

**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)

**2002**

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 2002 calendar year, or tax year period beginning **JAN 16, 2002** and ending **DEC 31, 2002**

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

**C** Name of organization: **The Center for Consumer Freedom**

**D** Employer identification number: **26-0006579**

**E** Telephone number: **202-463-7112**

Number and street (or P.O. box if mail is not delivered to street address): **1775 Pennsylvania Ave. N.W.** Room/suite: **1200**

City or town, state or country, and ZIP + 4: **Washington, DC 20006**

**F** Accounting method:  Cash,  Accrual

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: **0**

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

**G** Web site: **See Attached Statement 1**

**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.

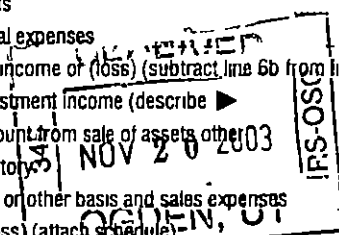
**I** Enter 4-digit GEN: **0000**

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: **2,733,909.**

**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             | 2,724,066. |           |
|            | b                                                                        | Indirect public support                                                                            | 1b             |            |           |
|            | c                                                                        | Government contributions (grants)                                                                  | 1c             |            |           |
|            | d                                                                        | Total (add lines 1a through 1c) (cash \$ 2,724,066. noncash \$ )                                   | 1d             | 2,724,066. |           |
|            | 2                                                                        | Program service revenue including government fees and contracts (from Part VII, line 93)           | 2              | 2,126.     |           |
|            | 3                                                                        | Membership dues and assessments                                                                    | 3              |            |           |
|            | 4                                                                        | Interest on savings and temporary cash investments                                                 | 4              | 7,432.     |           |
|            | 5                                                                        | Dividends and interest from securities                                                             | 5              |            |           |
|            | 6a                                                                       | Gross rents                                                                                        | 6a             |            |           |
|            | 6b                                                                       | Less rental expenses                                                                               | 6b             |            |           |
|            | 6c                                                                       | Net rental income or (loss) (subtract line 6b from line 6a)                                        | 6c             |            |           |
| 7          | Other investment income (describe )                                      | 7                                                                                                  |                |            |           |
| Revenue    | 8a                                                                       | 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             |            |           |
| 8c         | Net gain or (loss) (combine line 8c, columns (A) and (B))                | 8c                                                                                                 |                |            |           |
| 8d         | Net gain or (loss) (combine line 8c, columns (A) and (B))                | 8d                                                                                                 |                |            |           |
| Revenue    | 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                                                                                                 |                |            |           |
| Revenue    | 10a                                                                      | Gross sales of inventory, less returns and allowances                                              | 10a            | 285.       |           |
|            | b                                                                        | Less cost of goods sold                                                                            | 10b            | 37.        |           |
|            | c                                                                        | Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) | 10c            | 248.       |           |
| 11         | Other revenue (from Part VII, line 103)                                  | 11                                                                                                 |                |            |           |
| 12         | Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)     | 12                                                                                                 | 2,733,872.     |            |           |
| Expenses   | 13                                                                       | Program services (from line 44, column (B))                                                        | 13             | 1,565,498. |           |
|            | 14                                                                       | Management and general (from line 44, column (C))                                                  | 14             | 46,291.    |           |
|            | 15                                                                       | Fundraising (from line 44, column (D))                                                             | 15             | 359,014.   |           |
|            | 16                                                                       | Payments to affiliates (attach schedule)                                                           | 16             |            |           |
|            | 17                                                                       | Total expenses (add lines 13 and 14, column (A))                                                   | 17             | 1,970,803. |           |
| Net Assets | 18                                                                       | Excess or (deficit) for the year (subtract line 17 from line 12)                                   | 18             | 763,069.   |           |
|            | 19                                                                       | Net assets or fund balances at beginning of year (from line 73, column (A))                        | 19             | 0.         |           |
|            | 20                                                                       | Other changes in net assets or fund balances (attach explanation)                                  | 20             | 0.         |           |
|            | 21                                                                       | Net assets or fund balances at end of year (combine lines 18, 19, and 20)                          | 21             | 763,069.   |           |



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| 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)<br>cash \$ <u>15,000.</u> noncash \$                                                           | 15,000.    | 15,000.              | Statement 6                |                 |
| 23                                                                       | Specific assistance to individuals (attach schedule)                                                                                    |            |                      |                            |                 |
| 24                                                                       | Benefits paid to or for members (attach schedule)                                                                                       |            |                      |                            |                 |
| 25                                                                       | Compensation of officers, directors, etc                                                                                                | 750.       | 0.                   | 750.                       | 0.              |
| 26                                                                       | Other salaries and wages                                                                                                                |            |                      |                            |                 |
| 27                                                                       | Pension plan contributions                                                                                                              |            |                      |                            |                 |
| 28                                                                       | Other employee benefits                                                                                                                 |            |                      |                            |                 |
| 29                                                                       | Payroll taxes                                                                                                                           |            |                      |                            |                 |
| 30                                                                       | Professional fundraising fees                                                                                                           |            |                      |                            |                 |
| 31                                                                       | Accounting fees                                                                                                                         | 13,303.    |                      | 13,303.                    |                 |
| 32                                                                       | Legal fees                                                                                                                              | 27,179.    |                      | 27,179.                    |                 |
| 33                                                                       | Supplies                                                                                                                                | 9,976.     | 4,118.               | 174.                       | 5,684.          |
| 34                                                                       | Telephone                                                                                                                               | 211.       | 195.                 |                            | 16.             |
| 35                                                                       | Postage and shipping                                                                                                                    | 26,639.    | 23,895.              |                            | 2,744.          |
| 36                                                                       | Occupancy                                                                                                                               |            |                      |                            |                 |
| 37                                                                       | Equipment rental and maintenance                                                                                                        | 14.        | 14.                  |                            |                 |
| 38                                                                       | Printing and publications                                                                                                               | 61,154.    | 57,145.              |                            | 4,009.          |
| 39                                                                       | Travel                                                                                                                                  | 47,772.    | 14,337.              |                            | 33,435.         |
| 40                                                                       | Conferences, conventions, and meetings                                                                                                  | 1,648.     | 1,187.               |                            | 461.            |
| 41                                                                       | Interest                                                                                                                                |            |                      |                            |                 |
| 42                                                                       | Depreciation, depletion, etc (attach schedule)                                                                                          | 9,774.     | 9,667.               | 107.                       |                 |
| 43                                                                       | Other expenses not covered above (itemize)                                                                                              |            |                      |                            |                 |
| a                                                                        |                                                                                                                                         |            |                      |                            |                 |
| b                                                                        |                                                                                                                                         |            |                      |                            |                 |
| c                                                                        |                                                                                                                                         |            |                      |                            |                 |
| d                                                                        |                                                                                                                                         |            |                      |                            |                 |
| e                                                                        | <b>See Statement 4</b>                                                                                                                  | 1,757,383. | 1,439,940.           | 4,778.                     | 312,665.        |
| 44                                                                       | <b>Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D) carry these totals to lines 13-15.</b> | 1,970,803. | 1,565,498.           | 46,291.                    | 359,014.        |

