

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

B Check if applicable:

- Address change
Name change
Initial return
Final return
Amended return
Application pending

Please use IRS label or print or type. See specific instructions.

C Name of organization

The CFIDS Association of America, Inc.

Number street (or P.O. box if mail is not delivered to street addr) Room/suite

6827 Fairview Road, Suite A

City, Town or Country State ZIP code + 4
Charlotte NC 28210

D Employer Identification Number

56-1683450

E Telephone number

(704) 364-0016

F Accounting method:

- Cash
[X] Accrual
Other (specify)

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

H and I are not applicable to Section 527 organizations.

H (a) Is this a group return for affiliates? Yes No

H (b) If 'yes,' enter number of affiliates

H (c) Are all affiliates included? Yes No

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

I Enter 4-digit group GEN N/A

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

G Web site: www.cfids.org

J Organization type

(check only) 501(c) 3 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12. 2,067,759.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see instructions)

Table with 21 rows and 3 columns: Description, Amount, and Total. Rows include Contributions, Program service revenue, Membership dues, Interest on savings, Dividends, Gross rents, Other investment income, Special events, Gross sales of inventory, Other revenue, Total revenue, Program services, Management and general, Fundraising, Payments to affiliates, Total expenses, Excess or (deficit) for the year, Net assets or fund balances at beginning of year, Other changes in net assets or fund balances, Net assets or fund balances at end of year.

**Part II Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (att sch) (cash \$ 109,565. non-cash \$ _____) . . . . .	22 109,565.	109,565.		
23	Specific assistance to individuals (att sch) . . . . .	23			
24	Benefits paid to or for members (att sch) . . . . .	24			
25	Compensation of officers, directors, etc . . . . .	25 149,314.	134,382.	7,466.	7,466.
26	Other salaries and wages . . . . .	26 616,091.	448,286.	106,720.	61,085.
27	Pension plan contributions . . . . .	27			
28	Other employee benefits . . . . .	28			
29	Payroll taxes . . . . .	29 50,242.	38,247.	7,495.	4,500.
30	Professional fundraising fees . . . . .	30			
31	Accounting fees . . . . .	31			
32	Legal fees . . . . .	32			
33	Supplies . . . . .	33 21,497.	17,659.	2,398.	1,440.
34	Telephone . . . . .	34 38,113.	30,974.	4,283.	2,856.
35	Postage and shipping . . . . .	35			
36	Occupancy . . . . .	36 77,067.	58,668.	11,497.	6,902.
37	Equipment rental and maintenance . . . . .	37 15,088.	11,486.	2,251.	1,351.
38	Printing and publications . . . . .	38 239,975.	153,106.	3,951.	82,918.
39	Travel . . . . .	39 28,109.	23,244.	1,043.	3,822.
40	Conferences, conventions, and meetings . . . . .	40			
41	Interest . . . . .	41			
42	Depreciation, depletion, etc (attach schedule) . . . . .	42 27,188.	20,696.	4,056.	2,436.
43	Other expenses not covered above (itemize):				
a	Miscellaneous . . . . .	43a 96,241.	72,251.	10,587.	13,403.
b	Insurance . . . . .	43b 3,895.	2,965.	581.	349.
c	Educational Materials . . . . .	43c 7,760.	7,760.	0.	0.
d	Contract services . . . . .	43d 342,556.	337,040.	3,447.	2,069.
e	Symposia . . . . .	43e 141,211.	141,211.	0.	0.
44	<b>Total functional expenses</b> (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15 . . . . .	44 1,963,912.	1,607,540.	165,775.	190,597.

**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? <input type="checkbox"/> INFORM OTHERS OF CFIDS & CONQUER THE DISEASE	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a <u>Research Symposia program--Research symposia were organized to present a forum presenting and discussing possible causes of, treatments for, and general education of the medical profession about chronic fatigue and immune dysfunctions syndrome.</u> (Grants and allocations \$ 254,054. )	254,054.
b <u>Public Policy--The association's public policy program sought increased federal funding for CFIDS research and a greater and more unified response to the disease from all federal agencies.</u> (Grants and allocations \$ 384,777. )	384,777.
c <u>Education--The association educated persons with CFIDS, physicians, and others about CFIDS through its journal, The CFIDS Chronicle, free information packets, The Research Review, and sales of educational materials.</u> (Grants and allocations \$ 968,709. )	968,709.
d _____ (Grants and allocations \$ _____ )	
e Other program services . . . . . (Grants and allocations \$ _____ )	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), program services) . . . . .	1,607,540.

