8,174.	54 7,268.
	55 a Investments - land, buildings, and equipment: basis	55a	
	b Less accumulated depreciation	55b	55e
56 Investments - other		56	
57 a Land, buildings, and equipment: basis	57a 27,568.		
b Less accumulated depreciation STMT 5	57b 23,672.	57c 3,896.	
58 Other assets (describe RENT DEPOSIT)	1,325.	58 1,325.	
59 Total assets (add lines 45 through 58) (must equal line 74)	1,461,523.	59 1,381,506.	
Liabilities	60 Accounts payable and accrued expenses	58,362.	60 66,617.
	61 Grants payable	278,055.	61 213,010.
	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 STMT 6	54,000.	64b 47,675.
	65 Other liabilities (describe)		65
66 Total liabilities (add lines 60 through 65)	390,417.	66 327,302.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74		
	67 Unrestricted	809,799.	67 644,277.
	68 Temporarily restricted	261,307.	68 409,927.
	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; column (B) must equal line 21)	1,071,106.	73 1,054,204.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	1,461,523.	74 1,381,506.

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.

**AMERICAN INSTITUTE FOR SOCIAL
JUSTICE, INC**

Form 990 (2002)

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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
<p>a Total revenue, gains, and other support per audited financial statements ▶ a 2,528,099.</p> <p>b Amounts included on line a but not on line 12, Form 990</p> <p>(1) Net unrealized gains on investments \$ <907.></p> <p>(2) Donated services and use of facilities \$ _____</p> <p>(3) Recoveries of prior year grants \$ _____</p> <p>(4) Other (specify) \$ _____</p> <p>Add amounts on lines (1) through (4) ▶ b <907.></p> <p>c Line a minus line b ▶ c 2,529,006.</p> <p>d Amounts included on line 12, Form 990 but not on line a</p> <p>(1) Investment expenses not included on line 6b, Form 990 \$ _____</p> <p>(2) Other (specify) \$ _____</p> <p>Add amounts on lines (1) and (2) ▶ d 0.</p> <p>e Total revenue per line 12, Form 990 (line c plus line d) ▶ e 2,529,006.</p>	<p>a Total expenses and losses per audited financial statements ▶ a 2,545,002.</p> <p>b Amounts included on line a but not on line 17, Form 990:</p> <p>(1) Donated services and use of facilities \$ _____</p> <p>(2) Prior year adjustments reported on line 20, Form 990 \$ _____</p> <p>(3) Losses reported on line 20, Form 990 \$ _____</p> <p>(4) Other (specify): \$ _____</p> <p>Add amounts on lines (1) through (4) ▶ b 0.</p> <p>c Line a minus line b ▶ c 2,545,002.</p> <p>d Amounts included on line 17, Form 990 but not on line a</p> <p>(1) Investment expenses not included on line 6b, Form 990 \$ _____</p> <p>(2) Other (specify) \$ _____</p> <p>Add amounts on lines (1) and (2) ▶ d 0.</p> <p>e Total expenses per line 17, Form 990 (line c plus line d) ▶ e 2,545,002.</p>

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 4 HRS/WEEK	0.	0.	0.
PAT HOUSE 1009 S. ROCK STREET LITTLE ROCK, AR 72202	SECRETARY/DIRECTOR 4 HRS/WEEK	0.	0.	0.
JAMES BUTLER 13510 BECKENHAM NORTH LITTLE ROCK, AR 72212	TREASURER/DIRECTOR 4 HRS/WEEK	0.	0.	0.
JACK LAVEY 501 N. BRYANT ST. LITTLE ROCK, AR 72205	DIRECTOR 2 HRS/WEEK	0.	0.	0.
JAMES LYNCH # 16 LENON DRIVE LITTLE ROCK, AR 72207	DIRECTOR 2 HRS/WEEK	0.	0.	0.
CAROLYN CARR 904 DEBERE DRIVE SILVER SPRINGS, MD 20903	EXECUTIVE DIRECTOR 40 HRS/WEEK	42,879.	4,954.	0.
BARBARA FAHERTY 1024 ELYSIAN FIELDS AVENUE NEW ORLEANS, LA 70117	ASSISTANT TREASURER 4 HRS/WEEK	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? If "Yes," attach schedule ▶ Yes No Form 990 (2002)

Part VII Analysis of Income-Producing Activities (See page 31 of the instructions.)