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? <b>Research and education on food, beverage and lifestyle issues</b>                                                                                  | Program Service Expenses<br>(Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts, but optional for others.) |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| a <b>See Statement 5</b>                                                                                                                                                                                 |                                                                                                                    |
| (Grants and allocations \$ _____)                                                                                                                                                                        | 1,070,897.                                                                                                         |
| b <b>Maintained 4 web sites with daily news updates and articles; distributed a daily email newsletter to approximately 20,000 subscribers to further educate the public on food and beverage issues</b> |                                                                                                                    |
| (Grants and allocations \$ _____)                                                                                                                                                                        | 138,903.                                                                                                           |
| c <b>Researched and maintained database of foundation grants and funding sources of organizations dealing with food and beverage issues</b>                                                              |                                                                                                                    |
| (Grants and allocations \$ _____)                                                                                                                                                                        | 324,106.                                                                                                           |
| d <b>Held 2 meetings nationally, distributed 25,500 newsletters and issued 1 report on Mad Cow disease all in an effort to educate the public on food and beverage issues</b>                            |                                                                                                                    |
| (Grants and allocations \$ _____)                                                                                                                                                                        | 31,592.                                                                                                            |
| e Other program services (attach schedule)                                                                                                                                                               | (Grants and allocations \$ _____)                                                                                  |
| f <b>Total of Program Service Expenses (should equal line 44, column (B), Program services)</b>                                                                                                          | <b>1,565,498.</b>                                                                                                  |

**Part IV Balance Sheets**

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

|                                                                         |                                                                                                                                                            | (A)<br>Beginning of year | (B)<br>End of year |
|-------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------|
| <b>Assets</b>                                                           | 45 Cash - non-interest-bearing                                                                                                                             |                          | 45 97,172.         |
|                                                                         | 46 Savings and temporary cash investments                                                                                                                  |                          | 46 755,918.        |
|                                                                         | 47 a Accounts receivable                                                                                                                                   | 47a                      |                    |
|                                                                         | b Less allowance for doubtful accounts                                                                                                                     | 47b                      | 47c                |
|                                                                         | 48 a Pledges receivable                                                                                                                                    | 48a 13,500.              |                    |
|                                                                         | b Less allowance for doubtful accounts                                                                                                                     | 48b                      | 48c 13,500.        |
|                                                                         | 49 Grants receivable                                                                                                                                       |                          | 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                                                                                                                   |                          | 53 1,306.          |
|                                                                         | 54 Investments - securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV                                                                     |                          | 54                 |
|                                                                         | 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 37,212.                                                                                                                                                |                          |                    |
| b Less accumulated depreciation Stmt 7                                  | 57b 9,667.                                                                                                                                                 | 57c 27,545.              |                    |
| 58 Other assets (describe <input type="checkbox"/> Organization Costs ) |                                                                                                                                                            | 58 696.                  |                    |
| 59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)   |                                                                                                                                                            | 0. 59 896,137.           |                    |
| <b>Liabilities</b>                                                      | 60 Accounts payable and accrued expenses                                                                                                                   |                          | 60 133,068.        |
|                                                                         | 61 Grants payable                                                                                                                                          |                          | 61                 |
|                                                                         | 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                                                                                                                        |                          | 64b                |
|                                                                         | 65 Other liabilities (describe <input type="checkbox"/> )                                                                                                  |                          | 65                 |
| 66 <b>Total liabilities</b> (add lines 60 through 65)                   |                                                                                                                                                            | 0. 66 133,068.           |                    |
| <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                                                                                                                                            |                          | 67 763,069.        |
|                                                                         | 68 Temporarily restricted                                                                                                                                  |                          | 68                 |
|                                                                         | 69 Permanently restricted                                                                                                                                  |                          | 69                 |
|                                                                         | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74                                            |                          |                    |
|                                                                         | 70 Capital stock, trust principal, or current funds                                                                                                        |                          | 70                 |
|                                                                         | 71 Paid-in or capital surplus, or land, building, and equipment fund                                                                                       |                          | 71                 |
|                                                                         | 72 Retained earnings, endowment, accumulated income, or other funds                                                                                        |                          | 72                 |
|                                                                         | 73 <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) |                          | 0. 73 763,069.     |
|                                                                         | 74 <b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)                                                                           |                          | 0. 74 896,137.     |

