

**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**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A For the 2002 calendar year, or tax year period beginning and ending**

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

**C Name of organization**  
**BLUE RIBBON COALITION INC**  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**4555 BURLEY DRIVE**  
 City or town, state or country, and ZIP + 4  
**CHUBBUCK, ID 83202-0003**

**D Employer identification number**  
**82-0413981**

**E Telephone number**  
**(208) 237-1008**

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

**G Web site:** ▶ **WWW.SHARETRAILS.ORG**

**J Organization type** (check only one)  501(c) ( **3** )  (insert no.)  4947(a)(1)  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 ▶ **988,452.**

**H and I are not applicable to section 527 organizations.**  
**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** If "Yes," enter number of affiliates ▶  
**H(c)** Are all affiliates included? **N/A**  Yes  No  
 (If "No," attach a list.)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
**I** Enter 4-digit GEN ▶

**M** Check  if the organization is 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	284,364.	
	b	Indirect public support	1b		
	c	Government contributions (grants)	1c		
	d	Total (add lines 1a through 1c) (cash \$ 284,364. noncash \$ )	1d	284,364.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	189,749.	
	3	Membership dues and assessments	3	276,967.	
	4	Interest on savings and temporary cash investments	4	6,764.	
	5	Dividends and interest from securities	5		
	6a	Gross rents	6a		
	b	Less: rental expenses	6b		
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7	Other investment income (describe )	7			
8a	Gross amount from sale of assets other than inventory	(A) Securities		(B) Other	
		8a			
		8b			
		8c			
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d			
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			
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
10a	Gross sales of inventory, less returns and allowances	10a	7,569.		
		10b	9,565.		
		10c	STMT 1	<1,996.>	
11	Other revenue (from Part VII, line 103)	11	223,039.		
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	978,887.		
Expenses	13	Program services (from line 44, column (B))	13	1,022,128.	
	14	Management and general (from line 44, column (C))	14		
	15	Fundraising (from line 44, column (D))	15		
	16	Payments to affiliates (attach schedule)	16		
	17	Total expenses (add lines 13 and 14, column (A))	17	1,022,128.	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	<43,241.>	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	180,481.	
	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	137,240.	

**Part II Statement of Functional Expenses**

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) .....				
	cash \$ _____ noncash \$ _____	22			
23	Specific assistance to individuals (attach schedule) .....	23			
24	Benefits paid to or for members (attach schedule) .....	24			
25	Compensation of officers, directors, etc. ....	25	0.	0.	0.
26	Other salaries and wages .....	26	197,915.	197,915.	
27	Pension plan contributions .....	27	18,895.	18,895.	
28	Other employee benefits .....	28	25,350.	25,350.	
29	Payroll taxes .....	29	13,794.	13,794.	
30	Professional fundraising fees .....	30			
31	Accounting fees .....	31	4,181.	4,181.	
32	Legal fees .....	32	137,779.	137,779.	
33	Supplies .....	33	152,281.	152,281.	
34	Telephone .....	34	20,207.	20,207.	
35	Postage and shipping .....	35	81,028.	81,028.	
36	Occupancy .....	36	19,200.	19,200.	
37	Equipment rental and maintenance .....	37	834.	834.	
38	Printing and publications .....	38	53,531.	53,531.	
39	Travel .....	39	54,714.	54,714.	
40	Conferences, conventions, and meetings .....	40	20,333.	20,333.	
41	Interest .....	41	6,278.	6,278.	
42	Depreciation, depletion, etc. (attach schedule) ...	42	6,419.	6,419.	
43	Other expenses not covered above (itemize):				
a	_____	43a			
b	_____	43b			
c	_____	43c			
d	_____	43d			
e	<b>SEE STATEMENT 2</b>	43e	209,389.	209,389.	
44	<b>Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15</b>	44	<b>1,022,128.</b>	<b>1,022,128.</b>	<b>0. 0.</b>

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? **▶**

**EDUCATION IN REGARDS TO USE OF PUBLIC LANDS**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**  
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