	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	
Note Enter gross amounts unless otherwise indicated					
93 Program service revenue.					
a TRAINING & CONSULTATION					18,382.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	191.	
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 INTEREST ON NOTES REC					36,163.
b MISCELLANEOUS					18,815.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		191.	73,360.
105 Total (add line 104, columns (B), (D), and (E))					73,551.

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 page 32 of the 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).
▼	SEE STATEMENT 8


Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 of the instructions.)

(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 page 33 of the 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

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

1-17-03  Date Type or print name and title

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

2002

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	162,921.
CITIZEN'S CONSULTING, INC. 1024 ELYSIAN FIELDS AVE, NEW ORLEANS, LA 70117	LEGAL, BOOKKEEPING, ADM	88,520.
DUPLANTIER, HRAPMANN, HOGAN & MAHER 1340 POYDRAS ST., SUITE 2000, NEW ORLEANS, LA 70117	ACCOUNTING, AUDIT, MANAGEMENT ADVI	57,945.
ACORN ASSOCIATES, INC. 1024 ELYSIAN FIELDS AVE., NEW ORLEANS, LA 70117	PERSONNEL SERVICES	92,521.
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 i of Part VI-B)

Yes	No
------------	-----------

1		X
2a	X	
2b	X	
2c	X	
2d		X
2e		X
3		X
4		X

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 9**

- 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 10**

Part IV Reason for Non-Private Foundation Status (See pages 3 through 5 of the instructions.)

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

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

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

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

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

AMERICAN INSTITUTE FOR SOCIAL JUSTICE, INC

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) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28)	1,673,224.	1,460,898.	864,711.	521,633.	4,520,466.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	70,062.	152,457.	198,945.	121,843.	543,307.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	255.	373.		231.	859.
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. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
23 Total of lines 15 through 22	1,743,541.	1,613,728.	1,063,656.	643,707.	5,064,632.
24 Line 23 minus line 17	1,673,479.	1,461,271.	864,711.	521,864.	4,521,325.
25 Enter 1% of line 23	17,435.	16,137.	10,637.	6,437.	

26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24	26a	90,427.
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 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the sum of all these excess amounts		26b	503,566.
c Total support for section 509(a)(1) test: Enter line 24, column (e)		26c	4,521,325.
d Add: Amounts from column (e) for lines 18 <u>859.</u> 19 _____ 22 _____		26d	504,425.
e Public support (line 26c minus line 26d total)		26e	4,016,900.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		26f	88.8434%

27 Organizations described on line 12	a 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	N/A	
	(2001) (2000) (1999) (1998)		
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	N/A		
	(2001) (2000) (1999) (1998)		
c Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____		27c	N/A
d Add: Line 27a total _____ and line 27b total _____		27d	N/A
e Public support (line 27c total minus line 27d total)		27e	N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)	27f	N/A	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g	N/A %	
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h	N/A %	

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, 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.

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		

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		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
<i>(The term "expenditures" means amounts paid or incurred)</i>		N/A	
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) 2002	(b) 2001	(c) 2000	(d) 1999	(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 11 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 c through h)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h)			0.

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code...

- a Transfers from the reporting organization to a noncharitable exempt organization of (i) Cash (ii) Other assets b Other transactions (i) Sales or exchanges of assets... c Sharing of facilities... d If the answer to any of the above is "Yes," complete the following schedule...

Summary table with columns Yes/No and rows 51a(i), a(ii), b(i), b(ii), b(iii), b(iv), b(v), b(vi), c.

Main schedule table with columns (a) Line no, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements.

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

Schedule table for question 52b with columns (a) Name of organization, (b) Type of organization, (c) Description of relationship.