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**

|          |                                                                          |          |            |
|----------|--------------------------------------------------------------------------|----------|------------|
| <b>a</b> | Total revenue, gains, and other support per audited financial statements | <b>a</b> | 2,733,872. |
| <b>b</b> | Amounts included on line <b>a</b> but not on line 12, Form 990           |          |            |
| (1)      | Net unrealized gains on investments \$                                   |          |            |
| (2)      | Donated services and use of facilities \$                                |          |            |
| (3)      | Recoveries of prior year grants \$                                       |          |            |
| (4)      | Other (specify) \$                                                       |          |            |
|          | Add amounts on lines (1) through (4)                                     | <b>b</b> | 0.         |
| <b>c</b> | Line <b>a</b> minus line <b>b</b>                                        | <b>c</b> | 2,733,872. |
| <b>d</b> | Amounts included on line 12, Form 990 but not on line <b>a</b>           |          |            |
| (1)      | Investment expenses not included on line 6b, Form 990 \$                 |          |            |
| (2)      | Other (specify) \$                                                       |          |            |
|          | Add amounts on lines (1) and (2)                                         | <b>d</b> | 0.         |
| <b>e</b> | Total revenue per line 12, Form 990 (line <b>c</b> plus line <b>d</b> )  | <b>e</b> | 2,733,872. |

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

|          |                                                                          |          |            |
|----------|--------------------------------------------------------------------------|----------|------------|
| <b>a</b> | Total expenses and losses per audited financial statements               | <b>a</b> | 1,971,499. |
| <b>b</b> | Amounts included on line <b>a</b> but not on line 17, Form 990           |          |            |
| (1)      | Donated services and use of facilities \$                                |          |            |
| (2)      | Prior year adjustments reported on line 20, Form 990 \$                  |          |            |
| (3)      | Losses reported on line 20, Form 990 \$                                  |          |            |
| (4)      | Other (specify) \$                                                       |          |            |
|          | <b>Stmt 8</b> \$ 803.                                                    |          |            |
|          | Add amounts on lines (1) through (4)                                     | <b>b</b> | 803.       |
| <b>c</b> | Line <b>a</b> minus line <b>b</b>                                        | <b>c</b> | 1,970,696. |
| <b>d</b> | Amounts included on line 17, Form 990 but not on line <b>a</b>           |          |            |
| (1)      | Investment expenses not included on line 6b, Form 990 \$                 |          |            |
| (2)      | Other (specify) \$                                                       |          |            |
|          | <b>Stmt 9</b> \$ 107.                                                    |          |            |
|          | Add amounts on lines (1) and (2)                                         | <b>d</b> | 107.       |
| <b>e</b> | Total expenses per line 17, Form 990 (line <b>c</b> plus line <b>d</b> ) | <b>e</b> | 1,970,803. |

**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 |
|------------------------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------|---------------------------------------------------------------------|------------------------------------------|
| Richard Berman<br>1775 Pennsylvania Ave. NW, Ste. 1200<br>Washington, DC 20006     | Pres., Exec. Dir., Dir.                                  | 0.                                        | 0.                                                                  | 0.                                       |
| John Doyle<br>1775 Pennsylvania Ave. NW, Ste. 1200<br>Washington, DC 20006         | Sec., Treas., Director                                   | 0.                                        | 0.                                                                  | 0.                                       |
| Allison Whitesides<br>1775 Pennsylvania Ave. NW, Ste. 1200<br>Washington, DC 20006 | Director                                                 | 250.                                      | 0.                                                                  | 0.                                       |
| Jacob Dweck<br>1775 Pennsylvania Ave. NW, Ste. 1200<br>Washington, DC 20006        | Director                                                 | 250.                                      | 0.                                                                  | 0.                                       |
| H. "Andy" Divine<br>1775 Pennsylvania Ave. NW, Ste. 1200<br>Washington, DC 20006   | Director                                                 | 250.                                      | 0.                                                                  | 0.                                       |
| Berman and Company<br>1775 Pennsylvania Ave. NW, Ste. 1200<br>Washington, DC 20006 | Management Company                                       | 0. 960,602.                               | 83,951.                                                             | 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 VI. Other Information |                                                                                                                                                                                                                                                                         | Yes | No  |
|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
| 76                         | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity                                                                                                                                | 76  | X   |
| 77                         | Were any changes made in the organizing or governing documents but not reported to the IRS?<br>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?                                                                                                                                                                                                        | 78b | N/A |
| 79                         | Was there a liquidation, dissolution, termination, or substantial contraction during the year?<br>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 _____ 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                                                                                                                                                                                               | 81a | 0.  |
| 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)                                                                                                    | 82b | N/A |
| 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?                                                                                                                                                                    | 83b | X   |
| 84 a                       | Did the organization solicit any contributions or gifts that were not tax deductible?                                                                                                                                                                                   | 84a | N/A |
| b                          | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?                                                                                                                           | 84b | N/A |
| 85                         | 501(c)(4), (5), or (6) organizations                                                                                                                                                                                                                                    |     |     |
| a                          | Were substantially all dues nondeductible by members?                                                                                                                                                                                                                   | 85a | N/A |
| b                          | Did the organization make only in-house lobbying expenditures of \$2,000 or less?<br>If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year                  | 85b | N/A |
| c                          | Dues, assessments, and similar amounts from members                                                                                                                                                                                                                     | 85c | N/A |
| d                          | Section 162(e) lobbying and political expenditures                                                                                                                                                                                                                      | 85d | N/A |
| e                          | Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices                                                                                                                                                                                                    | 85e | N/A |
| f                          | Taxable amount of lobbying and political expenditures (line 85d less 85e)                                                                                                                                                                                               | 85f | N/A |
| g                          | Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?                                                                                                                                                                                   | 85g | N/A |
| h                          | If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?                                | 85h | N/A |
| 86                         | 501(c)(7) organizations                                                                                                                                                                                                                                                 |     |     |
| a                          | Initiation fees and capital contributions included on line 12                                                                                                                                                                                                           | 86a | N/A |
| b                          | Gross receipts, included on line 12, for public use of club facilities                                                                                                                                                                                                  | 86b | N/A |
| 87                         | 501(c)(12) organizations                                                                                                                                                                                                                                                |     |     |
| a                          | Gross income from members or shareholders                                                                                                                                                                                                                               | 87a | N/A |
| b                          | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them)                                                                                                                                            | 87b | N/A |
| 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?<br>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 <u>0.</u> , section 4912 <u>0.</u> , section 4955 <u>0.</u>                                                                                                                         |     |     |
| 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?<br>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                                                                                                                                   |     | 0.  |
| d                          | Enter: Amount of tax on line 89c, above, reimbursed by the organization                                                                                                                                                                                                 |     | 0.  |
| 90 a                       | List the states with which a copy of this return is filed <u>See Statement 10</u>                                                                                                                                                                                       |     |     |
| b                          | Number of employees employed in the pay period that includes March 12, 2002                                                                                                                                                                                             | 90b | 0   |
| 91                         | The books are in care of <u>The Bookkeeper</u> Telephone no <u>(202) 463-7112</u>                                                                                                                                                                                       |     |     |
|                            | Located at <u>1775 Pennsylvania Ave. NW, #1200, Washington, DC</u> ZIP + 4 <u>20006</u>                                                                                                                                                                                 |     |     |
| 92                         | Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/><br>and enter the amount of tax-exempt interest received or accrued during the tax year <u>0.</u>                                               | 92  | 0.  |

