

Form **990**

OMB No. 1545-0047

# Return of Organization Exempt From Income Tax

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

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

**2000**

Department of the Treasury  
Internal Revenue Service

Open to Public Inspection

**A For the 2000 calendar year, or tax year period beginning** , and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Change of address <input type="checkbox"/> Change of name <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization <b>AUTOMOTIVE MANAGEMENT INSTITUTE</b>		<b>D</b> Employer ID number <b>75-2333676</b>
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>P O BOX 929</b>		<b>E</b> Telephone number <b>817-283-6205</b>
		City or town, state or country, and ZIP code <b>BEDFORD TX 76095-0929</b>		<b>F</b> Check <input type="checkbox"/> if application pending

**G** Org. type (check only one)  501(c) ( **3** ) (insert no.)  527 or  4947(a)(1)

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

**J** Accounting method:  Cash  Accrual  Other (specify)

**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.

Note: H and I are not applicable to section 527 orgs.

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

**H(b)** If "Yes," enter number of affiliates  Yes  No

**H(c)** Are all affiliates included?  Yes  No (If "No," att. a list. See Instr.)

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

**I** Enter 4-digit group exemption no. (GEN)

**L** Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ)

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

<b>1</b>	Contributions, gifts, grants, and similar amounts received:				
<b>a</b>	Direct public support	<b>1a</b>	<b>240,933</b>		
<b>b</b>	Indirect public support	<b>1b</b>			
<b>c</b>	Government contributions (grants)	<b>1c</b>			
<b>d</b>	Total (add lines 1a through 1c) (cash \$ <b>240,933</b> noncash \$ )	<b>1d</b>		<b>240,933</b>	
<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>		<b>6,130</b>	
<b>3</b>	Membership dues and assessments	<b>3</b>			
<b>4</b>	Interest on savings and temporary cash investments	<b>4</b>		<b>129,916</b>	
<b>5</b>	Dividends and interest from securities	<b>5</b>			
<b>6a</b>	Gross rents	<b>6a</b>			
<b>b</b>	Less: rental expenses	<b>6b</b>			
<b>c</b>	Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>			
<b>7</b>	Other investment income (describe )	<b>7</b>			
<b>8a</b>	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
<b>b</b>	Less: cost or other basis and sales expenses	<b>8a</b>	<b>8b</b>		
<b>c</b>	Gain or (loss) (attach schedule)	<b>8c</b>			
<b>d</b>	Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8d</b>			
<b>9</b>	Special events and activities (attach schedule)				
<b>a</b>	Gross revenue (not including \$ of contributions reported on line 1a)	<b>9a</b>			
<b>b</b>	Less: direct expenses other than fundraising expenses	<b>9b</b>			
<b>c</b>	Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>			
<b>10a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>			
<b>b</b>	Less: cost of goods sold	<b>10b</b>			
<b>c</b>	Gross profit or (loss) on sales of inventory (att. sch.) (subtract line 10b from line 10a)	<b>10c</b>			
<b>11</b>	Other revenue (from Part VII, line 93)	<b>11</b>			
<b>12</b>	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>		<b>376,979</b>	
<b>13</b>	Program services (from line 44, column (B))	<b>13</b>		<b>180,554</b>	
<b>14</b>	Management and general (from line 44, column (C))	<b>14</b>		<b>174,169</b>	
<b>15</b>	Fundraising (from line 44, column (D))	<b>15</b>		<b>29,327</b>	
<b>16</b>	Payments to affiliates (attach schedule)	<b>16</b>			
<b>17</b>	Total expenses (add lines 16 and 44, column (A))	<b>17</b>		<b>384,050</b>	
<b>18</b>	Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>		<b>-7,071</b>	
<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		<b>3,151,798</b>	
<b>20</b>	Other changes in net assets or fund balances (attach explanation)	<b>20</b>	<b>SEE STMT 1</b>	<b>21,712</b>	
<b>21</b>	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>		<b>3,166,439</b>	