**Part IV Balance Sheets** (See instructions)

<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
<b>A S S E T S</b>	<b>45</b> Cash — non-interest-bearing . . . . .			<b>45</b>	
	<b>46</b> Savings and temporary cash investments . . . . .		1,140,520.	<b>46</b>	847,486.
	<b>47 a</b> Accounts receivable . . . . .	328,508.			
	<b>b</b> Less: allowance for doubtful accounts . . . . .		31,228.	<b>47 c</b>	328,508.
	<b>48 a</b> Pledges receivable . . . . .	3,000.			
	<b>b</b> Less: allowance for doubtful accounts . . . . .		1,500.	<b>48 c</b>	3,000.
	<b>49</b> Grants receivable . . . . .			<b>49</b>	
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .			<b>50</b>	
	<b>51 a</b> Other notes & loans receivable (attach sch) . . . . .				
	<b>b</b> Less: allowance for doubtful accounts . . . . .			<b>51 c</b>	
	<b>52</b> Inventories for sale or use . . . . .		22,103.	<b>52</b>	13,168.
	<b>53</b> Prepaid expenses and deferred charges . . . . .		6,868.	<b>53</b>	24,785.
	<b>54</b> Investments — securities (attach schedule) . . . . .	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		<b>54</b>	
	<b>55 a</b> Investments — land, buildings, & equipment: basis . . . . .				
	<b>b</b> Less: accumulated depreciation (attach schedule) . . . . .			<b>55 c</b>	
<b>56</b> Investments — other (attach schedule) . . . . .			<b>56</b>		
<b>57 a</b> Land, buildings, and equipment: basis . . . . .	208,511.				
<b>b</b> Less: accumulated depreciation (attach schedule) . . . . .		147,042.	<b>57 c</b>	61,469.	
<b>58</b> Other assets (describe ▶ _____) . . . . .			<b>58</b>		
<b>59 Total assets</b> (add lines 45 through 58) (must equal line 74) . . . . .		1,246,840.	<b>59</b>	1,278,416.	
<b>L I A B I L I T I E S</b>	<b>60</b> Accounts payable and accrued expenses . . . . .		137,261.	<b>60</b>	77,806.
	<b>61</b> Grants payable . . . . .			<b>61</b>	
	<b>62</b> Deferred revenue . . . . .		138,994.	<b>62</b>	126,490.
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .			<b>63</b>	
	<b>64 a</b> Tax-exempt bond liabilities (attach schedule) . . . . .			<b>64 a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule) . . . . .			<b>64 b</b>	
	<b>65</b> Other liabilities (describe ▶ _____) . . . . .			<b>65</b>	
	<b>66 Total liabilities</b> (add lines 60 through 65) . . . . .		276,255.	<b>66</b>	204,296.
<b>N E T A S S E T S  O R F U N D B A L A N C E S</b>	<b>Organizations that follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	<b>67</b> Unrestricted . . . . .		739,781.	<b>67</b>	766,682.
	<b>68</b> Temporarily restricted . . . . .		230,804.	<b>68</b>	307,438.
	<b>69</b> Permanently restricted . . . . .			<b>69</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> ▶ <input type="checkbox"/> and complete lines 70 through 74.				
	<b>70</b> Capital stock, trust principal, or current funds . . . . .			<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund . . . . .			<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds . . . . .			<b>72</b>	
	<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) <b>must</b> equal line 19 and column (B) <b>must</b> equal line 21) . . . . .		970,585.	<b>73</b>	1,074,120.
	<b>74 Total liabilities and net assets/fund balances</b> (add lines 66 and 73) . . . . .		1,246,840.	<b>74</b>	1,278,416.

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 VI Other Information** (See specific instructions.)