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

| Note Enter gross amounts unless otherwise indicated          | Unrelated business income |               | Excluded by section 512, 513, or 514 |               | (E)<br>Related or exempt function income |
|--------------------------------------------------------------|---------------------------|---------------|--------------------------------------|---------------|------------------------------------------|
|                                                              | (A)<br>Business code      | (B)<br>Amount | (C)<br>Exclusion code                | (D)<br>Amount |                                          |
| 93 Program service revenue                                   |                           |               |                                      |               |                                          |
| a <u>Speech Honorarium</u>                                   |                           |               |                                      |               | 500.                                     |
| b <u>Published Article Fees</u>                              |                           |               |                                      |               | 400.                                     |
| c <u>Sale of Video Study</u>                                 |                           |               |                                      |               | 20.                                      |
| d <u>Expense Reimb. Income</u>                               |                           |               |                                      |               | 1,206.                                   |
| 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                                   | 7,432.        |                                          |
| 96 Dividends and interest from securities                    |                           |               |                                      |               |                                          |
| 97 Net rental income or (loss) from real estate              |                           |               |                                      |               |                                          |
| a debt-financed property                                     |                           |               |                                      |               |                                          |
| b not debt-financed property                                 |                           |               |                                      |               |                                          |
| 98 Net rental income or (loss) from personal property        |                           |               |                                      |               |                                          |
| 99 Other investment income                                   |                           |               |                                      |               |                                          |
| 100 Gain or (loss) from sales of assets other than inventory |                           |               |                                      |               |                                          |
| 101 Net income or (loss) from special events                 |                           |               |                                      |               |                                          |
| 102 Gross profit or (loss) from sales of inventory           |                           |               |                                      |               | 248.                                     |
| 103 Other revenue                                            |                           |               |                                      |               |                                          |
| a _____                                                      |                           |               |                                      |               |                                          |
| b _____                                                      |                           |               |                                      |               |                                          |
| c _____                                                      |                           |               |                                      |               |                                          |
| d _____                                                      |                           |               |                                      |               |                                          |
| e _____                                                      |                           |               |                                      |               |                                          |
| 104 Subtotal (add columns (B), (D), and (E))                 |                           | 0.            |                                      | 7,432.        | 2,374.                                   |
| 105 Total (add line 104, columns (B), (D), and (E))          |                           |               |                                      |               | 9,806.                                   |

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 11                                                                                                                                                                                                       |
|         |                                                                                                                                                                                                                        |
|         |                                                                                                                                                                                                                        |

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

| (A)<br>Name, address, and EIN of corporation, partnership, or disregarded entity | (B)<br>Percentage of ownership interest | (C)<br>Nature of activities | (D)<br>Total income | (E)<br>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

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

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

11363 Pres., Exec. Dir., Dir.  
Type or print name and title

Date \_\_\_\_\_ Check if self- \_\_\_\_\_ Preparer's SSN or PTIN \_\_\_\_\_

**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**

**2002**

Name of the organization

The Center for Consumer Freedom

Employer identification number

26 0006579

**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 |
|---------------------------------------------------------------|----------------------------------------------------------|------------------|---------------------------------------------------------------------|------------------------------------------|
| <u>None</u>                                                   |                                                          |                  |                                                                     |                                          |
|                                                               |                                                          |                  |                                                                     |                                          |
|                                                               |                                                          |                  |                                                                     |                                          |
|                                                               |                                                          |                  |                                                                     |                                          |
|                                                               |                                                          |                  |                                                                     |                                          |
|                                                               |                                                          |                  |                                                                     |                                          |
|                                                               |                                                          |                  |                                                                     |                                          |
|                                                               |                                                          |                  |                                                                     |                                          |
| 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 |
|-----------------------------------------------------------------------------|---------------------|------------------|
| <u>None</u>                                                                 |                     |                  |
|                                                                             |                     |                  |
|                                                                             |                     |                  |
|                                                                             |                     |                  |
|                                                                             |                     |                  |
|                                                                             |                     |                  |
|                                                                             |                     |                  |
|                                                                             |                     |                  |
| 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 **\$** \_\_\_\_\_ **\$** 112. (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B ) **VI-B, line 1**
- 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 12
- 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)? See Part V, Form 990
- 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?