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Revenue

Expenses

Assets

**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 20.)

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 \$ _____ non-cash \$ _____)	22			
23	Specific assistance to individuals	23			
24	Benefits paid to or for members	24			
25	Compensation of officers, directors, etc.	25			
26	Other salaries and wages	26	194,625	48,656	130,399
27	Pension plan contributions	27	22,999	5,750	15,409
28	Other employee benefits	28			
29	Payroll taxes	29	14,999	3,750	10,049
30	Professional fundraising fees	30			
31	Accounting fees	31	4,715		4,715
32	Legal fees	32	506		506
33	Supplies	33	13,063		3,423
34	Telephone	34	2,693		1,616
35	Postage and shipping	35	17,433	17,433	
36	Occupancy	36	8,052		8,052
37	Equipment rental and maintenance	37			
38	Printing and publications	38	20,770	20,770	
39	Travel	39	48,570	48,570	
40	Conferences, conventions, and meetings	40			
41	Interest	41			
42	Depreciation, depletion, etc. (att. sch.)	42			
43	Other expenses (itemize): a	43a			
	b SEE STATEMENT 2	43b	35,625	35,625	
	c	43c			
	d	43d			
	e	43e			
44	<b>Total functional expenses</b> (add lines 22 - 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	384,050	180,554	174,169

**Reporting of Joint Costs.** Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation?  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** (See Specific Instructions on page 23.)

What is the organization's primary exempt purpose?	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a SEE STATEMENT 3 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.) 10,411 STUDENTS IN 76,879 ENROLLMENTS IN VARIOUS SEMINARS TROUGHOUT THE YEAR 2000. 66,181 STUDENTS HAVE PARTICIPATED SINCE ITS INCEPTION.	180,554
(Grants and allocations \$ _____)	
b	
(Grants and allocations \$ _____)	
c	
(Grants and allocations \$ _____)	
d	
(Grants and allocations \$ _____)	
e Other program services (attach schedule)	(Grants and allocations \$ _____)
f <b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)	<b>180,554</b>

**Part IV Balance Sheets** (See Specific Instructions on page 23.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.		(A)		(B)	
		Beginning of year		End of year	
A s s e t s	45	Cash-non-interest-bearing	92,696	45	51,137
	46	Savings and temporary cash investments		46	41,748
	47a	Accounts receivable	25,681		
	b	Less: allowance for doubtful accounts		47c	25,681
			44,993		
	48a	Pledges receivable	1,519,804		
	b	Less: allowance for doubtful accounts		48c	1,188,056
			1,368,425		
	49	Grants receivable		49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a	Other notes and loans receivable (attach schedule)			
	b	Less: allowance for doubtful accounts		51c	
	52	Inventories for sale or use		52	11,205
	53	Prepaid expenses and deferred charges		53	
	54	Investments-securities <b>SEE STMT 4</b> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	1,668,218	54	1,823,979
55a	Investments-land, buildings, and equipment: basis				
b	Less: accumulated depreciation (attach schedule)		55c		
56	Investments-other (attach schedule)		56		
57a	Land, buildings, and equipment: basis	2,408			
b	Less: accumulated depreciation (attach schedule)		57c	2,408	
58	Other assets (describe )		58		
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)	3,176,740	59	3,144,214	
L i a b i l i t i e s	60	Accounts payable and accrued expenses	24,942	60	-22,225
	61	Grants payable		61	
	62	Deferred revenue		62	
	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	<b>Total liabilities</b> (add lines 60 through 65)	24,942	66	-22,225	
N e t A s s e t s	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67	Unrestricted	289,139	67	225,319
	68	Temporarily restricted	2,862,659	68	2,941,120
	69	Permanently restricted		69	
	<b>Organizations that do not follow SFAS 117, check here</b> <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	<b>Total net assets or fund balances</b> (add lines 67 through 69 OR lines 70 through 72; column (A) must equal line 19 and column (B) must equal line 21)	3,151,798	73	3,166,439	
74	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	3,176,740	74	3,144,214	

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.

