

Return of Organization Exempt From Income Tax

2001

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 2001 calendar year, or tax year beginning JULY 1, 2001, and ending JUNE 30, 20 02

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

C Name of organization
NATIONAL DISTRICT ATTORNEYS ASSOCIATION

Number and street (or P O box if mail is not delivered to street address) Room/suite
99 CANAL CENTER PLAZA, 5TH FLOOR

City or town state or country and ZIP + 4
ALEXANDRIA, VA 22314

D Employer identification number
36: 6144537

E Telephone number
(703) 549-9222

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 ▶ **N/A**

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

I Enter 4-digit GEN ▶ **N/A**

G Web site ▶

J Organization type (check only one) ▶ 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527

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

L Gross receipts Add lines 6b 8b 9b and 10b to line 12 ▶ **5545251**

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

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16)

Revenue	1 Contributions, gifts, grants, and similar amounts received				
	a Direct public support	1a			
	b Indirect public support	1b			
	c Government contributions (grants)	1c	3291535		
	d Total (add lines 1a through 1c) (cash \$ 3291535 noncash \$ -0-)	1d			3291535
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			466456
	3 Membership dues and assessments	3			758287
	4 Interest on savings and temporary cash investments	4			15675
	5 Dividends and interest from securities	5			14000
	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: LOSS ON MARKET VALUATION)	7			(209567)	
8a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
	b Less cost or other basis and sales expenses	8a			
	c Gain or (loss) (attach schedule)	8b			
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	8c			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			1208865	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12			5545251	
Expenses	13 Program services (from line 44, column (B))	13		4049595	
	14 Management and general (from line 44, column (C))	14		1625431	
	15 Fundraising (from line 44, column (D))	15		-0-	
	16 Payments to affiliates (attach schedule)	16		-0-	
	17 Total expenses (add lines 16 and 44, column (A))	17			5675026
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		(129775)	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		1917488	
	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			1787693

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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. (See Specific Instructions on page 21.)

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 \$ _____)				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc.	185000	37000	148000	
26	Other salaries and wages	1125805	925805	200000	
27	Pension plan contributions	116954	87715	29239	
28	Other employee benefits	279489	209489	70000	
29	Payroll taxes	86500	64875	21625	
30	Professional fundraising fees	-0-			
31	Accounting fees	15000	-0-	15000	
32	Legal fees	-0-			
33	Supplies	155684	70000	85684	
34	Telephone	37864	-0-	37864	
35	Postage and shipping	72967	50000	22967	
36	Occupancy	651022	-0-	651022	
37	Equipment rental and maintenance	51926	31926	20000	
38	Printing and publications	300335	250335	50000	
39	Travel	768565	703306	65259	
40	Conferences, conventions, and meetings	634863	634863	-0-	
41	Interest	-0-			
42	Depreciation, depletion, etc. (attach schedule)	59472	-0-	59472	
43	Other expenses not covered above (itemize): a TAXES	3903	-0-	3903	
b	PROFESSIONAL FEES	1115548	984281	131267	
c	INSURANCE	5686	-0-	5686	
d	DUES AND SUBS	8443	-0-	8443	
e					
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	5675026	4049595	1625431	

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 \$ _____ N/A

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 24)

What is the organization's primary exempt purpose? Continuing education for District Attorneys	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a Government grants and other programs and projects designed to provide continuing education to local prosecutors throughout the United States (Grants and allocations \$ _____)	3291535
b Annual conference - to present conferences and seminars which will provide additional sources of information needed by district attorneys and local prosecutors to prosecute and prevent crimes (Grants and allocations \$ _____)	553060
c Magazine and other publications - to disseminate information monthly to local prosecutors and others interested in the justice systems used by the different states (Grants and allocations \$ _____)	205000
d _____ (Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	4049595

Part IV Balance Sheets (See Specific Instructions on page 24)