Yes No

<b>76</b>	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity . . . . .	<b>76</b>		X
<b>77</b>	Were any changes made in the organizing or governing documents but not reported to the IRS? . . . . . If 'Yes,' attach a conformed copy of the changes.	<b>77</b>		X
<b>78 a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	<b>78 a</b>	X	
<b>b</b>	If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>78 b</b>	X	
<b>79</b>	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement . . . . .	<b>79</b>		X
<b>80 a</b>	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? . . . . .	<b>80 a</b>		X
<b>b</b>	If 'Yes,' enter the name of the organization ▶ _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.			
<b>81 a</b>	Enter direct or indirect political expenditures. See line 81 instructions . . . . .	<b>81 a</b>	0.	
<b>b</b>	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<b>81 b</b>		X
<b>82 a</b>	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? . . . . .	<b>82 a</b>		X
<b>b</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.) . . . . .	<b>82 b</b>		
<b>83 a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications? . . . . .	<b>83 a</b>	X	
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? . . . . .	<b>83 b</b>	X	
<b>84 a</b>	Did the organization solicit any contributions or gifts that were not tax deductible? . . . . .	<b>84 a</b>		X
<b>b</b>	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>84 b</b>		
<b>85</b>	<b>501(c)(4), (5), or (6) organizations.</b> <b>a</b> Were substantially all dues nondeductible by members? . . . . .	<b>85 a</b>		
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? . . . . . If 'Yes' was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	<b>85 b</b>		
<b>c</b>	Dues, assessments, and similar amounts from members . . . . .	<b>85 c</b>		
<b>d</b>	Section 162(e) lobbying and political expenditures . . . . .	<b>85 d</b>		
<b>e</b>	Aggregate nondeductible amount of Section 6033(e)(1)(A) dues notices . . . . .	<b>85 e</b>		
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e). . . . .	<b>85 f</b>		
<b>g</b>	Does the organization elect to pay the Section 6033(e) tax on the amount on line 85f? . . . . .	<b>85 g</b>		
<b>h</b>	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? . . . . .	<b>85 h</b>		
<b>86</b>	<b>501(c)(7) organizations.</b> Enter: <b>a</b> Initiation fees and capital contributions included on line 12 . . . . .	<b>86 a</b>		
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities . . . . .	<b>86 b</b>		
<b>87</b>	<b>501(c)(12) organizations.</b> Enter: <b>a</b> Gross income from members or shareholders. . . . .	<b>87 a</b>		
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>87 b</b>		
<b>88</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations Sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX . . . . .	<b>88</b>		X
<b>89 a</b>	<b>501(c)(3) organizations.</b> Enter: Amount of tax imposed on the organization during the year under: Section 4911 ▶ 0. ; Section 4912 ▶ 0. ; Section 4955 ▶ 0.			
<b>b</b>	<b>501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in any Section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction . . . . .	<b>89 b</b>		X
<b>c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under Sections 4912, 4955, and 4958 . . . . . ▶ 0.			
<b>d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization . . . . . ▶			
<b>90 a</b>	List the states with which a copy of this return is filed ▶ <u>North Carolina</u>			
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2001 (see instructions) . . . . .	<b>90 b</b>		15
<b>91</b>	The books are in care of ▶ <u>Steven F. Argo, Controller</u> Telephone number ▶ <u>(704) 364-0016</u> Located at ▶ <u>6827 Fairview Rd., Suite A, Charlotte</u> NC ZIP +4 ▶ <u>28210</u>			
<b>92</b>	<b>Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041</b> – Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>92</b>			

**Part VII Analysis of Income-Producing Activities** (See instructions.)

**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>93</b> Program service revenue:					
<b>a</b> Educational materials					15,968.
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> Medicare/Medicaid payments . . . . .					
<b>g</b> Fees & contracts from government agencies . . . . .					
<b>94</b> Membership dues and assessments . . . . .					275,554.
<b>95</b> Interest on savings & temporary cash invmnts.			14	30,241.	
<b>96</b> Dividends & interest from securities . . . . .					
<b>97</b> Net rental income or (loss) from real estate:					
<b>a</b> debt-financed property . . . . .					
<b>b</b> not debt-financed property . . . . .					
<b>98</b> Net rental income or (loss) from pers prop . . . . .					
<b>99</b> Other investment income . . . . .					
<b>100</b> Gain or (loss) from sales of assets other than inventory . . . . .					-312.
<b>101</b> Net income or (loss) from special events . . . . .					
<b>102</b> Gross profit or (loss) from sales of inventory . . . . .					
<b>103</b> Other revenue: <b>a</b> _____					
<b>b</b> Advertising	7310	600.			
<b>c</b> Greeting cards, shirts					9.
<b>d</b> _____					
<b>e</b> _____					
<b>104</b> Subtotal (add columns (B), (D), and (E)) . . . . .		600.		30,241.	291,219.
<b>105</b> Total (add line 104, columns (B), (D), and (E)) . . . . .					322,060.