<b>Part IV-A</b> Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions, page 25.)	<b>Part IV-B</b> Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
<p><b>a</b> Total revenue, gains, and other support per audited financial statements ▶ <b>a</b> <b>420,385</b></p> <p><b>b</b> Amounts included on line a but not on line 12, Form 990:</p> <p>(1) Net unrealized gains on investments \$</p> <p>(2) Donated services and use of facilities \$</p> <p>(3) Recoveries of prior year grants \$</p> <p>(4) Other (specify): SEE STMT 5 \$ <b>43,406</b></p> <p>Add amounts on lines (1) through (4) ▶ <b>b</b> <b>43,406</b></p> <p><b>c</b> Line a minus line b. ▶ <b>c</b> <b>376,979</b></p> <p><b>d</b> Amounts included on line 12, Form 990 but not on line a:</p> <p>(1) Investment expenses not included on line 6b, Form 990 \$</p> <p>(2) Other (specify):</p> <p>Add amounts on lines (1) and (2) ▶ <b>d</b></p> <p><b>e</b> Total revenue per line 12, Form 990 (line c plus line d) ▶ <b>e</b> <b>376,979</b></p>	<p><b>a</b> Total expenses and losses per audited financial statements. ▶ <b>a</b> <b>405,744</b></p> <p><b>b</b> Amounts included on line a but not on line 17, Form 990:</p> <p>(1) Donated services and use of facilities \$</p> <p>(2) Prior year adjustments reported on line 20, Form 990 \$</p> <p>(3) Losses reported on line 20, Form 990 \$</p> <p>(4) Other (specify): SEE STMT 6 \$ <b>21,694</b></p> <p>Add amounts on lines (1) through (4) ▶ <b>b</b> <b>21,694</b></p> <p><b>c</b> Line a minus line b. ▶ <b>c</b> <b>384,050</b></p> <p><b>d</b> Amounts included on line 17, Form 990 but not on line a:</p> <p>(1) Investment expenses not included on line 6b, Form 990 \$</p> <p>(2) Other (specify):</p> <p>Add amounts on lines (1) and (2) ▶ <b>d</b></p> <p><b>e</b> Total expenses per line 17, Form 990 (line c plus line d) ▶ <b>e</b> <b>384,050</b></p>

**Part V** List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see Specific Instructions on page 25.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contrib. to employee benefit plans & deferred compensation	(E) Expense account and other allowances
ED CUSHMAN SPOKANE, WA	CHAIR PART-TIME	0	0	0
BOB KEE KERRVILLE, TX	VICE-CHAIR PART-TIME	0	0	0
BILL SAUER ROSEVILLE, MN	SEC PART-TIME	0	0	0
DALE FESTE HOPKINS, MN	TREAS PART-TIME	0	0	0
DON ASKEW STRONGVILLE, OH	TRUSTEE PART-TIME	0	0	0
JIM BUSCH ISAQUAH, WA	TRUSTEE PART-TIME	0	0	0
DENISE LLOYD AKRON, OH	TRUSTEE PART-TIME	0	0	0
BOB WEIFFENBACH BROOMFIELD, CO	TRUSTEE PART-TIME	0	0	0
WALTER TRAPP BEDFORD, TX	TRUSTEE PART-TIME	0	0	0
SEE STATEMENT 7				

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 Specific Instructions on page 26.

Part VI - Other Information (See Specific Instructions on page 26.)		N/A	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			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.			X
78a	Did the organization have unrelated business gross inc. of \$1,000 or more during the year covered by this return?			X
b	If "Yes," has it filed a tax return on Form 990-T for this year?			X
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement			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?		X	
b	If "Yes," enter the name of the organization <b>AUTOMOTIVE SERVICE ASSOCIATION</b> and check whether it is <input checked="" type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt.			
81a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81			
b	Did the organization file Form 1120-POL for this year?			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?			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 for reporting in Part III.)			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?		X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	N/A		
84a	Did the organization solicit any contributions or gifts that were not tax deductible?			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	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.	N/A		
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 in 85f?	N/A		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A		
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			X
89a	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>0</u>			
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		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
90a	List the states with which a copy of this return is filed <b>NONE</b>			
b	Number of employees employed in the pay period that includes March 12, 2000 (See instructions)	90b		
91	The books are in care of <b>MARK HALE</b> Telephone no. <b>817-283-6205</b> Located at <b>1901 AIRPORT FREEWAY, STE 100 BEDFORD T</b> ZIP code <b>76021</b>			
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			