Note <i>Where required attached schedules and amounts within the description column should be for end-of-year amounts only</i>		(A) Beginning of year		(B) End of year	
Assets	45 Cash- non-interest-bearing	80000	45	70000	
	46 Savings and temporary cash investments	811592	46	651750	
	47a Accounts receivable	74014			
	47b Less allowance for doubtful accounts	-0-	216206	47c	74014
	48a Pledges receivable				
	48b Less allowance for doubtful accounts			48c	
	49 Grants receivable			49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)			50	
	51a Other notes and loans receivable (attach schedule)				
	51b Less allowance for doubtful accounts			51c	
	52 Inventories for sale or use			52	
	53 Prepaid expenses and deferred charges	40120	53	492153	
	54 Investments- securities (attach schedule) <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	1641788	54	1153262	
	55a Investments- land, buildings, and equipment, basis				
	55b Less accumulated depreciation (attach schedule)			55c	
	56 Investments- other (attach schedule)			56	
	57a Land, buildings, and equipment, basis	621928			
	57b Less accumulated depreciation (attach schedule)	487971	204141	57c	133957
	58 Other assets (describe <input type="checkbox"/>)			58	
	59 Total assets (add lines 45 through 58) (must equal line 74)	2993847	59	2575136	
Liabilities	60 Accounts payable and accrued expenses	106688	60	78941	
	61 Grants payable		61		
	62 Deferred revenue	847495	62	589525	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)			63	
	64a Tax-exempt bond liabilities (attach schedule)			64a	
	64b Mortgages and other notes payable (attach schedule)			64b	
	65 Other liabilities (describe <input type="checkbox"/> <u>deferred rent abatement</u>)	122196	65	109977	
66 Total liabilities (add lines 60 through 65)	1076379	66	787443		
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67 Unrestricted	1917468	67	1787693	
	68 Temporarily restricted		68		
	69 Permanently restricted		69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
	70 Capital stock, trust principal, or current funds		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds		72		
73 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)	1917468	73	1787693		
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	2993847	74	2575136		

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 on page 27)

		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	✓
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	✓
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	✓
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	✓
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	✓
b	If "Yes," enter the name of the organization American Prosecutors Research Institute and check whether it is <input checked="" type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt.		
81a	Enter direct or indirect political expenditures. See line 81 instructions.	81a	NONE
b	Did the organization file Form 1120-POL for this year?	81b	✓
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	✓
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	NONE
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	✓
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	✓
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	
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	
c	Dues, assessments, and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
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	
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	86a	
b	Gross receipts, included on line 12, for public use of club facilities.	86b	
87	501(c)(12) orgs Enter a Gross income from members or shareholders	87a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	
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	✓
89a	501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under section 4911 NONE , section 4912 NONE , section 4955 NONE		
b	501(c)(3) and 501(c)(4) orgs 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	✓
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		NONE
d	Enter Amount of tax on line 89c, above, reimbursed by the organization		NONE
90a	List the states with which a copy of this return is filed Illinois		
b	Number of employees employed in the pay period that includes March 12, 2001 (See instructions)	90b	10
91	The books are in care of Comptroller Telephone no (703) 549-9222 Located at 99 Canal Center Plaza, 5th Floor, Alexandria, VA ZIP + 4 22314		
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 Specific Instructions on page 32)

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 Conference					466456
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					758287
95 Interest on savings and temporary cash investments			14	15675	
96 Dividends and interest from securities			14	14000	
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			14	(209567)	
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 Advertising	541800	55873			
b Mailing list sales			13	41520	
c Other					166661
d Reimbursement of direct costs					944811
e					
104 Subtotal (add columns (B), (D), and (E))		55873		(138372)	2336215
105 Total (add line 104, columns (B), (D), and (E))					2253716

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 Specific Instructions on page 32)

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 and 103(c-d)	For the maintenance and operation of the Organization's facilities and for the promotion of educational and informational literature to both the general public and the Association's membership, and other law enforcement personnel

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33)

(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 Specific Instructions on page 33)

- (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 and believe it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has knowledge.