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

**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

**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 )



**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.)                                                                                                                                                                          |          |          |          |          |           |
| 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                                                                              |          |          |          |          |           |
| 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 |          |          |          |          |           |
| 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                                                                                                                                                                                                                                     | 0.       | 0.       | 0.       | 0.       | 0.        |
| 24 Line 23 minus line 17                                                                                                                                                                                                                                            |          |          |          |          |           |
| 25 Enter 1% of line 23                                                                                                                                                                                                                                              |          |          |          |          |           |

26 Organizations described on lines 10 or 11

a Enter 2% of amount in column (e), line 24 ▶ 26a

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 0.

c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶ 26c

d Add: Amounts from column (e) for lines 18 \_\_\_\_\_ 19 \_\_\_\_\_  
 22 \_\_\_\_\_ 26b \_\_\_\_\_ ▶ 26d

e Public support (line 26c minus line 26d total) ▶ 26e

f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶ 26f %

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

None

**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?<br>If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement ) |     |    |
| <hr/> <hr/> <hr/> |                                                                                                                                                                                                                                                                                                                                                                                                                                    |     |    |
| 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?<br>If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.)                                                                                                                                                                                                                      |     |    |
| <hr/> <hr/> <hr/> |                                                                                                                                                                                                                                                                                                                                                                                                                                    |     |    |
| 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?<br>If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )                                                                                                                                                                                                                                                                              |     |    |
| <hr/> <hr/> <hr/> |                                                                                                                                                                                                                                                                                                                                                                                                                                    |     |    |
| 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?<br>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<br>(The term "expenditures" means amounts paid or incurred ) |                                                                               | (a)<br>Affiliated group<br>totals | (b)<br>To be completed for ALL<br>electing organizations |
|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-----------------------------------|----------------------------------------------------------|
|                                                                                              |                                                                               | N/A                               |                                                          |
| 36                                                                                           | Total lobbying expenditures to influence public opinion (grassroots lobbying) |                                   |                                                          |
| 37                                                                                           | Total lobbying expenditures to influence a legislative body (direct lobbying) |                                   |                                                          |
| 38                                                                                           | Total lobbying expenditures (add lines 36 and 37)                             |                                   |                                                          |
| 39                                                                                           | Other exempt purpose expenditures                                             |                                   |                                                          |
| 40                                                                                           | Total exempt purpose expenditures (add lines 38 and 39)                       |                                   |                                                          |
| 41                                                                                           | Lobbying nontaxable amount Enter the amount from the following table -        |                                   |                                                          |
|                                                                                              | <b>If the amount on line 40 is -</b>                                          |                                   |                                                          |
|                                                                                              | Not over \$500,000                                                            |                                   |                                                          |
|                                                                                              | Over \$500,000 but not over \$1,000,000                                       |                                   |                                                          |
|                                                                                              | Over \$1,000,000 but not over \$1,500,000                                     |                                   |                                                          |
|                                                                                              | Over \$1,500,000 but not over \$17,000,000                                    |                                   |                                                          |
|                                                                                              | Over \$17,000,000                                                             |                                   |                                                          |
|                                                                                              | <b>The lobbying nontaxable amount is -</b>                                    |                                   |                                                          |
|                                                                                              | 20% of the amount on line 40                                                  |                                   |                                                          |
|                                                                                              | \$100,000 plus 15% of the excess over \$500,000                               |                                   |                                                          |
|                                                                                              | \$175,000 plus 10% of the excess over \$1,000,000                             |                                   |                                                          |
|                                                                                              | \$225,000 plus 5% of the excess over \$1,500,000                              |                                   |                                                          |
|                                                                                              | \$1,000,000                                                                   |                                   |                                                          |
| 42                                                                                           | Grassroots nontaxable amount (enter 25% of line 41)                           |                                   |                                                          |
| 43                                                                                           | Subtract line 42 from line 36 Enter 0 if line 42 is more than line 36         |                                   |                                                          |
| 44                                                                                           | Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38       |                                   |                                                          |

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)<br>2002                                          | (b)<br>2001 | (c)<br>2000 | (d)<br>1999 | (e)<br>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 )

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

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

| Yes | No | Amount |
|-----|----|--------|
| X   |    |        |
|     | X  |        |
|     | X  |        |
|     | X  |        |
|     | X  |        |
|     | X  |        |
| X   |    | 112.   |
|     | X  |        |
|     |    | 112.   |

See Statement 13

**Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 12 of the instructions )

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

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

|        | Yes | No |
|--------|-----|----|
| 51a(i) |     | X  |
| a(ii)  |     | X  |
| b(i)   |     | X  |
| b(ii)  | X   |    |
| b(iii) |     | X  |
| b(iv)  |     | X  |
| b(v)   |     | X  |
| b(vi)  |     | X  |
| c      |     | X  |

- (i) Cash
- (ii) Other assets
- b Other transactions
  - (i) Sales or exchanges of assets with a noncharitable exempt organization
  - (ii) Purchases of assets from a noncharitable exempt organization
  - (iii) Rental of facilities, equipment, or other assets
  - (iv) Reimbursement arrangements
  - (v) Loans or loan guarantees
  - (vi) Performance of services or membership or fundraising solicitations