**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 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).
93a	This amount represents income from the sales of educational information on CFIDS, including books, tapes, and articles. Part of the Association's mission is to inform persons with CFIDS< physicians, and others about the disease.

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See instructions.) N/A

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

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

**Please Sign Here**

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

Signature of Officer: Steven F. Argo, Controller Date: 04/18/02

Type or Print Name and Title

**Paid Preparer's Use Only**

Preparer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Check if self-employed:

Preparer's SSN or PTIN (see General Instruction W): \_\_\_\_\_

EIN: \_\_\_\_\_

Phone no: \_\_\_\_\_

Non-Paid Preparer

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

**Organization Exempt Under**  
**Section 501(c)(3)**

**(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1)**  
**Nonexempt Charitable Trust Supplementary Information – (See separate instructions.)**

**2001**

**Supplementary Information – (see separate instructions)**

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

Department of the Treasury  
Internal Revenue Service

Name of the Organization <u>The CFIDS Association of America, Inc.</u>	Employer Identification Number <u>56-1683450</u>
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**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See 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>K. Kimberly Kenney</u> Charlotte, NC	President/CEO 40	149,314.	6,551.	2,671.
<u>Renee M. Brehio</u> Charlotte, NC	Dir.of Communications 40	73,274.	3,300.	2,737.
<u>Kristina P. Hopkins</u> Charlotte, NC	Operations Mgr. 40	58,064.	5,823.	4,251.
<u>Terri Lupton</u> Charlotte, NC	Dir.of Medical Educ. 40	57,911.	1,560.	1,240.
<u>Jamie L. Davis</u> Charlotte, NC	Dir. of Development 40	50,285.	5,000.	5,734.
Total number of other employees paid over \$50,000 . . . . . ▶	5			

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

(See 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>The Sheridan Group (Thomas Sheridan)</u> 1224 M St.,NW, Suite 300, Washington,D.C.20005	Professional government relations	221,698.
<u>Manning, Salvage &amp; Lee</u> 1170 Peachtree St., NE, Suite 400, Atlanta, Ga 30309	Professional media relations	74,546.
Total number of others receiving over \$50,000 for professional services . . . . . ▶		2

**Part III** Statements About Activities (See instructions.)

Yes No

1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities . . . . ▶ \$ 108,273. 108,273.

(Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) . . . . .

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes,' must complete Part VI-B and attach a statement giving a detailed description of the lobbying activities.

2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)

a Sale, exchange, or leasing of property? . . . . .

2 a X

b Lending of money or other extension of credit? . . . . .

2 b X

c Furnishing of goods, services, or facilities? . . . . .

2 c X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . .

2 d X

e Transfer of any part of its income or assets? . . . . .

2 e X

3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below.) . . . . .

3 X

4 Do you have a section 403(b) annuity plan for your employees? . . . . .

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 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.)

11 a  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.)

11 b  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 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 instructions.)

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

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

Calendar year (or fiscal year beginning in) . . . . . ▶	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) . . . . .	1,489,586.	1,335,825.	1,228,348.	1,045,028.	5,098,787.
<b>16</b> Membership fees received . . . . .	314,654.	360,286.	379,081.	381,672.	1,435,693.
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose . . . . .	20,940.	36,108.	60,401.	61,950.	179,399.
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (Section 512(a)(5)), rents, royalties, and unrelated business taxable income (less Section 511 taxes) from businesses acquired by the organization after June 30, 1975 . . . . .	37,925.	26,355.	19,464.	7,560.	91,304.
<b>19</b> Net income from unrelated business activities not included in line 18. . . . .					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf . . . . .					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge . . . . .					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. . . . .					
<b>23</b> Total of lines 15 through 22. . . . .	1,863,105.	1,758,574.	1,687,294.	1,496,210.	6,805,183.
<b>24</b> Line 23 minus line 17. . . . .	1,842,165.	1,722,466.	1,626,893.	1,434,260.	6,625,784.
<b>25</b> Enter 1% of line 23. . . . .	18,631.	17,586.	16,873.	14,962.	
<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24 . . . . . ▶					<b>26 a</b> 132,516.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts. . . . . ▶					<b>26 b</b> 1,384,203.
c Total support for Section 509(a)(1) test: Enter line 24, column (e) . . . . . ▶					<b>26 c</b> 6,625,784.
d Add: Amounts from column (e) for lines: 18 91,304. 19 _____					<b>26 d</b> 1,475,507.
22 _____ 26 b 1,384,203. . . . . ▶					
e Public support (line 26c minus line 26d total) . . . . . ▶					<b>26 e</b> 5,150,277.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)). . . . . ▶					<b>26 f</b> 77.73 %
<b>27 Organizations described on line 12:</b>					
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: (2000) _____ (1999) _____ (1998) _____ (1997) _____					
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: (2000) _____ (1999) _____ (1998) _____ (1997) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____					<b>27 c</b> _____
17 _____ 20 _____ 21 _____ . . . ▶					
d Add: Line 27a total . . . and line 27b total . . . . . ▶					<b>27 d</b> _____
e Public support (line 27c total minus line 27d total). . . . . ▶					<b>27 e</b> _____
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) . . . . . ▶					<b>27 f</b> _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) . . . . . ▶					<b>27 g</b> _____ %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)). . . . . ▶					<b>27 h</b> _____ %