**Part VII Analysis of Income-Producing Activities** (See Specific Instructions on page 30.)

Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by sec. 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 <b>SEMINARS</b>					-8,381
b <b>BOOKS AND PAMPHLETS</b>					14,511
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	129,916	
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					
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))			0	129,916	6,130
105 Total (add line 104, columns (B), (D), and (E))					136,046

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 31.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A	<b>ORGANIZED TO PROVIDE CONTINUING BUSINESS EDUCATION TO INDIVIDUALS WITHIN THE AUTOMOTIVE SERVICE AND REPAIR INDUSTRY, THE PRINCIPAL TOOL FOR THIS EDUCATION IS THROUGH SEMINARS.</b>

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See Specific Instructions on page 31.)

(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 Specific Instructions on pg. 31.)

- (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** 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.

Date: 8/13/01  
 Type or print name and title: MARK A. HALE VP-FINANCE

Date: 8/13/01  
 Check if self-prepared:   
 Preparer's SSN or PTIN: 700000000

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

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

(Except Private Foundation) and Section 501(e), 501(f), 501(k),

501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information-(See separate instructions.)**

OMB No. 1545-0047

**2000**

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

Employer identification number

**AUTOMOTIVE MANAGEMENT INSTITUTE**

**75-2333676**

**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 ben. plans & deferred compensation	(e) Expense account and other allowances
JOHN L BERRY BEDFORD, TX	CURRICULUM S FULL-TIME	62,180	4,569	0
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 1 of the instr. 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		

For Paperwork Reduction Act Notice, see page 1 of the instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2000

**Part III** Statements About Activities

	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 <b>0</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>
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its 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:		
a Sale, exchange, or leasing of property?		<b>X</b>
b Lending of money or other extension of credit?		<b>X</b>
c Furnishing of goods, services, or facilities?		<b>X</b>
d Payment of compensation (or payment or reimbursement of exp. if more than \$1,000)?		<b>X</b>
e Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions.		<b>X</b>
3 Does the organization make grants for scholarships, fellowships, student loans, etc.?		<b>X</b>
4a Do you have a section 403(b) annuity plan for your employees?	<b>X</b>	
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. (See pg. 2 of the instr.)	<b>SEE STMT 8</b>	

**Part IV** Reason for Non-Private Foundation Status (See pages 2 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, page 5.)
- 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.)

(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 5 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 FY beginning in)	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
<b>15</b> Gifts, grants, & contrib. received. (Do not incl. unusual grants. See line 28.)	512,815	150,399	357,571	621,980	1,642,765
<b>16</b> Membership fees received					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a busn. unrelated to the organization's charitable, etc., purpose	23,862	81,782	68,171	97,784	271,599
<b>18</b> Gross inc. from int., dividends, amounts received from pymt. on securities loans (section 512(a)(5)), rents, royalties, & unrelated busn. taxable inc. (less sec. 511 taxes) from businesses acquired by the organization after June 30, 1975	55,995	38,710	16,346	13,395	124,446
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's ben. & either paid to it or expended on its behalf					
<b>21</b> The value of services or fac. furnished to the org. by a governmental unit without charge. Do not incl. the value of serv. 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 cap. assets					
<b>23</b> Total of lines 15 through 22	592,672	270,891	442,088	733,159	2,038,810
<b>24</b> Line 23 minus line 17	568,810	189,109	373,917	635,375	1,767,211
<b>25</b> Enter 1% of line 23	5,927	2,709	4,421	7,332	
<b>26</b> Organizations described on lines 10 or 11:					
<b>a</b> Enter 2% of amount in column (e), line 24					26a
<b>b</b> Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts					26b
<b>c</b> Total support for section 509(a)(1) test: Enter line 24, column (e)					26c
<b>d</b> Add: Amounts from column (e) for lines:	18	19			26d
22		26b			26e
<b>e</b> Public support (line 26c minus line 26d total)					26e
<b>f</b> 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," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year:

(1999) (1998) (1997) (1996)

**b** For any amount included in line 17 that was received from a nondisqualified person, attach a list 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.) 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:

(1999) (1998) (1997) (1996)

