Form 990 Return of Organization Exempt from Income Tax

OMB No. 1545-0047

2002

Open to Public Inspection

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

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 beginning , 2002, 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.

THE NATIONAL LIMOUSINE ASSOCIATION, INC.
C/O BOBIT PUBLISHING COMPANY
21061 SOUTH WESTERN AVENUE
TORRANCE, CA 90501

D Employer Identification Number: 52-1379152

E Telephone number: (856) 596-3344

F Accounting method: ☐ Cash ☒ Accrual ☐ Other (specify) ►

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

H and I are not applicable to section 527 organizations.

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

H (b) If 'Yes,' enter number of affiliates ►

H (c) Are all affiliates included? ☐ Yes ☐ No (If 'No,' attach a list. See instructions.)

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

G Web site: ► N/A

J Organization type (check only one) ► ☒ 501(c) 6 ◄ (insert no.) ☐ 4947(a)(1) or ☐ 527

I Enter 4-digit GEN ►

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.**

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

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ► 645,262.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

REVENUE	1	Contributions, gifts, grants, and similar amounts received:				
	a	Direct public support	1a	6,785.		
	b	Indirect public support	1b			
	c	Government contributions (grants)	1c			
	d	Total (add lines 1a through 1c) (cash $ 6,785. noncash $)			1d	6,785.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	274,965.
	3	Membership dues and assessments			3	362,591.
	4	Interest on savings and temporary cash investments			4	921.
	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 sales of assets other than inventory: (A) Securities / (B) Other	8a			
	b	Less: cost or other basis and sales expenses	8b			
	c	Gain or (loss) (attach schedule)	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			
	b	Less: cost of goods sold	10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c	
	11	Other revenue (from Part VII, line 103)			11	
	12	**Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	645,262.
EXPENSES	13	Program services (from line 44, column (B))			13	
	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 16 and 44, column (A))			17	528,056.
NET ASSETS	18	Excess or (deficit) for the year (subtract line 17 from line 12)			18	117,206.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	-94,778.
	20	Other changes in net assets or fund balances (attach explanation)			20	
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21	22,428.

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 $ ______ non-cash $ ______)	22				
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				
26 Other salaries and wages	26				
27 Pension plan contributions	27				
28 Other employee benefits	28				
29 Payroll taxes	29				
30 Professional fundraising fees	30				
31 Accounting fees	31	3,450.			
32 Legal fees	32	11,786.			
33 Supplies	33				
34 Telephone	34	3,772.			
35 Postage and shipping	35	20,508.			
36 Occupancy	36				
37 Equipment rental and maintenance	37				
38 Printing and publications	38	17,476.			
39 Travel	39	3,898.			
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42				
43 Other expenses not covered above (itemize):					
a SEE STATEMENT 1	43a	467,166.			
b	43b				
c	43c				
d	43d				
e	43e				
44 Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	528,056.			

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? . N/A. ► ☐ **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? ► PROVIDE INDUSTRY INFORMATION.

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) & (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others.)

	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a CONVENTIONS/TRADE SHOWS ATTENDED BY A MAJORITY OF MEMBERS. TOPICS OF DISCUSSION INCLUDE PRIOR ACTIVITIES, CURRENT PLANS, PROPOSED LEGISLATION, SERVICE PROGRAMS, ETC. (Grants and allocations $)	
b (Grants and allocations $)	
c (Grants and allocations $)	
d (Grants and allocations $)	
e Other program services (Grants and allocations $)	
f **Total of Program Service Expenses** (should equal line 44, column (B), program services) ►	

Part IV Balance Sheets (See Instructions)

