

Return of Organization Exempt from Income Tax

2002

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

C Name of organization
 The Praxis Project
 Number street (or P O box if mail is not delivered to street addr) Room/suite
 1750 Columbia Road, 2nd Floor
 City town or country State ZIP code + 4
 Washington DC 20009

D Employer Identification Number
 30-0044814

E Telephone number
 (202) 234-5921

F Accounting method
 Cash Accrual
 Other (specify) ▶

G Web site ▶

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

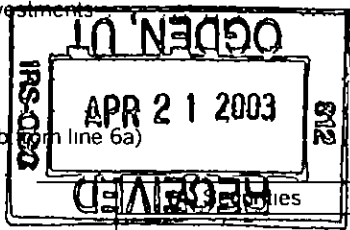
K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return**

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 555,132

H and I are not applicable to section 527 organizations
H (a) Is this a group return for affiliates? Yes No
H (b) If Yes enter number of affiliates ▶
H (c) Are all affiliates included? Yes No (If No attach a list See instructions)
H (d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Enter 4-digit GEN ▶
M Check if the organization is not required to attach Schedule B (Form 990, 990 EZ, or 990 PF)

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

REVENUE	1 Contributions, gifts, grants, and similar amounts received		
	a Direct public support	1a	
	b Indirect public support	1b	545,859
	c Government contributions (grants)	1c	
	d Total (add lines 1a through 1c) (cash \$ 545,859 noncash \$ 0)	1d	545,859
	2 Program service revenue including government fees and contracts (from Part VII line 93)	2	8,354
	3 Membership dues and assessments	3	
	4 Interest on savings and temporary cash investments	4	919
	5 Dividends and interest from securities	5	
	6a Gross rents	6a	
	b Less rental expenses	6b	
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c	
	7 Other investment income (describe)	7	
	8a Gross amount from sales of assets other than inventory	8a	
	b Less cost or other basis and sales expenses	8b	
	c Gain or (loss) (attach schedule)	8c	
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	
	9 Special events and activities (attach schedule)		
	a Gross revenue (not including \$ of contributions reported on line 1a)	9a	
	b Less direct expenses other than fundraising expenses	9b	
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c	
10a Gross sales of inventory, less returns and allowances	10a		
b Less cost of goods sold	10b		
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		
11 Other revenue (from Part VII, line 103)	11		
12 Total revenue (add lines 1d 2 3 4 5, 6c 7 8d 9c 10c, and 11)	12	555,132	
EXPENSES	13 Program services (from line 44, column (B))	13	418,820
	14 Management and general (from line 44, column (C))	14	31,257
	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	450,077
	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	105,055
	19 Net assets or fund balances at beginning of year (from line 73 column (A))	19	
	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	105,055



SCANNED MAY 01 '03

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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

Do not include amounts reported on line 6b, 8b, 9b, 10b or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
22	Grants and allocations (att sch) (cash \$ _____ non-cash \$ _____)	22				
23	Specific assistance to individuals (att sch)	23				
24	Benefits paid to or for members (att sch)	24				
25	Compensation of officers, directors, etc	25	68,625	0	0	
26	Other salaries and wages	26	149,308	0	0	
27	Pension plan contributions	27				
28	Other employee benefits	28	16,542	0	0	
29	Payroll taxes	29	12,094	0	0	
30	Professional fundraising fees	30				
31	Accounting fees	31	12,713	0	0	
32	Legal fees	32				
33	Supplies	33	3,450	266	0	
34	Telephone	34	15,228	0	0	
35	Postage and shipping	35	2,826	0	0	
36	Occupancy	36	60,212	21,471	0	
37	Equipment rental and maintenance	37				
38	Printing and publications	38	7,987	0	0	
39	Travel	39	24,937	18	0	
40	Conferences, conventions, and meetings	40	21,354	0	0	
41	Interest	41				
42	Depreciation, depletion, etc (attach schedule)	42	0	0	0	
43	Other expenses not covered above (itemize)					
a	Copying	43a	3,806	0	0	
b	Research/Subscriptions	43b	10,834	0	0	
c	Honoraria	43c	8,713	0	0	
d	Website	43d	3,300	0	0	
e	See Other Expenses Stmt	43e	28,148	9,502	0	
44	Total functional expenses (add lines 22-43) Organizations completing columns (B) (D), carry these totals to lines 13-15	44	450,077	418,820	31,257	0

Joint Costs Check if you are following SOP 98-2
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If 'Yes' enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to program services \$ _____, (iii) the amount allocated to management and general \$ _____, and (iv) the amount allocated to fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? <input type="checkbox"/> To assist as to underrepresented and disadvantaged groups	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts but optional for others)
a <u>To develop educational programs and conduct research studies aimed at assisting communities regarded as underrepresented and/or disadvantaged socially and economically</u> (Grants and allocations \$ _____)	418,820
b _____ (Grants and allocations \$ _____)	
c _____ (Grants and allocations \$ _____)	
d _____ (Grants and allocations \$ _____)	
e Other program services (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44 column (B), program services)	418,820