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

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

| (a)<br>Line no | (b)<br>Amount involved | (c)<br>Name of noncharitable exempt organization | (d)<br>Description of transfers, transactions, and sharing arrangements      |
|----------------|------------------------|--------------------------------------------------|------------------------------------------------------------------------------|
|                |                        |                                                  | Equip/software purch 2/1/02 at approx net book value = approx fair mkt value |
| bii            | 21,350.                | Consumer Freedom Coalition                       |                                                                              |
|                |                        |                                                  |                                                                              |
|                |                        |                                                  |                                                                              |
|                |                        |                                                  |                                                                              |
|                |                        |                                                  |                                                                              |
|                |                        |                                                  |                                                                              |
|                |                        |                                                  |                                                                              |
|                |                        |                                                  |                                                                              |
|                |                        |                                                  |                                                                              |
|                |                        |                                                  |                                                                              |
|                |                        |                                                  |                                                                              |
|                |                        |                                                  |                                                                              |
|                |                        |                                                  |                                                                              |
|                |                        |                                                  |                                                                              |
|                |                        |                                                  |                                                                              |
|                |                        |                                                  |                                                                              |
|                |                        |                                                  |                                                                              |

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 (other than section 501(c)(3)) or in section 527?  Yes  No

b If "Yes," complete the following schedule

| (a)<br>Name of organization      | (b)<br>Type of organization | (c)<br>Description of relationship                                         |
|----------------------------------|-----------------------------|----------------------------------------------------------------------------|
| Consumer Freedom Coalition (CFC) | Sec. 501(c)(6)              | The Center for Consumer Freedom directs CFC's mission at the public level. |
|                                  |                             |                                                                            |
|                                  |                             |                                                                            |
|                                  |                             |                                                                            |
|                                  |                             |                                                                            |
|                                  |                             |                                                                            |
|                                  |                             |                                                                            |
|                                  |                             |                                                                            |
|                                  |                             |                                                                            |
|                                  |                             |                                                                            |
|                                  |                             |                                                                            |
|                                  |                             |                                                                            |
|                                  |                             |                                                                            |
|                                  |                             |                                                                            |
|                                  |                             |                                                                            |
|                                  |                             |                                                                            |

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

▶ See separate instructions ▶ Attach to your tax return

Name(s) shown on return

Business or activity to which this form relates

Identifying number

The Center for Consumer Freedom

**Form 990 Page 2**

**26-0006579**

**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                                                              | 24,000.                      |
| 2  | Total cost of section 179 property placed in service (see instructions)                                                                |                              |
| 3  | Threshold cost of section 179 property before reduction in limitation                                                                  | \$200,000                    |
| 4  | Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-                                                        |                              |
| 5  | Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions |                              |
| 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 | 444.   |
| 15 | Property subject to section 168(f)(1) election (see instructions)                                                                           | 15 |        |
| 16 | Other depreciation (including ACRS) (see instructions)                                                                                      | 16 | 9,035. |

**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 |  |
| 18 | If you are electing under section 168(i)(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              |                                      | 710.                                                                         | 5 Yrs.              | HY             | 200DB      | 142.                       |
| c 7 year property              |                                      | 324.                                                                         | 7 Yrs.              | HY             | 200DB      | 46.                        |
| 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 |  |        |    | 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 | 9,667. |
| 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)<br>Type of property<br>(list vehicles first)                                                                                                         | (b)<br>Date placed in service | (c)<br>Business/investment use percentage | (d)<br>Cost or other basis | (e)<br>Basis for depreciation (business/investment use only) | (f)<br>Recovery period | (g)<br>Method/Convention | (h)<br>Depreciation deduction | (i)<br>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)<br>Vehicle |    | (b)<br>Vehicle |    | (c)<br>Vehicle |    | (d)<br>Vehicle |    | (e)<br>Vehicle |    | (f)<br>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<br>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?<br><b>Note.</b> 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)<br>Description of costs                                             | (b)<br>Date amortization begins | (c)<br>Amortizable amount | (d)<br>Code section | (e)<br>Amortization period or percentage | (f)<br>Amortization for this year |
|-------------------------------------------------------------------------|---------------------------------|---------------------------|---------------------|------------------------------------------|-----------------------------------|
| 42 Amortization of costs that begins during your 2002 tax year          |                                 |                           |                     |                                          |                                   |
| Organization Costs                                                      | 04/30/02                        | 803.                      | 248                 | 60M                                      | 107.                              |
| 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 |                                 |                           |                     |                                          | 44 107.                           |

| 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        | Machinery & Equipment<br>Dell Dimension Series<br>1L Computer/Monitor                                                                    | 02010220      | DB     | 5.00 | 19B     | 662.                     |            | 199.               | 463.                   |                          |                 | 292.                   |
| 2        | Shredder                                                                                                                                 | 02010220      | DB     | 7.00 | 19C     | 463.                     |            | 139.               | 324.                   |                          |                 | 185.                   |
| 3        | Extra RAM for Server<br>* 990 Page 2 Total                                                                                               | 02010220      | DB     | 5.00 | 19B     | 353.                     |            | 106.               | 247.                   |                          |                 | 155.                   |
| 4        | Machinery & Equipment<br>Program Services                                                                                                |               |        |      |         | 1,478.                   |            | 444.               | 1,034.                 | 0.                       | 0.              | 632.                   |
| 5        | Adjuagl Software<br>5.0 Pro Win Server                                                                                                   | 020102SL      |        | 3.00 | 16      | 691.                     |            |                    | 691.                   |                          |                 | 211.                   |
| 6        | Software                                                                                                                                 | 020102SL      |        | 3.00 | 16      | 1,146.                   |            |                    | 1,146.                 |                          |                 | 350.                   |
| 7        | Web-based Bowling Game<br>* 990 Page 2 Total<br>Program Services                                                                         | 032702SL      |        | 3.00 | 16      | 33,897.                  |            | 0.                 | 33,897.                |                          |                 | 8,474.                 |
| 8        | Management and General<br>Organization Costs<br>* 990 Page 2 Total<br>Management and General<br>* Grand Total 990 Page<br>2 Depi & Amort | 043002248     |        | 60M  | 42      | 803.                     |            |                    | 803.                   |                          |                 | 107.                   |
|          |                                                                                                                                          |               |        |      |         | 38,015.                  |            | 444.               | 37,571.                | 0.                       | 0.              | 9,774.                 |

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Footnotes

Statement 1

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Form 990, Page 1, Item G - Websites include the following:  
consumerfreedom.com, activistcash.com, cspiscam.com, and  
animalscam.com.