Newman Flanagan
Signature of officer
Newman Flanagan, Executive Director
Type or print name and title

Paid Preparer's Use Only

Preparer's signature *Linda S. Foldvik*
Firm's name (or yours if self-employed) **Linda S. Foldvik, CPA 526 Kin**
address, and ZIP + 4 **Alexandria, VA 22314**



SCHEDULE A
(Form 990 or 990-EZ)

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

2001

Supplementary Information—(See separate instructions)

Department of the Treasury
Internal Revenue Service

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

Name of the organization

NATIONAL DISTRICT ATTORNEYS ASSOCIATION

Employer identification number

36 6144537

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
James Polley Alexandria, VA	Gov't Affairs Liason - 40 hours	95000	14250	-0-
Thomas Charron Columbia, SC	Director of Education 40 hours	120000	18000	-0-
Diane Riveria Alexandria, VA	Curriculum Director 40 hours	75000	11250	-0-
.....				
.....				
.....				
Total number of other employees paid over \$50,000 ▶	NONE			

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
NONE		
.....		
.....		
.....		
.....		
.....		
.....		
.....		
Total number of others receiving over \$50,000 for professional services ▶	NONE	

Part III Statements About Activities (See page 2 of the 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 ▶ \$ _____ (Must equal amounts on line 38, Part VI-A or line i 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.		✓
2a Sale, exchange, or leasing of property?		✓
2b Lending of money or other extension of credit?		✓
2c Furnishing of goods, services, or facilities?		✓
2d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	✓	
2e Transfer of any part of its income or assets?		✓
3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below)		✓
4 Do you have a section 403(b) annuity plan for your employees?	✓	
Note: Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments.		

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 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)(iv).
- 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)(vii). (Also complete the Support Schedule in Part IV-A.)
- 12** An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)
- 13** An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

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

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

- 14** An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

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

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

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28)	4833719	4333111	4105899	482543	13555272
16 Membership fees received	740326	730000	722380	652767	2845473
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	1514876	1501146	1324468	1290775	5631265
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	(6261)	133438	160421	115750	403348
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	6882660	6697695	6313168	2541835	22435358
24 Line 23 minus line 17	5367784	5196549	4988700	1251060	16804093
25 Enter 1% of line 23	68827	66977	63131	25418	

26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24	▶	26a	
	b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 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	▶	26b	
	c Total support for section 509(a)(1) test. Enter line 24, column (e)	▶	26c	
	d Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____	▶	26d	
	e Public support (line 26c minus line 26d total)	▶	26e	
	f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	▶	26f	%

27 Organizations described on line 12:	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person" prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year			
(2000)	40000 (1999)	40000 (1998)	40000 (1997)	40000

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)	957881 (1999)	864916 (1998)	716755 (1997)	710475

c Add Amounts from column (e) for lines:	15	13555272	16	2845473		
	17	5631265	20	-0-	21	-0-
d Add Line 27a total	160000	and line 27b total	3250027			
e Public support (line 27c total minus line 27d total)					27c	22032010
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)				27f	22435358	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))				27g		83 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				27h		-0 %

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 page 7 of the instructions)

(To be completed ONLY by schools that checked the box on line 6 in Part IV) *NIA*

	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.)		
34a Does the organization receive any financial aid or assistance from a governmental agency?		
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50 1975-2 C B 587 covering racial nondiscrimination? If "No" attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

NIA

Check a if the organization belongs to an affiliated group Check b if you checked "a" and "limited control" provisions apply

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

Caution If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
 See the instructions for lines 45 through 50 on page 11 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots nontaxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	Grassroots lobbying expenditures				

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 12 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
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.)			

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

National District Attorneys Association
 Fiscal year July 1, 2001 through June 30, 2002
 Federal I D # 36-6144537

Form 990, Part II, Line 42 and
 Part IV, Line 57 a and b

	<u>Basis</u>	<u>Depreciation (Straight-line)</u>	<u>Accumulated Depreciation 6/30/02</u>	<u>Book Value 6/30/02</u>
Furniture and equipment (5-7 years)	\$ 350,271	\$ 38,952	\$ 259,556	\$ 90,715
Leasehold improvements (10 years)	<u>271,657</u>	<u>20,520</u>	<u>228,415</u>	<u>\$ 43,242</u>
TOTALS	<u>\$ 621,928</u>	<u>\$ 59,472</u>	<u>\$ 487,971</u>	<u>\$ 133,957</u>