Part IV Balance Sheets (See Instructions)

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	0	45	111,771
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	47 a		
	b Less allowance for doubtful accounts	47 b	47 c	
	48 a Pledges receivable	48 a		
	b Less allowance for doubtful accounts	48 b	48 c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51 a Other notes & loans receivable (attach sch)	51 a		
	b Less allowance for doubtful accounts	51 b	51 c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 Investments – securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
	55 a Investments – land, buildings, & equipment basis	55 a		
	b Less accumulated depreciation (attach schedule)	55 b	55 c	
	56 Investments – other (attach schedule)		56	
	57 a Land, buildings, and equipment basis	57 a		
	b Less accumulated depreciation (attach schedule)	57 b	57 c	
	58 Other assets (describe ► _____)		58	0
59 Total assets (add lines 45 through 58) (must equal line 74)	0	59	111,771	
LIABILITIES	60 Accounts payable and accrued expenses		60	6,716
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64 a Tax-exempt bond liabilities (attach schedule)		64 a	
	b Mortgages and other notes payable (attach schedule)		64 b	
	65 Other liabilities (describe ► _____)		65	
66 Total liabilities (add lines 60 through 65)	0	66	6,716	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted		67	
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here ► <input checked="" 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	105,055
	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)		73	105,055
74 Total liabilities and net assets/fund balances (add lines 66 and 73)	0	74	111,771	

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.

BAA

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

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

<p>a Total revenue, gains, and other support per audited financial statements ▶ a N/A</p> <p>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) _____</p> <p>----- \$ _____</p> <p>Add amounts on lines (1) through (4) ▶ b</p> <p>c Line a minus line b ▶ c</p> <p>d 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>----- \$ _____</p> <p>Add amounts on lines (1) and (2) ▶ d</p> <p>e Total revenue per line 12, Form 990 (line c plus line d) ▶ e</p>	<p>a Total expenses and losses per audited financial statements ▶ a N/A</p> <p>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) _____</p> <p>----- \$ _____</p> <p>Add amounts on lines (1) through (4) ▶ b</p> <p>c Line a minus line b ▶ c</p> <p>d 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>----- \$ _____</p> <p>Add amounts on lines (1) and (2) ▶ d</p> <p>e Total expenses per line 17, Form 990 (line c plus line d) ▶ e</p>
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Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
Makani Theba-Nixon 8519 Wind Dance Way Columbia, MD 21045	Executive Dir 40	68,625	0	0
SEE ATTACHED LISTING				

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

If 'Yes' attach schedule - see instructions

Part VII Analysis of Income-Producing Activities (See instructions)

Note Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512 513 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a Contract Services					7,704
b Miscellaneous					650
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts					919
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))					9,273
105 Total (add line 104 columns (B), (D) and (E))					9,273

Note Line 105 plus line 1d Part I should equal the amount on line 12 Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See instructions)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions) N/A

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

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions)

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

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

Note If 'Yes' to (b) file Form 8870 and Form 4720 (see instructions)

Please Sign Here

Under penalties of perjury I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on 2002 information.

Signature of officer: Makani Themba-Nixon

Type or print name and title: Makani Themba-Nixon, Exec

Paid Preparer's Use Only

Preparer's signature: Bennett, Hutt & Co

Firm's name (or yours if self-employed) address and ZIP + 4: Bennett, Hutt & Co, LLC
10500 Little Patuxent Pkwy
Columbia

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

2002

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

The Praxis Project

Employer identification number

30-0044814

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See 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 and deferred compensation	(e) Expense account and other allowances
Makani Theba-Nixon 8519 Wind Dance W , Columbia, MD	Executive Dir 40	68,625	0	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 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
Not Applicable		

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

Part III Statements About Activities (See 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 **\$** 0
(Must equal amounts on line 38, Part VI A, or line 1 of Part VI B)

1 X

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.

2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)

a Sale, exchange, or leasing of property?

2a X

b Lending of money or other extension of credit?

2b X

c Furnishing of goods, services, or facilities?

2c X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

2d X

e Transfer of any part of its income or assets?

2e X

3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below.)

3 X

4 Do you have a section 403(b) annuity plan for your employees?

4 X

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 instructions)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).

6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)

7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____

10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)

11 a 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.)