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

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

N/A

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

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

<b>Limits on Lobbying Expenditures</b>		<b>(a)</b> Affiliated group totals	<b>(b)</b> To be completed for <b>all</b> electing organizations
(The term 'expenditures' means amounts paid or incurred.)			
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .	<b>36</b>	30,712.
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .	<b>37</b>	77,561.
<b>38</b>	Total lobbying expenditures (add lines 36 and 37) . . . . .	<b>38</b>	108,273.
<b>39</b>	Other exempt purpose expenditures . . . . .	<b>39</b>	1,855,950.
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39) . . . . .	<b>40</b>	1,964,223.
<b>41</b>	Lobbying nontaxable amount. Enter the amount from the following table — <b>If the amount on line 40 is —                      The lobbying nontaxable amount is —</b> Not over \$500,000 . . . . . 20% of the amount on line 40 . . . . . Over \$500,000 but not over \$1,000,000 . . . . . \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 . . . . . \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 . . . . . \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 . . . . . \$1,000,000 . . . . .	<b>41</b>	248,211.
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41) . . . . .	<b>42</b>	62,053.
<b>43</b>	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 . . . . .	<b>43</b>	0.
<b>44</b>	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 . . . . .	<b>44</b>	0.
<b>Caution:</b> 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.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
<b>45</b> Lobbying nontaxable amount . . . . .	248,211.	230,864.	224,335.	205,729.	909,139.
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) . . . . .					1,363,709.
<b>47</b> Total lobbying expenditures . . . . .	108,273.	70,466.	43,802.	33,574.	256,115.
<b>48</b> Grassroots non-taxable amount . . . . .	62,053.	57,716.	56,084.	51,432.	227,285.
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) . . . . .					340,928.
<b>50</b> Grassroots lobbying expenditures . . . . .	30,712.	10,690.	8,486.	0.	49,888.

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

(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

N/A

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

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

Yes	No	Amount

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



**Depreciation and Amortization**  
**(Including Information on Listed Property)**  
▶ See separate instructions.  
▶ Attach to your tax return.

**2001**  
**67**

Name(s) Shown on Return

The CFIDS Association of America, Inc.

Identifying Number

56-1683450

Business or Activity to Which This Form Relates

Form 990, page 2

**Part I Election to Expense Certain Tangible Property Under Section 179**

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

1	Maximum amount. See instructions for a higher limit for certain businesses . . . . .	1	\$24,000.
2	Total cost of Section 179 property placed in service (see instructions) . . . . .	2	24,606.
3	Threshold cost of Section 179 property before reduction in limitation . . . . .	3	\$200,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . . .	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions . . . . .	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29 . . . . .	7	
8	Total elected cost of Section 179 property. Add amounts in column (c), lines 6 and 7 . . . . .	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8 . . . . .	9	
10	Carryover of disallowed deduction from line 13 of your 2000 Form 4562 . . . . .	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) . . . . .	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 . . . . .	12	
13	Carryover of disallowed deduction to 2002. Add lines 9 and 10, less line 12 . . . . . ▶	13	

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

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

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

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

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2001 . . . . .	17	22,660.
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 2001 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property . . . . .						
b 5-year property . . . . .		16,804.	5.0	MQ	GDSDB	2,991.
c 7-year property . . . . .		10,756.	7.0	HY	GDSDB	1,537.
d 10-year property . . . . .						
e 15-year property . . . . .						
f 20-year property . . . . .						
g 25-year property . . . . .			25 yrs		S/L	
h Residential rental . . . . .			27.5 yrs	MM	S/L	
property . . . . .			27.5 yrs	MM	S/L	
i Nonresidential real . . . . .			39 yrs	MM	S/L	
property . . . . .				MM	S/L	