<b>a</b>	<b>TO DISTRIBUTE INFORMATION ABOUT PUBLIC LANDS AND OTHER RECREATION AREAS AND THE WISE USE OF SUCH AREAS. ALSO TO WORK WITH PUBLIC LAND MANAGERS AND MEET WITH AND LOBBY WITH STATE AND FEDERAL GOVERNMENT OFFICES</b> (Grants and allocations \$ _____)	<b>1,022,128.</b>
<b>b</b>	<b>TO CONTINUE PROVIDING AVAILABILITY OF PUBLIC LANDS.</b>  (Grants and allocations \$ _____)	
<b>c</b>	  (Grants and allocations \$ _____)	
<b>d</b>	  (Grants and allocations \$ _____)	
<b>e</b>	Other program services (attach schedule) (Grants and allocations \$ _____)	
<b>f</b>	<b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) <b>▶</b>	<b>1,022,128.</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) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing .....	82,785.	45 40,143.
	46 Savings and temporary cash investments .....	220,797.	46 261,741.
	47 a Accounts receivable .....	20,840.	
	b Less: allowance for doubtful accounts .....		47c 20,840.
	48 a Pledges receivable .....		
	b Less: allowance for doubtful accounts .....		48c
	49 Grants receivable .....		49
	50 Receivables from officers, directors, trustees, and key employees .....		50
	51 a Other notes and loans receivable .....		
	b Less: allowance for doubtful accounts .....		51c
	52 Inventories for sale or use .....	9,475.	52 13,294.
	53 Prepaid expenses and deferred charges .....		53
	54 Investments - securities .....	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV	54
	55 a Investments - land, buildings, and equipment: basis .....		
	b Less: accumulated depreciation .....		55c
56 Investments - other .....		56	
57 a Land, buildings, and equipment: basis .....	76,807.		
b Less: accumulated depreciation <b>STMT 3</b> .....	55,278.	57c 21,529.	
58 Other assets (describe ▶ _____)		58	
<b>59 Total assets</b> (add lines 45 through 58) (must equal line 74) .....	<b>349,505.</b>	<b>59 357,547.</b>	
Liabilities	60 Accounts payable and accrued expenses .....	39,148.	60 58,114.
	61 Grants payable .....		61
	62 Deferred revenue .....	129,876.	62 162,193.
	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 ▶ _____)		65
<b>66 Total liabilities</b> (add lines 60 through 65) .....	<b>169,024.</b>	<b>66 220,307.</b>	
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 67 through 69 and lines 73 and 74.</b>		
	67 Unrestricted .....	180,481.	67 137,240.
	68 Temporarily restricted .....		68
	69 Permanently restricted .....		69
	<b>Organizations that do not follow SFAS 117, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 70 through 74.</b>		
	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
	<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; column (B) <b>must</b> equal line 21) .....	<b>180,481.</b>	<b>73 137,240.</b>
<b>74 Total liabilities and net assets / fund balances</b> (add lines 66 and 73) .....	<b>349,505.</b>	<b>74 357,547.</b>	

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		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? 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	X
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization and check whether it is <input type="radio"/> exempt or <input type="radio"/> nonexempt.		
81 a	Enter direct or indirect political expenditures. See line 81 instructions	81a	48,000.
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	N/A
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	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? 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. Enter: 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. Enter: 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? 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>4,800.</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? 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		IDAHO
b	Number of employees employed in the pay period that includes March 12, 2002	90b	7
91	The books are in care of		CLARK COLLINS Telephone no. 208-237-1008
	Located at		4555 BURLEY DRIVE, CHUBBUCK, IDAHO ZIP + 4 83202
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year	92	N/A

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

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
<b>Note:</b> Enter gross amounts unless otherwise indicated.					
93 Program service revenue:					
a <b>LEGAL FUND INCOME</b>					189,749.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					276,967.
95 Interest on savings and temporary cash investments			14	6,764.	
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	453000	<1,996.>			
103 Other revenue:					
a <b>MAGAZINE/ADVERTISING</b>	541800	104,181.			
b <b>OTHER REVENUE - UNRELAT</b>					24,000.
c <b>AFFINITY PROGRAM</b>					1,992.
d <b>SPECIAL PROGRAM</b>					63,322.
e <b>OTHER REVENUE-RELATED</b>					29,544.
104 Subtotal (add columns (B), (D), and (E))		102,185.		6,764.	585,574.
105 Total (add line 104, columns (B), (D), and (E))					694,523.