11 b 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 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 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) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants and contributions received (Do not include unusual grants. See line 28.)					
16 Membership fees received					
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	N/A	Organization was founded in 2002			
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					
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					
24 Line 23 minus line 17					
25 Enter 1% of line 23					

26 Organizations described on lines 10 or 11 a Enter 2% of amount in column (e), line 24 ▶ **26 a**

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts. ▶ **26 b**

c Total support for section 509(a)(1) test. Enter line 24, column (e). ▶ **26 c**

d Add: Amounts from column (e) for lines **18** _____ **19** _____ **22** _____ **26 b** _____ ▶ **26 d**

e Public support (line 26c minus line 26d total) ▶ **26 e**

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ **26 f** %

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:
 (2001) _____ (2000) _____ (1999) _____ (1998) _____

b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the 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:
 (2001) _____ (2000) _____ (1999) _____ (1998) _____

c Add: Amounts from column (e) for lines **15** _____ **16** _____ **17** _____ **20** _____ **21** _____ ▶ **27 c**

d Add: Line 27a total _____ and line 27b total _____ ▶ **27 d**

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

f Total support for section 509(a)(2) test. Enter amount from line 23, column (e) ▶ **27 f**

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

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

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show for each year the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See 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 instructions)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

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

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	0		
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37			
38	Total lobbying expenditures (add lines 36 and 37)	38	0		
39	Other exempt purpose expenditures	39			
40	Total exempt purpose expenditures (add lines 38 and 39)	40	0		
41	Lobbying nontaxable amount Enter the amount from the following table –				
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> If the amount on line 40 is – Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000 </td> <td style="width: 50%; border: none;"> The lobbying nontaxable amount is – 20% of the amount on line 40 \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000 \$1,000,000 </td> </tr> </table>		If the amount on line 40 is – Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000	The lobbying nontaxable amount is – 20% of the amount on line 40 \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000 \$1,000,000		
If the amount on line 40 is – Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000	The lobbying nontaxable amount is – 20% of the amount on line 40 \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000 \$1,000,000				
41		41	0		
42	Grassroots nontaxable amount (enter 25% of line 41)	42	0		
43	Subtract line 42 from line 36 Enter 0- if line 42 is more than line 36	43	0		
44	Subtract line 41 from line 38 Enter 0 if line 41 is more than line 38	44	0		
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)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
45 Lobbying nontaxable amount					0
46 Lobbying ceiling amount (150% of line 45(e))					0
47 Total lobbying expenditures					0
48 Grassroots non taxable amount					0
49 Grassroots ceiling amount (150% of line 48(e))					0
50 Grassroots lobbying expenditures					0

Part VI-B Lobbying Activity by Nonelecting Public Charities
 (For reporting only by organizations that did not complete Part VI A) (See instructions)

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

Praxis Board of Directors

Dr Maria Alaniz
Professor of Social Sciences
Chair, Department of Social Sciences
San Jose State University
One Washington Square
San Jose, CA 95192-0121
Email mlalaniz@aol.com
Phone (408) 924-5543
Fax (408) 924-5753
Home (best for mail)
332 Shadow Run Drive
San Jose, CA 95110
(408) 971 - 0561

Joon-Ho Yu
1820 24th Ave #104
Seattle, WA 98122
Phone (206) 709-8730
Cel (206) 459-1874
joonhoyu@yahoo.com
joonhoyu@u.washington.edu

Timothea Howard (Secretary/Treasurer)
Director, At Home In the World
1362 Kenyon Street
Washington, DC 20010
Phone (202) 483-8288
timahire@yahoo.com

Taj James (Vice President)
Executive Director
Movement Strategy Center
1611 Telegraph Avenue, Suite 510
Oakland, CA 94612
Phone (510) 444-0640
Fax (510) 251-9820
taj@movementstrategy.org

Vernellia R. Randall, Professor of Law
Center on Race, Health and the Law
The University of Dayton School of Law
300 College Park
Dayton, OH 45469-2772
Phone (937) 229-3378

Omowale Satterwhite, President
National Community Development Institute
1814 Franklin Street, Suite 720
Oakland, CA 94612
Phone (510) 763-4120 x209
Fax (510) 763-5851

Makan Themba-Nixon
Executive Director
The Praxis Project
1750 Columbia Rd, NW Second Floor
Washington, DC 20009
Phone (202) 234-5921
Fax (202) 234-2689
mthemba@thepraxisproject.org

Lawrence Wallack, Professor and Director
School of Community Health
College of Urban and Public Affairs
Box 751
Portland State University
Portland, OR 97207
Phone (503) 725-5120
Fax (503) 725-5100
Street Address for FEDEX
506 SW Mill Street
Room 450A
Urban Center Building
Portland, OR 97201

Dr Laura Williams
Association of American Indian Physicians
2423 Camino Del Rio So
Suite 103 - C
San Diego, CA 92108
Phone (619) 683-2247
Fax (619) 683-2012
email JUANENOMD@aol.com

Form 990, Page 2, Part II, Line 43

Other Expenses Stmt

Other expenses not covered above (itemize)	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Consultants	8,697	8,697	0	0
Insurance	663	663	0	0
Bank Charges	461	27	434	0
Payroll Fees	896	256	640	0
Business Gifts	97	0	97	0
Theft Expense	3,023	0	3,023	0
Miscellaneous	74	-54	128	0
Equipment Expenditures	14,237	9,057	5,180	0
Total	28,148	18,646	9,502	0

Supporting Statement of

Form 990 p 1/Line 1c

Description

Amount