Form 990, Part IV, Line 54

	<u>Fair Market Value</u>
Certificates of deposit	\$ 425,645
Mutual funds--federal obligations	75,070
Mutual funds--equities	552,359
Mutual funds--corporate obligations	<u>100,188</u>
TOTAL	<u>\$ 1,153,262</u>

NATIONAL DISTRICT ATTORNEYS ASSOCIATION
FED I D # 36-6144537
FORM 990, PART V--FISCAL YEAR JULY 1, 2001 TO JUNE 30, 2002
SCHEDULE OF OFFICERS AND DIRECTORS

None of these members are compensated All devote as much time as is necessary weekly to conduct some of the business of the Association

OFFICERS

Robert M A Johnson, President
Anoka, MN

Paul Walsh, Treasurer
New Bedford, MA

Stu VanMeveren, Chairman of the Board
Fort Collins, CO

James C Backstrom, Vice President
Hastings, MN

William A Forbes
Charleston, WV

Richard G Callahan, Vice President
Jefferson City, MO

Michael Capizzi, VP
Santa Ana, CA

Doug Moreau, VP
Baton Rouge, LA

Claire McCaskill, VP
Kansas City, MO

Gil Garcettn, VP
Los Angeles, CA

Gary L Walker, VP
Marquette, MI

Philip A Rollins, VP
Barnstable, MA

Patricia Jessamy, Secretary
Baltimore, MD

John R Justice
Chester, SC

continued

NATIONAL DISTRICT ATTORNEYS ASSOCIATION
FED ID # 36-6144537
FORM 990, PART V--FISCAL YEAR JULY 1, 2001 TO JUNE 30, 2002
SCHEDULE OF OFFICERS AND DIRECTORS
continued

DIRECTORS AT LARGE

James C Backstrom Hastings, MN	Cynthia Cooper Anchorage, AL	Gary Lacey Lincoln, NE
Richard G Callahan Jefferson City, MO	Stephen G Udall St Johns, AZ	Stewart Bell Las Vegas, NV
Joseph P D'Alessandro Ft Myers, FL	Chns Raff Searcy, AR	Sheldon Whitehouse Providence, RI
William E Davis Davenport, LA	Tom Orloff Oakland, CA	Randolph T Murdaugh Lexington, SC
Dick Devine Chicago, IL	David Thomas Golden, CO	Mark Smith Pierre, SD
Victor Johnson Nashville, TN	Mary Galvin Millford, CT	David Yocom Salt Lake City, UT
J Frank Long Sulpher Springs, TX	M Jane Brady Wilmington, DE	Robert L Sand White River Junction, VT
Norman Maleng Seattle, WA	David W Crook Augusta, ME	Arthur D Curtis Vancouver, WA
Doug Moreau Baton Rouge, LA	Elizabeth D Scheibel Northampton, MA	Christopher Chiles Huntington, WV
Sandra O'Connor Towson, MD	Michael D Thomas Saginaw, MI	E Michael McCann Milwaukee, WI
Philip Rollins Barnstable, MA	Susan Gaertner St Paul, MN	James Esparza El Paso, TX
Jeffrey Sullivan Yakima, WA	Ronnie L Harper Natchez, MS	Mark Decana Ogden, UT
John Siquefield Baton Rouge, LA	Robert P McCulloch Clayton, MO	Ray Larson Lexington, KY
M David Barber Birmingham, AL	Thomas J Esch Kalispell, MT	John P Sarcone Des Moines, IA
Grover C Trask Riverside, CA	Henry Valdez Santa Fe, NM continued	Frank Weathersbee Annapolis, MD

NATIONAL DISTRICT ATTORNEYS ASSOCIATION
FED I D # 36-6144537
FORM 990, PART V--FISCAL YEAR JULY 1, 2001 TO JUNE 30, 2002
SCHEDULE OF OFFICERS AND DIRECTORS
continued