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 5

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

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

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 33 of the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

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 \_\_\_\_\_ Date \_\_\_\_\_ Type or print name and title \_\_\_\_\_

Paid Preparer's Use Only

Preparer's signature: **DEATON & COMPANY, CHARTERED**  
 Firm's name (or yours if self-employed), address, and ZIP + 4: **215 NORTH 9TH - SUITE A POCATELLO, ID 83201-5278**

Date: **01/20/04** Check if self-employed:  Preparer's SSN or PTIN: \_\_\_\_\_

EIN: \_\_\_\_\_ Phone no.: **(208) 232-5825**

**SCHEDULE A**

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

OMB No. 1545-0047

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

**2002**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information-(See separate instructions.)**  
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization <b>BLUE RIBBON COALITION INC</b>	Employer identification number <b>82 0413981</b>
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**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
<b>CLARK COLLINS</b> ----- <b>POCATELLO, IDAHO 83201</b>	80	54,400.	8,160.	
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
<b>NONE</b> -----		
Total number of others receiving over \$50,000 for professional services ▶	0	

<b>Part III Statements About Activities</b> (See page 2 of the instructions.)		<b>Yes</b>	<b>No</b>
<b>1</b>	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 ► \$ _____ \$ <b>48,000.</b> (Must equal amounts on line 38, Part VI-A, or line of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	<b>X</b>	
<b>2</b>	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.)		
<b>a</b>	Sale, exchange, or leasing of property? .....		<b>X</b>
<b>b</b>	Lending of money or other extension of credit? .....		<b>X</b>
<b>c</b>	Furnishing of goods, services, or facilities? .....		<b>X</b>
<b>d</b>	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? .....	<b>X</b>	
<b>e</b>	Transfer of any part of its income or assets? .....		<b>X</b>
<b>3</b>	Does the organization make grants for scholarships, fellowships, student loans, etc.? (See <b>Note</b> below.) .....		<b>X</b>
<b>4</b>	Do you have a section 403(b) annuity plan for your employees? .....		<b>X</b>
<b>Note:</b> Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments.			

**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.)

<b>(a)</b> Name(s) of supported organization(s)	<b>(b)</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**

(Complete only if you checked a box on line 10, 11, or 12.)  
 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
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	252,797.	245,757.	115,046.	122,254.	735,854.
<b>16</b> Membership fees received	276,055.	299,600.	186,590.	168,248.	930,493.
<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	239,421.	172,708.	144,303.	175,474.	731,906.
<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	12,167.	12,537.	7,071.	6,613.	38,388.
<b>19</b> Net income from unrelated business activities not included in line 18	123,359.	154,002.	103,035.	78,946.	459,342.
<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	903,799.	884,604.	556,045.	551,535.	2,895,983.
<b>24</b> Line 23 minus line 17	664,378.	711,896.	411,742.	376,061.	2,164,077.
<b>25</b> Enter 1% of line 23	9,038.	8,846.	5,560.	5,515.	
<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24 ▶					<b>26a</b> 43,282.
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 ▶					<b>26b</b> 0.
c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶					<b>26c</b> 2,164,077.
d Add: Amounts from column (e) for lines: 18 <u>38,388.</u> 19 <u>459,342.</u> 22 _____ 26b _____ ▶					<b>26d</b> 497,730.
e Public support (line 26c minus line 26d total) ▶					<b>26e</b> 1,666,347.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶					<b>26f</b> 77.0004%
<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: <b>N/A</b> (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 _____ of the amount on line 25 for the year or \$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 _____ or _____, enter the sum of these differences (the excess amounts) for each year: <b>N/A</b> (2001) _____ (2000) _____ (1999) _____ (1998) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ ▶					<b>27c</b> N/A
d Add: Line 27a total _____ and line 27b total _____ ▶					<b>27d</b> N/A
e Public support (line 27c total minus line 27d total) ▶					<b>27e</b> N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) ▶					<b>27f</b> N/A
g _____ ▶					<b>27g</b> N/A %
_____ ▶					<b>27h</b> N/A %

**28** 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? ..... 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? .....	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....	32c	
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.) _____ _____	32d	
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges? .....	33a	
b	Admissions policies? .....	33b	
c	Employment of faculty or administrative staff? .....	33c	
d	Scholarships or other financial assistance? .....	33d	
e	Educational policies? .....	33e	
f	Use of facilities? .....	33f	
g	Athletic programs? .....	33g	
h	Other extracurricular activities? .....	33h	
	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? .....	34a	
b	Has the organization's right to such aid ever been revoked or suspended? .....	34b	
	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 .....	35	