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		72,255.	45	195,608.
	46 Savings and temporary cash investments			46	50,000.
	47a Accounts receivable	47a 5,573.			
	b Less: allowance for doubtful accounts	47b	41,120.	47c	5,573.
	48a Pledges receivable	48a			
	b Less: allowance for doubtful accounts	48b		48c	
	49 Grants receivable			49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)			50	
	51a Other notes & loans receivable (attach sch)	51a			
	b Less: allowance for doubtful accounts	51b		51c	
	52 Inventories for sale or use			52	
	53 Prepaid expenses and deferred charges		319.	53	5,404.
	54 Investments — securities (attach schedule) ► ☐ Cost ☐ FMV			54	
	55a Investments — land, buildings, & equipment: basis	55a			
	b Less: accumulated depreciation (attach schedule)	55b		55c	
	56 Investments — other (attach schedule)			56	
	57a Land, buildings, and equipment: basis	57a			
	b Less: accumulated depreciation (attach schedule)	57b		57c	
	58 Other assets (describe ►)			58	
	59 **Total assets** (add lines 45 through 58) (must equal line 74)		113,694.	59	256,585.
LIABILITIES	60 Accounts payable and accrued expenses		1,784.	60	44,004.
	61 Grants payable			61	
	62 Deferred revenue		206,688.	62	190,153.
	63 Loans from officers, directors, trustees, and key employees (attach schedule)			63	
	64a Tax-exempt bond liabilities (attach schedule)			64a	
	b Mortgages and other notes payable (attach schedule)			64b	
	65 Other liabilities (describe ►)			65	
	66 **Total liabilities** (add lines 60 through 65)		208,472.	66	234,157.
NET ASSETS OR FUND BALANCES	**Organizations that follow SFAS 117, check here** ► [X] and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted		-94,778.	67	22,428.
	68 Temporarily restricted			68	
	69 Permanently restricted			69	
	Organizations that do not follow SFAS 117, check here ► ☐ and complete lines 70 through 74.				
	70 Capital stock, trust principal, or current funds			70	
	71 Paid-in or capital surplus, or land, building, and equipment fund			71	
	72 Retained earnings, endowment, accumulated income, or other funds			72	
	73 **Total net assets or fund balances** (add lines 67 through 69 **or** lines 70 through 72; column (A) **must** equal line 19; column (B) **must** equal line 21)		-94,778.	73	22,428.
	74 **Total liabilities and net assets/fund balances** (add lines 66 and 73)		113,694.	74	256,585.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	645,262.
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments $		
(2)	Donated services and use of facilities $		
(3)	Recoveries of prior year grants $		
(4)	Other (specify): $		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	645,262.
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 $		
(2)	Other (specify): $		
	Add amounts on lines (1) and (2)	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	645,262.

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

a	Total expenses and losses per audited financial statements	a	528,056.
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities $		
(2)	Prior year adjustments reported on line 20, Form 990 $		
(3)	Losses reported on line 20, Form 990 $		
(4)	Other (specify): $		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	528,056.
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 $		
(2)	Other (specify): $		
	Add amounts on lines (1) and (2)	d	
e	Total expenses per line 17, Form 990 (line c plus line d)	e	528,056.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 2		0.	0.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than $100,000 from your organization and all related organizations, of which more than $10,000 was provided by the related organizations? ☐ Yes ☒ No

If 'Yes,' attach schedule – see instructions.

Part VI Other Information (See instructions.)

			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
78a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		X
b	If 'Yes,' has it filed a tax return on **Form 990-T** for this year?	78b	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	79		X
80a	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 ► N/A and check whether it is ☐ exempt **or** ☐ nonexempt.			
81a	Enter direct or indirect political expenditures. See line 81 instructions. 81a: 0.			
b	Did the organization file **Form 1120-POL** for this year?	81b		X
82a	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			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	N/A	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	N/A	
84a	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	X	
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	85b		X
	If 'Yes' was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
c	Dues, assessments, and similar amounts from members. 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
89a	*501(c)(3) organizations.* Enter: Amount of tax imposed on the organization during the year under: section 4911 ► N/A ; section 4912 ► N/A ; section 4955 ► N/A			
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	N/A	
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► N/A			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ► N/A			
90a	List the states with which a copy of this return is filed ► NONE			
b	Number of employees employed in the pay period that includes March 12, 2002 (See instructions.)	90b	0	
91	The books are in care of ► RICHARD E. JOHNSON Telephone number ► (310) 533-2524 Located at ► 21061 S. WESTERN AVE., TORRANCE, CA ZIP + 4 ► 90501			
92	*Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of **Form 1041*** – Check here N/A ► ☐ 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 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	
93 Program service revenue:					
a LIMOUSINE SHOW			7	106,556.	
b OTHER INCOME			1	18,409.	
c SPONSORSHIP			1	150,000.	
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					362,591.
95 Interest on savings & temporary cash invmnts			14	921.	
96 Dividends & 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 pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				275,886.	362,591.
105 Total (add line 104, columns (B), (D), and (E)) ►					638,477.

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).
93, 94	TO PROMOTE A COMMON INTEREST DIRECTED TO THE IMPROVEMENT OF BUSINESS CONDITIONS FOR THE LIMOUSINE INDUSTRY.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See 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 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] 6/30/03

Signature of officer — Date

► John V. Sinibaldi, Treasurer

Type or print name and title

Paid Preparer's Use Only

Preparer's signature ► Eric A. Gronroos — Date 6/26/03 — Check if self-employed ► ☐ — Preparer's SSN or PTIN (see General Instruction W)

Firm's name (or yours if self-employed) address, and ZIP + 4 ► HINTON KREDITOR & GRONROOS LLP
200 E. DEL MAR BLVD., STE 350
PASADENA, CA 91105

EIN ►

Phone no. ► (626) 585-0666

Form **8868**
(December 2000)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time to File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

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

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

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

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

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

Type or print File by the due date for filing your return. See instructions.