DIRECTORS AT LARGE

Gary Walker
Marquette, MI

Kim Parker
Wichita, KS

Joseph R Koenig
Columbus,IN

John R Young
Connth, MS

Robert Honecker
Freehold, NJ

Thomas J Ferguson
Waterloo, IA

Paul Walsh
New Bedford, MA

Richard Wintory
Oklahoma City, OK

Nola Foulston
Wichita, KS

Gus Sandstrom, Jr
Pueblo, CO

Barry Krscher
West Palm Beach, FL

Paul David Cowden
Mt Sterling, KY

Bart Calhoun
Clayton, MO

J Tom Morgan
Decatur, GA

Harry J Morel, Jr
Hahnville, LA

Mike Conroy
Staten Island, NY

Peter Carlisle
Honolulu, HI

James M Reams
Kinston, NH

Phyllis Gardner
Memphis, TN

Greg H Bower
Boise, ID

Lee Solomon
Trenton, NJ

Joseph P Gaughan
Brockton, MA

Paul A Logli
Rockford, IL

Thomas A Rutledge
Carlsbad, NM

Charles J Hynes
Brooklyn, NY

Richard L Dugger
Arapano, OK

John W Gill, Jr
Knoxville, TN

C Colon Willoughby, Jr
Raleigh, NC

Joshua Marquis
Astona, OR

Earle R Myers
Whapeton, ND

John C Pettit
Washington, PA

Kevin J Baxter
Sandusky, OH

Matthew Redie
Shendan, WY

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
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Note** Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time—Only submit original (no copies needed)
Note. Form 990-T corporations requesting an automatic 6-month extension—check this box and complete Part I only
 All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print	Name of Exempt Organization NAITONAL DISTRICT ATTORNEYS ASSOCIATION	Employer identification number 38: 6144537
File by the due date for filing your return. See instructions.	Number street and room or suite no. If a P.O. box see instructions 99 CANAL CENTER PLAZA, 5TH FLOOR	
	City town or post office, state and ZIP code. For a foreign address see instructions ALEXANDRIA, VA 22314	

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

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) N/A. 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 FEB. 15, 2003 to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year 20 .. or
 ▶ tax year beginning JULY 1, 2001 and ending JUNE 30, 2002

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

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

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 form, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ [Handwritten Signature] Title ▶ CPA Date ▶ 11/15/02

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box **Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868**
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

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

Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization NATIONAL DISTRICT ATTORNEYS ASSOCIATION	Employer identification number 38 : 6144537
	Number, street and room or suite no. If a P O box see instructions 99 CANAL CENTER PLAZA, 5TH FLOOR	For IRS use only
	City town or post office state and ZIP code For a foreign address see instructions ALEXANDRIA, VA 22314	

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

Form 990
 Form 990-EZ
 Form 990-T (sec 401(a) or 408(a) trust)
 Form 1041-A
 Form 5227
 Form 8870
 Form 990-BL
 Form 990-PF
 Form 990 T (trust other than above)
 Form 4720
 Form 6069

STOP Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868

- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) N/1 If this is for the **whole** group, check this box If it is for **part** of the group, check this box and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until MAY 15, 2003

5 For calendar year _____, or other tax year beginning JULY 1, 2001 and ending JUNE 30, 2002

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

7 State in detail why you need the extension ADDITIONAL TIME IS REQUESTED TO GATHER ALL OF THE MATERIAL NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN—THE BOARD MEMBERS CHANGE EACH YEAR MAKING THIS REQUEST NECESSARY

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ -0-

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____

c **Balance Due** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ -0-

Signature and Verification

Under penalties of perjury I declare that I have examined this form including accompanying schedules and statements and to the best of my knowledge and belief it is true, correct, and complete and that I am authorized to prepare this form

Signature *Amelia S. Andrews* Title CPA Date 2/15/03

Notice to Applicant—To Be Completed by the IRS

- We **have** approved this application. Please attach this form to the organization's return
- We **have not** approved this application. However we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return
- We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period
- We **cannot** consider this application because it was filed after the due date of the return for which an extension was requested
- Other _____

Director _____ By _____ Date _____

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

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