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

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

**Part IV Summary (See instructions)**

21	Listed property. Enter amount from line 28 . . . . .	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions . . . . .	22	27,188.
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.)**

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

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

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

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>30</b> Total business/investment miles driven during the year ( <b>do not</b> include commuting miles — see instructions) . . . . .												
<b>31</b> Total commuting miles driven during the year . . . . .												
<b>32</b> Total other personal (noncommuting) miles driven . . . . .												
<b>33</b> Total miles driven during the year. Add lines 30 through 32 . . . . .												
<b>34</b> Was the vehicle available for personal use during off-duty hours? . . . . .												
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person? . . . . .												
<b>36</b> 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 (see instructions).

<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? . . . . .	<b>Yes</b>	<b>No</b>
<b>38</b> 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. . . . .		
<b>39</b> Do you treat all use of vehicles by employees as personal use? . . . . .		
<b>40</b> 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? . . . . .		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) . . . . .		
<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) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code Section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2001 tax year (see instructions):					
<b>43</b> Amortization of costs that began before your 2001 tax year. . . . .					<b>43</b>
<b>44 Total.</b> Add amounts in column (f). See instructions for where to report . . . . .					<b>44</b>

▶ Attach to return

Name The CFIDS Association of America, Inc.	Employer Identification Number 56-1683450
--	--

**Part I, Line 8, Column (A) Securities**

**Public Securities**

Description	Gross Sales Price	Basis	
		Cost	
Publicly Traded Securities		Selling Expenses	
		Basis	

**Nonpublic Securities**

Description	Date Acquired and Method	Date Sold and to Whom	Gross Sales Price	Cost, other basis or FMV when donated (State which on top)
-----	-----	-----		-----
-----	-----	-----		-----
-----	-----	-----		-----
-----	-----	-----		-----
<b>Total Securities</b>				

**Gain or (Loss) from Sale of Securities**

**Part I, Line 8, Column (B) Other Assets**

Description	Date Acquired and Method	Date Sold and to Whom	Gross Sales Price	Cost, other basis or FMV when donated	
				Cost	
Gateway 486 DX2 computer	04/21/93 Purchase	06/30/01 Abandoned	0.	3,295.	-3,295.
				0.	
Gateway 486 DX2 Computer	08/17/93 Purchase	06/30/01 Abandoned	0.	4,435.	-4,435.
				0.	
Compaq Monitor	03/23/94 Purchase	06/30/01 Abandoned	0.	310.	-310.
				0.	
				4,941.	-4,629.
				312.	
See Sale of Other Assets			0.		
<b>Total Other Assets</b>			0.		312.

**Gain or (Loss) from Sale of Other Assets**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2001**

Name of Organization

The CFIDS Association of America, Inc.

Employer Identification Number

56-1683450

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 501(c)( 3 ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **general rule** or a **special rule**. (Note: Only a Section 501(c)(7), (8), or (10) organization can check box(es) for both the general rule and a special rule – see instructions.)

**General Rule –**

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

**Special Rules –**

- For a Section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)
- For a Section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)
- For a Section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc. purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc. purpose. Do not complete any of the Parts unless the general rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) . . . . . ▶ \$ \_\_\_\_\_

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

BAA

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

For calendar year 2001 or other tax year beginning 2001, and ending

2001

Department of the Treasury Internal Revenue Service

See separate instructions.

Form header section including: A Check box if address changed; B Exempt under Section 501(c)(3); C Book Value of All Assets at End of Year; D Employer Identification Number; E New Unrelated Business Activity Codes; F Group exemption number; G Check organization type.

H Describe the organization's primary unrelated business activity.
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?
J The books are in care of Steven F. Argo Telephone number (704) 364-0016

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include: 1a Gross receipts or sales, 2 Cost of goods sold, 3 Gross profit, 4a Capital gain net income, 5 Income (loss) from partnerships and S corporations, 6 Rent income, 7 Unrelated debt-financed income, 8 Interest, annuities, royalties, and rents from controlled organizations, 9 Investment income, 10 Exploited exempt activity income, 11 Advertising income, 12 Other income, 13 Total.