Name of Exempt Organization: THE NATIONAL LIMOUSINE ASSOCIATION, INC.
C/O BOBIT PUBLISHING COMPANY

Employer identification number: 52-1379152

Number, street, and room or suite number. If a P.O.box, see instructions: 21061 SOUTH WESTERN AVENUE

City, town or post office. For a foreign address, see instructions. state ZIP code: TORRANCE, CA 90501

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

[X] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (Section 401(a) or 408(a) trust)	[ ] Form 5227
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

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

1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until 8/15, 20 03, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► [X] calendar year 20 02 or

► [ ] tax year beginning ________, 20 ___, and ending ________, 20 ___.

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions $ 0.

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit $ 0.

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions $ 0.

Signature and Verification

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, and that I am authorized to prepare this form.

Signature ► [signature] Title ► CFO Date ► 5/14/03

BAA For Paperwork Reduction Act Notice, see instructions. Form 8868 (12-2000)

STATEMENT 1
FORM 990, PART II, LINE 43
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
BANK CHARGES	5,914.			
BOARD MEETING EXPENSES	20,052.			
COMMITTEE EXPENSES	1,941.			
INSURANCE	2,100.			
LIMOUSINE SHOW COSTS	43,365.			
LOBBYING EXPENSES	122,355.			
MANAGEMENT FEES	260,663.			
MISCELLANEOUS	3,992.			
OFFICE	5,514.			
OUTSIDE SERVICES	1,270.			
TOTAL	$ 467,166.	$ 0.	$ 0.	$ 0.

STATEMENT 2
FORM 990, PART V
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN-SATION	CONTRI-BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
SCOTT SOLOMBRINO 200 SECOND STREET CHELSEA, MA 02150	PRESIDENT PART	$ 0.	$ 0.	$ 0.
DON KENSEY 805 CREEK ROAD BELLMAWR, NJ 08031	VICE PRESIDENT PART	0.	0.	0.
CHERYL BERKMAN 2601 EMPIRE AVENUE BURBANK, CA 91504	VICE PRESIDENT PART	0.	0.	0.
JEFF GREENE 2330 DEFOOR HILLS ROAD ATLANTA, GA 30318	SECRETARY PART	0.	0.	0.
JOHN SINIBALDI 340 THELMA LANE NE SALEM, OR 97302	TREASURER PART	0.	0.	0.
JOE CIRRUZZO 66 WADSWORTH AVENUE STATEN ISLAND, NY 10305	DIRECTOR PART	0.	0.	0.
ALTON HAGEN 15305 WEST 78TH TERRACE KANSAS CITY, KS 66217	DIRECTOR PART	0.	0.	0.

STATEMENT 2 (CONTINUED)
FORM 990, PART V
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN-SATION	CONTRI-BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
TOM MULLIGAN 845 NORTH MICHIGAN AVENUE CHICAGO, IL 60611	DIRECTOR PART	$ 0.	$ 0.	$ 0.
DARRYL W. NORMAN 4200 SOUTH TRYON STREET CHARLOTTE, NC 28217	DIRECTOR PART	0.	0.	0.
BARBARA PASTELAK 70 AMBOY AVENUE WOODBRIDGE, NJ 07095	DIRECTOR PART	0.	0.	0.
TIM ROSE 81 FRANKLIN TURNPIKE MAHWAH, NJ 07430	DIRECTOR PART	0.	0.	0.
MICHELE ROSSI 4770 FORREST STREET, UNIT U DENVER, CO 80216	DIRECTOR PART	0.	0.	0.
DAVID SEELINGER 55 WALNUT STREET, SUITE 208 NORWOOD, NJ 07648	DIRECTOR PART	0.	0.	0.
JOHN SOKOL P.O. BOX 404 MOMENCE, IL 60954	DIRECTOR PART	0.	0.	0.
GARY TONKIN 4710 EAST FALCON DRIVE, #112C MESA, AZ 85215	DIRECTOR PART	0.	0.	0.
TOM MAZZA 49 SOUTH MAPLE AVENUE MARLTON, NJ 08053	EXECUTIVE DIREC PART	0.	0.	0.
	TOTAL	$ 0.	$ 0.	$ 0.