**c** Add: Amounts from column (e) for lines: 15 1,642,765 16 \_\_\_\_\_  
17 271,599 20 \_\_\_\_\_ 21 \_\_\_\_\_

**d** Add: Line 27a total \_\_\_\_\_ and line 27b total \_\_\_\_\_

**e** Public support (line 27c total minus line 27d total) \_\_\_\_\_

**f** Total support for section 509(a)(2) test: Enter amount on line 23, column (e) **27f** 2,038,810

**g** Public support percentage (line 27e (numerator) divided by line 27f (denominator)) **27g** 93.8961 %

**h** Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) **27h** 6.1039 %

**28** Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See page 5 of the instr.)

**Part IV**

**Private School Questionnaire (See page 5 of the instructions.)**

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

		N/A	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?			
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?			
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?			
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?			
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?			
d	Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?			
b	Admissions policies?			
c	Employment of faculty or administrative staff?			
d	Scholarships or other financial assistance?			
e	Educational policies?			
f	Use of facilities?			
g	Athletic programs?			
h	Other extracurricular activities?  If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
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 7 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768) **N/A**

- Check here  **a** if the organization belongs to an affiliated group.  
 Check here  **b** if you checked "a" above and "limited control" provisions apply.

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
<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>		

**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 9 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> 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 9 of the instr.)

**N/A**

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

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

Yes	No	Amount

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



**Federal Statements**

**Statement 1 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances**

<u>Description</u>	<u>Amount</u>
CORRECTION TO ENDOWMENT FUND	\$ 21,712
TOTAL	\$ 21,712

**Federal Statements****Statement 2 - Form 990, Part II, Line 43 - Other Functional Expenses**

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
INDIRECT EXPENSE	\$	\$	\$	\$
MARKETING & ADVERTISING	27,822	27,822		
NEW PROJECT PRODUCTION	1,943	1,943		
TRUSTEE MEETINGS	5,860	5,860		
TOTAL	<u>\$ 35,625</u>	<u>\$ 35,625</u>	<u>\$ 0</u>	<u>\$ 0</u>

**Statement 3 - Form 990, Part III - Organization's Primary Exempt Purpose**

ORGANIZED TO PROVIDE CONTINUING EDUCATION TO INDIVIDUALS  
IN THE AUTOMOTIVE REPAIR INDUSTRY.

**Federal Statements****Statement 4 - Form 990, Part IV, Line 54 - Investments in Securities**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>	<u>Basis of Valuation</u>
US AND STATE GOVERNMENT BONDS AND FIXED INCOME	818,395	1,101,039	MARKET
CORPORATE STOCK CORPORATE STOCKS PUBLICLY TRADED	849,823	722,940	MARKET
	<u>1,668,218</u>	<u>1,823,979</u>	

**Federal Statements****Statement 5 - Form 990, Part IV-A - Other Revenue Included in Financial Statements**

Description	Amount
ENDOWMENT PLEDGES	\$ 43,406
TOTAL	<u>\$ 43,406</u>

**Statement 6 - Form 990, Part IV-B - Other Expenses Included in Financial Statements**

Description	Amount
CHANGES IN MATCHING FUND ENDOWMENT	\$ 21,694
TOTAL	<u>\$ 21,694</u>

**Statement 7 - Form 990, Part V - List of Officers, Directors, Trustees, and Key Employees**

Name	Title	Average Hours	Address	Compensation	Benefits	Expenses
BOB ANDERSON	TRUSTEE		SHEFFIELD VILLAGE, OH			
CLAUD CHAMPION	TRUSTEE		ABILENE, TX			
			PART-TIME			
			PART-TIME			

**Statement 8 - Schedule A, Part III, Question 4b - Explanation of Grants/Loans  
Qualifications**

TO BE ELIGIBLE FOR SCHOLARSHIPS, AN INDIVIDUAL MUST BE WORKING IN A SERVICE SHOP THAT IS A MEMBER OF THE AUTOMOTIVE SERVICE ASSOCIATION. THE INDIVIDUAL MUST BE RECOMMENDED BY THE SHOP PRINCIPAL AND THEN SUBMIT A WRITTEN APPLICATION. TRUSTEES AND THEIR EMPLOYEES ARE NOT ELIGIBLE.