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include: 14 Compensation of officers, directors, and trustees, 15 Salaries and wages, 16 Repairs and maintenance, 17 Bad debts, 18 Interest, 19 Taxes and licenses, 20 Charitable contributions, 21 Depreciation, 22 Less depreciation claimed, 23 Depletion, 24 Contributions to deferred compensation plans, 25 Employee benefit programs, 26 Excess exempt expenses, 27 Excess readership costs, 28 Other deductions, 29 Total deductions, 30 Unrelated business taxable income before net operating loss deduction, 31 Net operating loss deduction, 32 Unrelated business taxable income before specific deduction, 33 Specific deduction, 34 Unrelated business taxable income.

**Part III Tax Computation**

**35 Organizations Taxable as Corporations** (see instructions for tax computation)  
 Controlled group members (Sections 1561 and 1563) – check here  . See instructions and:  
**a** Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):  
 (1) \$ \_\_\_\_\_ (2) \$ \_\_\_\_\_ (3) \$ \_\_\_\_\_  
**b** Enter organization's share of: (1) additional 5% tax (not more than \$11,750) . . . . . \$ \_\_\_\_\_  
 (2) additional 3% tax (not more than \$100,000) . . . . . \$ \_\_\_\_\_  
**c** Income tax on the amount on line 34 . . . . . **35 c** 0 .

**36 Trusts Taxable at Trust Rates** (see instructions for tax computation) Income tax on the amount on line 34 from:  Tax rate schedule or  Schedule D (Form 1041) . . . . . **36**

**37 Proxy tax** (see instructions) . . . . . **37**

**38 Alternative minimum tax** . . . . . **38**

**39 Total** (add lines 37 and 38 to line 35c or 36, whichever applies) . . . . . **39** 0 .

**Part IV Tax and Payments**

**40 a** Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) . . . . . **40 a**

**b** Other credits (see instructions) . . . . . **40 b**

**c** General business credit – Check here and indicate which forms are attached:  
 Form 3800  Form(s) (specify) \_\_\_\_\_ **40 c**

**d** Credit for prior year minimum tax (attach Form 8801 or 8827) . . . . . **40 d**

**e Total credits** (add lines 40a through 40d) . . . . . **40 e**

**41** Subtract line 40e from line 39 . . . . . **41** 0 .

**42** Other taxes. Check if from:  Form 4255  Form 8611  Form 8697  Form 8866  
 Other (attach schedule) . . . . . **42**

**43 Total tax** (add lines 41 and 42) . . . . . **43** 0 .

**44 Payments:** **a** 2000 overpayment credited to 2001 . . . . . **44 a**  
**b** 2001 estimated tax payments . . . . . **44 b**  
**c** Tax deposited with Form 8868 . . . . . **44 c**  
**d** Foreign organizations – Tax paid or withheld at source (see instructions) . . . . . **44 d**  
**e** Backup withholding (see instructions) . . . . . **44 e**  
**f** Other credits and payments (see instructions) . . . . . **44 f**

**45 Total payments** (add lines 44a through 44f) . . . . . **45**

**46** Estimated tax penalty (see instructions). Check  if Form 2220 is attached . . . . . **46**

**47 Tax due** – If line 45 is less than the total of lines 43 and 46, enter amount owed . . . . . **47**

**48 Overpayment** – If line 45 is larger than the total of lines 43 and 46, enter amount overpaid. . . . . **48** 0 .

**49** Enter the amount of line 48 you want: **Credited to 2002 estimated tax**  **Refunded**  **49**

**Part V Statements Regarding Certain Activities and Other Information** (see instructions)

**1** At any time during the 2001 calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . . **Yes** **No**  
 If 'Yes,' the organization may have to file Form TD F 90-22.1. If 'Yes,' enter the name of the foreign country here  
 \_\_\_\_\_

**2** During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? . . . . . **Yes** **No**  
 If 'Yes,' see the instructions for other forms the organization may have to file.

**3** Enter the amount of tax-exempt interest received or accrued during the tax year . . . . . **3** \$ \_\_\_\_\_

**Schedule A – Cost of Goods Sold** (see instructions)

Method of inventory valuation (specify)

<b>1</b> Inventory at beginning of year . . . . .	<b>1</b>		<b>6</b> Inventory at end of year . . . . .	<b>6</b>	
<b>2</b> Purchases . . . . .	<b>2</b>		<b>7</b> <b>Cost of goods sold.</b> Subtract line 6 from line 5. (Enter here and on line 2, Part I.) . . . . .	<b>7</b>	
<b>3</b> Cost of labor . . . . .	<b>3</b>				
<b>4 a</b> Additional Section 263A costs (attach schedule) . . . . .	<b>4 a</b>		<b>8</b> Do the rules of Section 263A (with respect to property produced or acquired for resale) apply to the organization? . . . . .		<b>Yes</b> <b>No</b> <input type="checkbox"/> <input type="checkbox"/>
<b>b</b> Other costs (attach sch) . . . . .	<b>4 b</b>				
<b>5 Total</b> – Add lines 1 through 4b . . . . .	<b>5</b>				