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
1	TI MATE 486 COMPUTER & MODEM	070293	SL	5.00	16	3,015.			3,015.	3,015.		0.
2	APPLE COMPUTER	010393	SL	5.00	16	3,240.			3,240.	3,240.		0.
3	MAC CLASSIC #1	100194	SL	5.00	16	625.			625.	625.		0.
4	MAC CLASSIC #2	100194	SL	5.00	16	625.			625.	625.		0.
5	MAC 635CD COMPUTER	053095	200DB	5.00	17	790.			790.	790.		0.
6	DESKTOP COMPUTERS	090495	200DB	5.00	17	1,772.			1,772.	1,772.		0.
7	XEROX COPIER CAPITAL LEASE	010195	SL	7.00	17	5,875.			5,875.	5,454.		420.
8	TOSHIBA TELEPHONE SYSTEM CAPITAL LEASE	123195	SL	5.00	17	4,958.			4,958.	4,958.		0.
9	MAC 635CD COMPUTER FILEMAKER VLA INTRO	050196	200DB	5.00	17	2,364.			2,364.	2,364.		0.
10	PAK	052102	SL	5.00	19B	1,830.		549.	1,281.			244.
11	HP COMPUTER, PRINTER, MONITOR	091102	SL	5.00	19B	1,877.		563.	1,314.			125.
12	MICROSOFT XP PROFESSIONAL SOFTWARE	091102	SL	5.00	19B	597.		179.	418.			40.
	* TOTAL 990 PAGE 2 DEPR					27,568.		1,291.	26,277.	22,843.	0.	829.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	1
DESCRIPTION		AMOUNT	
UNREALIZED LOSS ON INVESTMENTS		<906.>	
TOTAL TO FORM 990, PART I, LINE 20		<906.>	

FORM 990	OTHER EXPENSES			STATEMENT	2
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
BANK CHARGES	1,489.		1,489.		
CONTRACTUAL SERVICES	51,722.	51,722.			
INSURANCE	7,187.	7,187.			
PROGRAM	17,248.	17,248.			
RECRUITMENT AND ADVERTISING	1,352.	1,352.			
CAMPAIGN SERVICES	16,668.	16,668.			
OUTREACH SERVICES	1,000.	750.	160.	90.	
PERSONNEL SERVICES	300,035.	273,032.		27,003.	
TAXES - ANNUAL FILINGS	4,875.	3,656.	780.	439.	
CORPORATE SERVICES	1,000.	750.	160.	90.	
BUS RENTAL	3,780.	2,835.	605.	340.	
EXPRESS SERVICES	6,626.	4,970.	1,060.	596.	
PENALTIES	1,968.		1,968.		
EQUIPMENT PURCHASES	1,623.	1,217.	260.	146.	
TAXES- CORPORATE	25.	19.	4.	2.	
PROVISION FOR UNCOLLECTIBLE RECEIVABLES	<12,385.>	<12,385.>			
FUNDRAISING TAXES- PROPERTY	<57.>			<57.>	
UTILITIES	64.	64.			
	396.	297.	63.	36.	
TOTAL TO FM 990, LN 43	404,616.	369,382.	6,549.	28,685.	

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	1,684,184.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				1,684,184.

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	7,268.				7,268.
TO 990, LN 54 COL B	7,268.				7,268.

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.	5,874.	1.
TOSHIBA TELEPHONE SYSTEM CAPITAL LEASE	4,958.	4,958.	0.
MAC 635CD COMPUTER	2,364.	2,364.	0.
FILEMAKER VLA INTRO PAK	1,830.	244.	1,586.
HP COMPUTER, PRINTER, MONITOR	1,877.	125.	1,752.
MICROSOFT XP PROFESSIONAL SOFTWARE	597.	40.	557.
TOTAL TO FORM 990, PART IV, LN 57	27,568.	23,672.	3,896.

FORM 990 OTHER NOTES AND LOANS PAYABLE STATEMENT 6

LENDER'S NAME TERMS OF REPAYMENT
 PROGRESSIVE AMERICA FUND, FULL AMOUNT DUE ON
 INC. MATURITY

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
02/06/98	12/31/99	4,000.	.00%

SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN
 NONE RESEARCH

RELATIONSHIP OF LENDER

NONE

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
CASH	0.	4,000.