**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.

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)			
	<b>N/A</b>		
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	<b>36</b>		
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....	<b>37</b>		
<b>38</b> Total lobbying expenditures (add lines 36 and 37) .....	<b>38</b>		
<b>39</b> Other exempt purpose expenditures .....	<b>39</b>		
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39) .....	<b>40</b>		
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table -			
<b>If the amount on line 40 is -</b>	<b>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 .....	<b>41</b>	
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>42</b> Grassroots nontaxable amount (enter 25% of line 41) .....	<b>42</b>		
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....	<b>43</b>		
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....	<b>44</b>		
<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 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
<b>45</b> Lobbying nontaxable amount .....					0.
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) .....					0.
<b>47</b> Total lobbying expenditures .....					0.
<b>48</b> Grassroots nontaxable amount .....					0.
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) .....					0.
<b>50</b> 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:	Yes	No	Amount
<b>a</b> Volunteers .....		X	
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines <b>c</b> through <b>h</b> .) .....		X	
<b>c</b> Media advertisements .....		X	
<b>d</b> Mailings to members, legislators, or the public .....		X	
<b>e</b> Publications, or published or broadcast statements .....		X	
<b>f</b> Grants to other organizations for lobbying purposes .....		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body .....	X		48,000.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....		X	
<b>i</b> Total lobbying expenditures (Add lines <b>c</b> through <b>h</b> .) .....			48,000.

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



Schedule B

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

2002

BLUE RIBBON COALITION INC

82-0413981

(check one):

- Form 990 or 990-EZ  501(c)( 3 ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust 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 \_\_\_\_\_ or a \_\_\_\_\_ ( 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.)

- 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.)
- 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 \_\_\_\_\_ applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ..... ► \$ \_\_\_\_\_

Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they 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).

LHA

Schedule B (Form 990, 990-EZ, or 990-PF) (2002)

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
	PROGRAM SERVICES											
1	PRIOR YEAR ASSETS	VARIABLES	200DB	5.00	17	73,446.			73,446.	48,859.		6,252.
2	COMPUTER	102102	SL	5.00	19B	1,295.		389.	906.			65.
3	COMPUTER	101402	SL	5.00	19B	2,066.		620.	1,446.			102.
	* 990 PAGE 2 TOTAL PROGRAM SERVICES					76,807.		1,009.	75,798.	48,859.	0.	6,419.
	* GRAND TOTAL 990 PAGE 2 DEPR					76,807.		1,009.	75,798.	48,859.	0.	6,419.

FORM 990

INCOME AND COST OF GOODS SOLD  
INCLUDED ON PART I, LINE 10

STATEMENT 1

INCOME

1. GROSS RECEIPTS . . . . .	7,569	
2. RETURNS AND ALLOWANCES . . . . .		
3. LINE 1 LESS LINE 2 . . . . .		7,569
4. COST OF GOODS SOLD (LINE 13) . . . . .	9,565	
5. GROSS PROFIT (LINE 3 LESS LINE 4) . . . . .		<1,996>

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR . . . . .	5,629	
7. MERCHANDISE PURCHASED . . . . .	17,230	
8. COST OF LABOR . . . . .		
9. MATERIALS AND SUPPLIES . . . . .		
10. OTHER COSTS . . . . .		
11. ADD LINES 6 THROUGH 10 . . . . .		22,859
12. INVENTORY AT END OF YEAR . . . . .	13,294	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12). . . . .		9,565

FORM 990

OTHER EXPENSES

STATEMENT 2

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
DUES & SUBSCRIPTIONS	1,966.	1,966.		
REGISTRATIONS	79.	79.		
OFFICE EXPENSE	18,962.	18,962.		
MISCELLANEOUS	3,045.	3,045.		
INSURANCE	210.	210.		
CONTRACT LABOR	99,359.	99,359.		
TAXES	486.	486.		
PUBLIC RELATIONS	1,058.	1,058.		
COMMISSIONS	12,180.	12,180.		
WEB PAGE	20,449.	20,449.		
UTILITIES	3,188.	3,188.		
TRAINING	8,826.	8,826.		
SPECIAL PROJECTS	5,943.	5,943.		
MEMBERSHIP				
RECRUITMENT	18,026.	18,026.		
ADMIN	15,612.	15,612.		
TOTAL TO FM 990, LN 43	209,389.	209,389.		

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 3

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
PRIOR YEAR ASSETS	73,446.	55,111.	18,335.
COMPUTER	1,295.	65.	1,230.
COMPUTER	2,066.	102.	1,964.
TOTAL TO FORM 990, PART IV, LN 57	76,807.	55,278.	21,529.