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

**Sign Here**

Signature of Officer: \_\_\_\_\_ Date: \_\_\_\_\_ Title: **Controller**

May the IRS discuss this return with the preparer shown below (see instructions)?  **Yes**  **No**

**Paid Preparer's Use Only**

Preparer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Firm's Name (if not yours, if self-employed), address, and ZIP Code: \_\_\_\_\_  
 EIN: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

**Non-Paid Preparer**

**Schedule C – Rent Income (from Real Property and Personal Property Leased with Real Property)** (see instructions)

1 Description of property		2 Rent received or accrued		3 Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	(1)	(2)	
(1)				
(2)				
(3)				
(4)				
Total		Total		<b>Total deductions.</b> Enter here and on line 6, column (B), Part I, page 1 ▶
Total income (Add totals of columns 2(a) and 2(b). Enter here and on line 6, column (A), Part I, page 1.) . . . . . ▶				

**Schedule E – Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property	2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property		4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))		
		(a) Straight line depreciation (attach sch)	(b) Other deductions (attach schedule)							
(1)						%				
(2)						%				
(3)						%				
(4)						%				
<b>Totals</b> . . . . . ▶							Enter here and on line 7, column (A), Part I, page 1		Enter here and on line 7, column (B), Part I, page 1	
<b>Total dividends-received deductions</b> included in column 8 . . . . . ▶										

**Schedule F – Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations				6 Deductions directly connected with income in column 5	
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income			
(1)							
(2)							
(3)							
(4)							
7 Taxable income		8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10		
(1)							
(2)							
(3)							
(4)							
<b>12 Totals</b> . . . . .				Add columns 5 and 10. Enter here and on line 8, column (A), Part I, page 1.		Add columns 6 and 11. Enter here and on line 8, column (B), Part I, page 1.	

**Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization** (See instructions.)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (column 3 plus column 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> . . . . .	Enter here and on line 9, column (A), Part I, page 1.			Enter here and on line 9, column (B), Part I, page 1.

**Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income** (See instructions.)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute columns 5 through 7	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Column totals</b> . . . . .	Enter here and on line 10, column (A), Part I, page 1.	Enter here and on line 10, column (B), Part I, page 1.				Enter here and on line 26, Part II, page 1.

**Schedule J – Advertising Income** (See instructions.)

**Part I Income from Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (column 2 minus column 3). If a gain, compute columns 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Column totals</b> (carry to Part II, line (5)). . . . .						

**Part II Income from Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

(1) The Chronicle	600.	600.	0.			
(2)						
(3)						
(4)						
(5) Totals from Part I . . . . .						
<b>Column totals</b> , Part II . . . . .	Enter here and on line 11, column (A), Part I, page 1. 600.	Enter here and on line 11, column (B), Part I, page 1. 600.				Enter here and on line 27, Part II, page 1.

**Schedule K – Compensation of Officers, Directors, and Trustees** (See instructions.)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	

**Total** – Enter here and on line 14, Part II, page 1 . . . . .

## Schedule of Gains and Losses from Sale of Assets

**Sale of Other Assets**

Description	Date Acquired and Method	Date Sold and to Whom	Gross Sales Price	Cost, other basis or FMV when donated	
Gateway P5-75 Computer	03/25/95 Purchase	06/30/01 Abandoned	0.	Cost	3,073.
				Depreciation	-3,073.
				Basis	0.
				Donation FMV	
Laser Printer	01/15/96 Purchase	06/30/01 Abandoned	0.	Cost	948.
				Depreciation	-921.
				Basis	27.
				Donation FMV	
Computer Software	11/15/97 Purchase	12/01/01 Abandoned	0.	Cost	178.
				Depreciation	-178.
				Basis	0.
				Donation FMV	
HP LaserJet 310	01/09/99 Purchase	06/30/01 Abandoned	0.	Cost	742.
				Depreciation	-457.
				Basis	285.
				Donation FMV	
					4,941.
					-4,629.
					312.
Totals			0.		