Form 990, Part V - Berman and Company performs management  
services for The Center for Consumer Freedom. The services  
performed include research, communications and general  
and administrative services.



Form 990

Income and Cost of Goods Sold  
Included on Part I, Line 10

Statement 2

| Income                                                 |     |     |
|--------------------------------------------------------|-----|-----|
| 1. Gross receipts . . . . .                            | 285 |     |
| 2. Returns and allowances . . . . .                    |     |     |
| 3. Line 1 less line 2 . . . . .                        |     | 285 |
| <hr/>                                                  |     |     |
| 4. Cost of goods sold (line 13) . . . . .              | 37  |     |
| 5. Gross profit (line 3 less line 4) . . . . .         |     | 248 |
| <hr/> <hr/>                                            |     |     |
| Cost of Goods Sold                                     |     |     |
| 6. Inventory at beginning of year . . . . .            | 0   |     |
| 7. Merchandise purchased . . . . .                     | 25  |     |
| 8. Cost of labor . . . . .                             |     |     |
| 9. Materials and supplies . . . . .                    |     |     |
| 10. Other costs . . . . .                              | 12  |     |
| 11. Add lines 6 through 10 . . . . .                   |     | 37  |
| <hr/>                                                  |     |     |
| 12. Inventory at end of year . . . . .                 | 0   |     |
| 13. Cost of goods sold (line 11 less line 12). . . . . |     | 37  |
| <hr/> <hr/>                                            |     |     |

| Form 990                                     | Cost of Goods Sold - Other Costs | Statement | 3 |
|----------------------------------------------|----------------------------------|-----------|---|
| Description                                  |                                  | Amount    |   |
| Internet Sales Processing Fees               |                                  | 12.       |   |
| Total included on Form 990, Part I, line 10b |                                  | 12.       |   |

| Form 990 | Other Expenses | Statement | 4 |
|----------|----------------|-----------|---|
|----------|----------------|-----------|---|

| Description                    | (A)<br>Total | (B)<br>Program<br>Services | (C)<br>Management<br>and General | (D)<br>Fundraising |
|--------------------------------|--------------|----------------------------|----------------------------------|--------------------|
| Media and Message<br>Promotion | 1,063,120.   | 1,063,120.                 |                                  |                    |
| Marketing                      | 306,683.     |                            |                                  | 306,683.           |
| Issue Research                 | 269,611.     | 269,611.                   |                                  |                    |
| Professional<br>Services       | 11,521.      | 7,550.                     | 1,955.                           | 2,016.             |
| Casual Labor                   | 10,435.      | 10,435.                    |                                  |                    |
| Dues and Memberships           | 379.         | 379.                       |                                  |                    |
| Merchant Fees on<br>Website    |              |                            |                                  |                    |
| Contributions                  | 111.         |                            |                                  | 111.               |
| Computer Data Base             |              |                            |                                  |                    |
| Subscription Service           | 68,463.      | 66,267.                    |                                  | 2,196.             |
| Photocopy and<br>Facsimile     | 21,512.      | 21,363.                    |                                  | 149.               |
| Taxes, Licenses and<br>Fees    | 3,037.       | 1,215.                     | 312.                             | 1,510.             |
| Directors' Insurance           | 2,035.       |                            | 2,035.                           |                    |
| Off-Site Record<br>Storage     | 471.         |                            | 471.                             |                    |
| Miscellaneous                  | 5.           |                            | 5.                               |                    |
| Total to Fm 990, ln 43         | 1,757,383.   | 1,439,940.                 | 4,778.                           | 312,665.           |

Form 990 Statement of Program Service Accomplishments Statement 5

Description of Program Service One

Placed approximately 6 educational advertisements in an estimated 15 national publications; ran 3 informative radio commercials in the Washington, DC listening area over a one-month period for approximately 500 airings; placed approximately 41 opinion editorials in national publications; were featured in approximately 79 television appearances and 111 radio interviews; issued nationally approximately 54 letters to the editor; had approximately 38 press releases and distributed at least 16 mass mailings

|                               | Grants | Expenses   |
|-------------------------------|--------|------------|
| To Form 990, Part III, line a |        | 1,070,897. |

Form 990 Cash Grants and Allocations Statement 6

| Classification                               | Donee's Name  | Donee's Address                           | Donee's Relationship | Amount  |
|----------------------------------------------|---------------|-------------------------------------------|----------------------|---------|
| Animal Shelter Construction                  | Yadkin County | P.O. Box 416,<br>Yadkinville, NC<br>27005 | Unrelated            | 15,000. |
| Total Included on Form 990, Part II, line 22 |               |                                           |                      | 15,000. |

Form 990 Depreciation of Assets Not Held for Investment Statement 7

| Description                              | Cost or Other Basis | Accumulated Depreciation | Book Value |
|------------------------------------------|---------------------|--------------------------|------------|
| Dell Dimension Series L Computer/Monitor | 662.                | 292.                     | 370.       |
| Shredder                                 | 463.                | 185.                     | 278.       |
| Extra RAM for Server                     | 353.                | 155.                     | 198.       |
| Adjuggl Software                         | 691.                | 211.                     | 480.       |
| 5.0 Pro Win Server Software              | 1,146.              | 350.                     | 796.       |
| Web-based Bowling Game                   | 33,897.             | 8,474.                   | 25,423.    |
| Total to Form 990, Part IV, ln 57        | 37,212.             | 9,667.                   | 27,545.    |