LENDER'S NAME TERMS OF REPAYMENT
 THE TIDES FOUNDATION \$16,666/YR FOR 3 YEARS

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
03/29/99	05/01/02	50,000.	.00%

SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN
 NONE PURCHASE OF EQUIPMENT

RELATIONSHIP OF LENDER

NONE

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
CASH	0.	43,675.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B 47,675.

FORM 990 LIST OF STATES RECEIVING COPY OF RETURN STATEMENT 7
PART VI, LINE 90

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 STATEMENT 8
ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	FEES COLLECTED FOR LEADERSHIP TRAINING PROGRAMS:
93A	THE ORGANIZATION'S PURPOSE INCLUDES LEADERSHIP TRAINING OF LOW-INCOME
93A	PERSONS TO EMPOWER THEM TO CHALLENGE VARIOUS GOVERNMENT ENTITIES
93A	SUCH AS SCHOOL BOARDS TO IMPROVE THEIR EFFECTIVENESS.
103A	ACCRUED INTEREST ON NOTES RECEIVABLE NOT HELD AS AN INVESTMENT AND
103B	MISCELLANEOUS REVENUES ARE UTILIZED TO HELP ADVANCE THE ORGANIZATION'S
103B	PURPOSE-EMPOWERMENT OF THE DISADVANTAGED.

SCHEDULE A STATEMENT REGARDING ACTIVITIES WITH STATEMENT 9
SUBSTANTIAL CONTRIBUTORS, TRUSTEES, DIRECTORS,
CREATORS, KEY EMPLOYEES, ETC.,
PART III, LINE 2

2(C)	COPYING SERVICES- FIFTEENTH STREET CORPORATION	\$1,344
2(A)	RENT- FIFTEENTH STREET CORPORATION	\$6,882
2(B)	ACCOUNTS PAYABLE- FIFTEENTH STREET CORPORATION	\$333
2(A)	OFFICE LEASING- FIFTEENTH STREET CORPORATION	\$3,138

SCHEDULE A EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS STATEMENT 10
PART III, LINE 3

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 ORGANIZATIONS 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 990
 (Including Information on Listed Property)

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

Name(s) shown on return AMERICAN INSTITUTE FOR SOCIAL JUSTICE, INC	Business or activity to which this form relates FORM 990 PAGE 2	Identifying number 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 2001 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 2003 Add lines 9 and 10, less line 12	▶ 13	

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

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

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (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 2002	17	420.
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 2002 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		3,013.	5 YRS.	HY	SL	409.
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 2002 Tax Year Using the Alternative Depreciation System

20a Class life	(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
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	829.
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? Yes No 24b If "Yes," is the evidence written? Yes 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 qualified listed property placed in service during the tax year 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								
		%				S/L		
		%				S/L		
		%				S/L		
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

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
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 2002 tax year					
43 Amortization of costs that began before your 2002 tax year					43
44 Total Add amounts in column (f) See instructions for where to report					44

• 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)

Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.

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

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 17, 2003

5 For calendar year 2002, 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 REQUESTED IN ORDER TO COMPILE ALL TAX INFORMATION REQUIRED TO FILE A COMPLETE AND ACCURATE RETURN (FORM 990).

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 7/30/03

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 _____

EXTENSION APPROVED

AUG 11 2003

LINDAVIENSKOPF, FIELD DIRECTOR, SUBMISSION PROCESSING, OGDEN

Director _____ By _____ Date _____

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

Type or print	Name DUPLANTIER, HRAPMANN, HOGAN & MAHER, LLP
	Number and street (include suite, room, or apt no.) Or a P O box number 1340 POYDRAS STREET, SUITE 2000
	City or town, province or state, and country (including postal or ZIP code) NEW ORLEANS, LOUISIANA 70112

RECEIVED
SEP 02 2003

Application for Extension of Time To File an Exempt Organization Return

▶ 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 AMERICAN INSTITUTE FOR SOCIAL JUSTICE, INC	Employer identification number 23-7108110
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 1024 ELYSIAN FIELDS AVE.	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions NEW ORLEANS, LA 70117	

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, 2003

to file the exempt organization return for the organization named above. The extension is for the organization's return for

▶ calendar year 2002 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 ▶ CPA

Date ▶ 5/13/03

LHA For Paperwork Reduction Act Notice, see instruction

Form 8868 (12-2000)