

**Short Form**

**Return of Organization Exempt From Income Tax**

OMB No 1545-1150

**2002**

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)  
▶ For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year  
▶ The organization may have to use a copy of this return to satisfy state reporting requirements

**Open to Public Inspection**

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

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

Please use IRS label or print or type See Specific Instructions

**C** Name of organization  
**AMERICAN ENVIRONMENTAL HEALTH STUDIES PROJECT, INC**  
 Number and street (or P O box if mail is not delivered to street address) Room/suite  
**82 JUDSON STREET**  
 City, town, or country State ZIP + 4  
**CANTON NY 13617**

**D** Employer identification number  
**62-1599535**

**E** Telephone number \_\_\_\_\_

**F** Enter 4-digit (GEN) ▶ \_\_\_\_\_

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

**G** Accounting method  Cash  Accrual  
 Other (specify) ▶ \_\_\_\_\_

**I** WEB SITE ▶ \_\_\_\_\_

**J** ORGANIZATION TYPE (check only one)  501(c) ( 3 ) (insert no)  4947(a)(1) OR  527

**H** Check  if the organization is NOT required to attach Schedule B (Form 990 990-EZ, or 990-PF)

**K** Check  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** Add lines 5b 6b and 7b to line 9 to determine gross receipts if \$100 000 or more file Form 990 instead of Form 990-EZ ▶ \$ \_\_\_\_\_ 0

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 36 of the instructions)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less cost or other basis and sales expenses on inventory	5b	
	5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	5c	0
	6	Special events and activities (attach schedule)		
	a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
b	Less direct expenses other than fundraising expenses	6b		
c	Net income or (loss) from special events and activities (line 6a less line 6b)	6c	0	
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c	0	
8	Other revenue (describe ▶ _____)	8	0	
9	<b>TOTAL REVENUE</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	0	
Net Assets	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ▶ _____)	16	0
	17	<b>TOTAL EXPENSES</b> (add lines 10 through 16)	17	0
18	Excess or (deficit) for the year (line 9 less line 17)	18	0	
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	0	
20	Other changes in net assets or fund balances (attach explanation)	20		
21	<b>Net assets or fund balances at end of year</b> (combine lines 18 through 20)	21	0	

**Part II Balance Sheets** - If Total assets on line 25, column (B) are \$250 000 or more, file Form 990 instead of Form 990-EZ (See page 39 of the instructions)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	22	
23 Land and buildings	23	
24 Other assets (describe ▶ _____)	0 24	0
25 <b>TOTAL ASSETS</b>	0 25	0
26 <b>TOTAL LIABILITIES</b> (describe ▶ _____)	0 26	0
27 <b>NET ASSETS OR FUND BALANCES</b> (line 27 of column (B) MUST agree with line 21)	0 27	0

Part III Statement of Program Service Accomplishments (See page 39 of the instructions )		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others )
What is the organization's primary exempt purpose? Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title		
28	(Grants \$ )	28a
29	(Grants \$ )	29a
30	(Grants \$ )	30a
31	Other program services (attach schedule) (Grants \$ )	31a
32	TOTAL PROGRAM SERVICE EXPENSES (add lines 28a through 31a)	32 0

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 40 of the 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 & deferred compensation	(E) Expense account and other allowances

Part V Other Information (Note the attachment requirement in General Instruction V, page 14 )		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		
35	If the organization had income from business activities such as those reported on lines 2, 6, and 7 (among others), but NOT reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice reporting and proxy tax requirements?		
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement )		
37 a	Enter amount of political expenditures, direct or indirect as described in the instructions	37a	
b	Did the organization file FORM 1120-POL for this year?		
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee OR were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38b	
39	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts included on line 9 for public use of club facilities	39b	
40 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 section 4912 section 4955		
b	501(c)(3) and (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 an explanation		
c	Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955 and 4958		
d	Enter Amount of tax on line 40c, above, reimbursed by the organization		
41	List the states with which a copy of this return is filed		
42	The books are in care of Telephone no		
	Located at		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu and enter the amount of tax-exempt interest received or accrued during		

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

Please Sign Here  
 Signature of officer: *Paul C. ...*  
 Type or print name and title: *Executive Director*

Paid Preparer's Use Only  
 Preparer's signature: *Toward Fleming* Date: *4/1*  
 Firm's name (or yours if self-employed) address and ZIP + 4: *H AND R BLOCK 79 E MAIN ST, GOUVERNEUR, NY*