FORM 990

PART V - LIST OF OFFICERS, DIRECTORS,  
TRUSTEES AND KEY EMPLOYEES

STATEMENT 4

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE	
			BEN PLAN CONTRIB	EXPENSE ACCOUNT
JACK WELCH 4555 BURLEY DRIVE CHUBBUCK, ID 83202-0003	PRESIDENT 10	0.	0.	0.
BILL SCHUMANN 4555 BURLEY DRIVE CHUBBUCK, ID 83202-0003	VICE PRESIDENT 0	0.	0.	0.
JONI MOGSTAD 4555 BURLEY DRIVE CHUBBUCK, ID 83202-0003	TREASURER 0	0.	0.	0.
KARL FRANK 4555 BURLEY DRIVE CHUBBUCK, ID 83202-0003	BOARD MEMBER 0	0.	0.	0.
BILL RUGG 4555 BURLEY DRIVE CHUBBUCK, ID 83202-0003	BOARD MEMBER 0	0.	0.	0.
SONIA BARTZ 4555 BURLEY DRIVE CHUBBUCK, ID 83202-0003	BOARD MEMBER 0	0.	0.	0.
RANDY BLOCK 4555 BURLEY DRIVE CHUBBUCK, ID 83202-0003	BOARD MEMBER 0	0.	0.	0.
NICK HARRIS 4555 BURLEY DRIVE CHUBBUCK, ID 83202-0003	BOARD MEMBER 0	0.	0.	0.
BRETT DAVIS 4555 BURLEY DRIVE CHUBBUCK, ID 83202-0003	BOARD MEMBER 0	0.	0.	0.
GRANT GERBER 4555 BURLEY DRIVE CHUBBUCK, ID 83202-0003	BOARD MEMBER 0	0.	0.	0.
CHRISTINE JOURDAIN 4555 BURLEY DRIVE CHUBBUCK, ID 83202-0003	BOARD MEMBER 0	0.	0.	0.

PAT HARRIS 4555 BURLEY DRIVE CHUBBUCK, ID 83202-0003	BOARD MEMBER 0	0.	0.	0.
ED KLIM 4555 BURLEY DRIVE CHUBBUCK, ID 83202-0003	BOARD MEMBER 0	0.	0.	0.
SANDRA MITCHELL 4555 BURLEY DRIVE CHUBBUCK, ID 83202-0003	BOARD MEMBER 0	0.	0.	0.
DAVE MOORE 4555 BURLEY DRIVE CHUBBUCK, ID 83202-0003	BOARD MEMBER 0	0.	0.	0.
GREG MUMM 4555 BURLEY DRIVE CHUBBUCK, ID 83202-0003	BOARD MEMBER 0	0.	0.	0.
JIM MURPHY 4555 BURLEY DRIVE CHUBBUCK, ID 83202-0003	BOARD MEMBER 0	0.	0.	0.
A DEAN RICHARDSON 4555 BURLEY DRIVE CHUBBUCK, ID 83202-0003	BOARD MEMBER 0	0.	0.	0.
JACK SHEETS 4555 BURLEY DRIVE CHUBBUCK, ID 83202-0003	BOARD MEMBER 0	0.	0.	0.
BOB STEVENSON 4555 BURLEY DRIVE CHUBBUCK, ID 83202-0003	BOARD MEMBER 0	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		<u>0.</u>	<u>0.</u>	<u>0.</u>

FORM 990

PART VIII - RELATIONSHIP OF ACTIVITIES TO  
ACCOMPLISHMENT OF EXEMPT PURPOSES

STATEMENT 5

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	MEMBER CONTRIBUTIONS RELATED TO ENVIRONMENTAL ISSUES
94	MEMBERSHIP DUES ARE USED TO PROVIDE STAFFING TO PROMOTE WISE USE OF PUBLIC LANDS
103A	AFFINITY PROGRAMS
103D	SPECIAL PROGRAMS

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2002

Department of the Treasury Internal Revenue Service

For calendar year 2002 or other tax year beginning , and ending

Check box if address changed, Name of organization BLUE RIBBON COALITION INC, Employer identification number 82-0413981, Number, street, and room or suite no. 4555 BURLEY DRIVE, City or town, state, and ZIP code CHUBBUCK, ID 83202-0003, Book value of all assets at end of year 137,240., Group exemption number, Check organization type 501(c) corporation.

H Describe the organization's primary unrelated business activity. SEE STATEMENT 6

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? No
If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of CLARK COLLINS Telephone number 208-237-1008

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales (7,569), Cost of goods sold (9,475), Gross profit (<1,906.>), Advertising income (102,811), and Other income (55,333).

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

Table with 4 columns: Line number, Description, Sub-column, Total. Rows include Compensation of officers, directors, and trustees (14-15), Repairs and maintenance (16), Interest (18), Taxes and licenses (19), Charitable contributions (20), Depreciation (21-22), Excess exempt expenses (26), Excess readership costs (27), and Unrelated business taxable income before net operating loss deduction (30).