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|          |                                         |           |   |
|----------|-----------------------------------------|-----------|---|
| Form 990 | Other Expenses Not Included on Form 990 | Statement | 8 |
|----------|-----------------------------------------|-----------|---|

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| <u>Description</u>           | <u>Amount</u> |
|------------------------------|---------------|
| Write-off of Intangibles     | 803.          |
| Total to Form 990, Part IV-B | 803.          |

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|          |                                     |           |   |
|----------|-------------------------------------|-----------|---|
| Form 990 | Other Expenses Included on Form 990 | Statement | 9 |
|----------|-------------------------------------|-----------|---|

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| <u>Description</u>                 | <u>Amount</u> |
|------------------------------------|---------------|
| Amortization of Organization Costs | 107.          |
| Total to Form 990, Part IV-B       | 107.          |

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|          |                                                             |           |    |
|----------|-------------------------------------------------------------|-----------|----|
| Form 990 | List of States Receiving Copy of Return<br>Part VI, Line 90 | Statement | 10 |
|----------|-------------------------------------------------------------|-----------|----|

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States

AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, IL, KS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

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|          |                                                                                |           |    |
|----------|--------------------------------------------------------------------------------|-----------|----|
| Form 990 | Part VIII - Relationship of Activities to<br>Accomplishment of Exempt Purposes | Statement | 11 |
|----------|--------------------------------------------------------------------------------|-----------|----|

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| <u>Line</u> | <u>Explanation of Relationship of Activities</u>                                                                                                                                                                                                                                                                                                                                                               |
|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 93ab        | Speech honorarium and published article fees are by-products of the organization's goal of informing the public about research on food, beverage and lifestyle issues.                                                                                                                                                                                                                                         |
| 93c         | The sale of a video study also further assisted the organization in its goal of educating the public about research on food, beverage and lifestyle issues.                                                                                                                                                                                                                                                    |
| 93d         | Expense reimbursement income is another by-product of the organization's goal of informing the public about research on food, beverage and lifestyle issues. Many organizations wished to assist in this regard; therefore, they reimbursed travel expenses for The Center for Consumer Freedom spokespersons to travel to several national cities to speak to their organizations about The Center's mission. |

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|            |                                                                                                                                             |              |
|------------|---------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| Schedule A | Statement Regarding Activities with<br>Substantial Contributors, Trustees, Directors,<br>Creators, Key Employees, Etc.,<br>Part III, Line 2 | Statement 12 |
|------------|---------------------------------------------------------------------------------------------------------------------------------------------|--------------|

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Part III, Line 2c - Furnishing of goods, services or facilities:  
Berman and Company provides the majority of the consulting and general and administrative services to The Center for Consumer Freedom. The Center for Consumer Freedom shares office space with Berman and Company on a cost pass-through basis.

Part III, Line 2d - Payment of compensation:

In addition to the compensation reported in Part V, Form 990, Berman and Company as management company also received \$242,841 in reimbursement of operating expense advancements. Directors Richard Berman and John Doyle were also reimbursed \$64,825, and \$3,961, respectively, for expenses paid on its behalf.

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|            |                                              |              |
|------------|----------------------------------------------|--------------|
| Schedule A | Statement of Lobbying Activities - Part VI-B | Statement 13 |
|------------|----------------------------------------------|--------------|

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Meal expenses of \$56 and cab fares totaling \$56 were spent on direct contact with legislators, their staffs, government officials, or a legislative body. The limited amount of lobbying was actually conducted by management company staff that did not bill for their time.

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<br><b>The Center for Consumer Freedom</b>                                                  | Employer identification number<br><b>26-0006579</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<br><b>1775 Pennsylvania Ave. N.W., No. 1200</b>   | For IRS use only                                    |
|                                                                                                       | City, town or post office, state, and ZIP code. For a foreign address, see instructions<br><b>Washington, DC 20006</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-EZ | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 1041 A | <input type="checkbox"/> Form 5227 | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990 BL         | <input type="checkbox"/> Form 990 PF | <input type="checkbox"/> Form 990-T (trust other than above)     | <input type="checkbox"/> Form 4720   | <input type="checkbox"/> 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 \_\_\_\_\_, or other tax year beginning JAN 16, 2002 and ending DEC 31, 2002

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 information is yet required in order to produce 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 Leri L. Robles Title C.P.A. 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 \_\_\_\_\_

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                                                                        |
|               | Number and street (include suite, room or apt no.) Or a P O box number      |
|               | City or town, province or state, and country (including postal or ZIP code) |

**EXTENSION APPROVED**  
**AUG 12 2003**  
**LINDA WEISKOPF, FIELD DIRECTOR,**  
**SUBMISSION PROCESSING, OGDEN**

# 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                                                                                    | Employer identification number |
|                                                              | The Center for Consumer Freedom                                                                                | 26-0006579                     |
| 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<br>1775 Pennsylvania Ave. N.W., No. 1200  |                                |
|                                                              | City, town or post office, state and ZIP code. For a foreign address, see instructions<br>Washington, DC 20006 |                                |

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 \_\_\_\_\_ or  tax year beginning JAN 16, 2002, and ending DEC 31, 2002

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 ▶ Jeni L. Rolinski Title ▶ C.P.A. Date ▶ 5/1/2003  
LHA For Paperwork Reduction Act Notice, see instruction Form 8868 (12-2000)