Part III Tax Computation

Table with 3 columns: Line number, Description, and Amount. Includes lines 35 (Organizations Taxable as Corporations), 36 (Trusts Taxable at Trust Rates), 37 (Proxy tax), 38 (Alternative minimum tax), and 39 (Total).

Part IV Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 40a-f (Credits), 41 (Subtract line 40e), 42 (Other taxes), 43 (Total tax), 44a-f (Payments), 45 (Total payments), 46 (Estimated tax penalty), 47 (Tax due), 48 (Overpayment), and 49 (Enter the amount of line 48).

Part V Statements Regarding Certain Activities and Other Information (See instructions on page 15.)

Table with 3 columns: Question number, Question text, and Yes/No response. Includes questions 1, 2, and 3 regarding foreign accounts, foreign trusts, and tax-exempt interest.

Schedule A - Cost of Goods Sold (See instructions on page 16.)

Table with 3 columns: Line number, Description, and Amount. Includes lines 1-8 for inventory valuation (COST method) and section 263A costs.

Sign Here section containing signature of officer, date, title, and firm information for DEATON & COMPANY, CHARTERED. Includes fields for preparer's signature, date, firm name, address, EIN, and phone number.

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)(See instr. on pg 16.)

Table for Schedule C: Rent Income. Includes columns for Description of property, Rent received or accrued (a) and (b), Deductions directly connected with the income, and Total income vs Total deductions.

Schedule E - Unrelated Debt-Financed Income (See instructions on page 17.)

Table for Schedule E: Unrelated Debt-Financed Income. Includes columns for Description of debt-financed property, Gross income from or allocable to debt-financed property, Deductions directly connected with or allocable to debt-financed property, and various calculated columns (4-8).

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (See instructions on page 18.)

Table for Schedule F: Interest, Annuities, Royalties, and Rents From Controlled Organizations. Includes columns for Name of Controlled Organization, Employer Identification Number, Net unrelated income, Total of specified payments made, Part of column (4) that is included in the controlling organization's gross income, and Deductions directly connected with income in column (5).

Table for Nonexempt Controlled Organizations. Includes columns for Taxable Income, Net unrelated income (loss), Total of specified payments made, Part of column (9) that is included in the controlling organization's gross income, and Deductions directly connected with income in column (10).

12 Totals 0. 0.

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization**

(See instructions on page 18.)

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 (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b>	0.			0.

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income**

(See instructions on page 18.)

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 cols. 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>	0.	0.				0.

**Schedule J - Advertising Income** (See instructions on page 19.)

**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) (col. 2 minus col. 3). If a gain, compute cols. 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))	0.	0.				0.

**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) BLUE RIBBON						
(2) MAGAZINE	102,811.	45,572.	57,239.	51,478.	188,515.	57,239.
(3)						
(4)						
(5) Totals from Part I	0.	0.				0.
<b>Column totals, Part II</b>	102,811.	45,572.				57,239.

**Schedule K - Compensation of Officers, Directors, and Trustees** (See instructions on page 19.)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
			%
			%
			%
			%
<b>Total</b> - Enter here and on line 14, Part II, page 1			0.





Part V

(Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

See instructions for limits for passenger automobiles.

Table with columns: Do you have evidence to support the business/investment use claimed?, If "Yes," is the evidence written?, Type of property, Date placed in service, Business/investment use percentage, Cost or other basis, Basis for depreciation, Recovery period, Method/Convention, Depreciation deduction, Elected section 179 cost.

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.

Table with columns: Vehicle, Vehicle, Vehicle, Vehicle, Vehicle, Vehicle. Rows include: Total business/investment miles driven during the year, Total commuting miles driven during the year, Total other personal (noncommuting) miles driven, Total miles driven during the year, Was the vehicle available for personal use during off-duty hours?, Was the vehicle used primarily by a more than 5% owner or related person?, Is another vehicle available for personal use?

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who more than 5% owners or related persons.

Table with rows: Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?, 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, Do you treat all use of vehicles by employees as personal use?, 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?, Do you meet the requirements concerning qualified automobile demonstration use? If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI

Table with columns: Description of costs, Date amortization begins, Amortizable amount, Code section, Amortization period or percentage, Amortization for this year. Rows include: Amortization of costs that begins during your 2002 tax year, Amortization of costs that began before your 2002 tax year, Add amounts in column (f). See instructions for where to report