

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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)

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 period beginning and ending

B Check all that apply:

- Accession
- Exchange
- Moving
- Change
- Initial
- Return
- Final
- Return
- Amended
- Return
- Application
- Processing

C Name of organization
Institute For Legal Reform

D Employer identification number
52-2109035

E Telephone number
202-463-5335

F Accounting method Cash Accrual

G Web site: "N/A"

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? **N/A** Yes No (If "No," attach a list.)

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 Sch. B (Form 990, 990-EZ, or 990-PF).

J Organization type (check only one) 501(c) (6) (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: **46276631.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue		Expenses		Net Assets	
1 Contributions, gifts, grants, and similar amounts received:					
a Direct public support		1a 46276631.			
b Indirect public support		1b			
c Government contributions (grants)		1c			
d Total (add lines 1a through 1c) (cash \$ 46276631. noncash \$)		1d		46276631.	
2 Program service revenue including government fees and contracts (from Part VII, line 93)		2			
3 Membership dues and assessments		3			
4 Interest on savings and temporary cash investments		4			
5 Dividends and interest from securities		5			
6 a 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			
8 a Gross amount from sale 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			
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			
10 a 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		46276631.	
13 Program services (from line 44, column (B))		13			
14 Management and general (from line 44, column (C))		14			
15 Fundraising (from line 44, column (D))		15			
16 Payments to affiliates (attach schedule)		16			
17 Total expenses (add lines 13 and 14, column (A))		17		43444046.	
18 Excess or (deficit) for the year (subtract line 17 from line 12)		18		2832585.	
19 Net assets or fund balances at beginning of year (from line 73, column (A))		19		705087.	
20 Other changes in net assets or fund balances (attach explanation)		20		0.	
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)		21		3537672.	

022001 01-22-03 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2002)

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* 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 INSTITUTE FOR LEGAL REFORM	Employer identification number 52 2109035
	Number, street, and room or suite no. If a P.O. box, see instructions. 1615 H ST., NW	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20062-2000	

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) _____ . 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 NOVEMBER 15, 2003.
 5 For calendar year 2002, or other tax year beginning _____, 20____ and ending _____, 20____.
 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 We need additional time to gather the required information to file a complete and accurate return.

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. \$ n/a
 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. \$ n/a
 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. \$ n/a

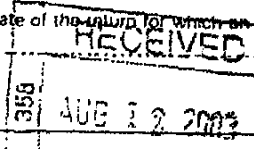
Signature and Verification

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 Stan M. Harnell Title SVP, CFO & CIO Date 8/7/03

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 you _____ 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 _____
- Other _____



EXTENSION APPROVED

AUG 18 2003

LINDA WEISKOPF, FIELD DIRECTOR, SUBMISSION PROCESSING, OGDEN

Director _____ By _____

Alternate Mailing Address — Enter the address if you want the copy of this application for all _____ 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)

Part I 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 (attach schedule)				
Cash \$ _____ noncash \$ _____	22			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc.	25	621451.		
26 Other salaries and wages	26	1002823.		
27 Pension plan contributions	27			
28 Other employee benefits	28	396232.		
29 Payroll taxes	29			
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32	5881049.		
33 Supplies	33	16556.		
34 Telephone	34	33811.		
35 Postage and shipping	35	68251.		
36 Occupancy	36			
37 Equipment rental and maintenance	37	29585.		
38 Printing and publications	38	55266.		
39 Travel	39	222639.		
40 Conferences, conventions, and meetings	40	96764.		
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42			
43 Other expenses not covered above (itemize):				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e See Statement 1	43e	35019619.		
44 Total functional expenses (add lines 22 through 43e)	44	43444046.		

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 II Statement of Program Service Accomplishments

What is the organization's primary exempt purpose?

Educate public on reform of American legal system

All organizations must describe their exempt purpose accomplishments in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss only programs 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 program.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)

a ~~Sponsors conferences and engages in activities to advance the education of the public on issues relating to reform of the American Legal and Judicial system~~

(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 **Total of Program Service Expenses (should equal line 44, column (B), Program Services)**

229011 01-22-02

Part IV Balance Sheets

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year	
Assets	45 Cash - non-interest-bearing		45	
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	47a 5267330.	7009948.	47c 4878330.
	b Less: allowance for doubtful accounts	47b 389000.		
	48 a Pledges receivable	48a	48c	48
	b Less: allowance for doubtful accounts	48b		
	49 Grants receivable			
	50 Receivables from officers, directors, trustees, and key employees			
	51 a Other notes and loans receivable	51a	51c	51
	b Less: allowance for doubtful accounts	51b		
	52 Inventories for sale or use			52
	53 Prepaid expenses and deferred charges			53
	54 Investments - securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54
	55 a Investments - land, buildings, and equipment: basis	55a	55c	55
	b Less: accumulated depreciation	55b		
	56 Investments - other			56
	57 a Land, buildings, and equipment: basis	57a	57c	57
	b Less: accumulated depreciation	57b		
58 Other assets (describe)			58	
59 Total assets (add lines 45 through 58) (must equal line 74)		7009948.	59 4878330.	
Liabilities	60 Accounts payable and accrued expenses	6304861.	60 1340658.	
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe)		65	
66 Total liabilities (add lines 60 through 65)		6304861.	66 1340658.	
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	705087.	67 3537672.	
	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)	705087.	73 3537672.		
74 Total liabilities and net assets / fund balances (add lines 66 and 73)		7009948.	74 4878330.	

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

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return

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

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

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

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Did the individual receive any other compensation from the organization?	(E) Expense account and other allowances
Jim Wootton 1615 H ST NW Washington, DC 20062-2000	President	621451.	74996.	0.
Judy Richmond 1615 H ST NW Washington, DC 20062-2000	Secretary	0.	0.	0.
Tom Donohue 1615 H ST NW Washington, DC 20062-2000	CEO	0.	0.	0.
Stan Harrell 1615 H ST NW Washington, DC 20062-2000	Treasurer	0.	0.	0.
Stephen Bokat 1615 H ST NW Washington, DC 20062-2000	Asst Secretary	0.	0.	0.
See Attached list of uncompensated Board Members		0.	0.	0.
		0.	0.	0.

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

Part VI Other Information

		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
78 a	Did the organization have unrelated business gross income 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? N/A		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80 a	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 See Statement 2		
81 a	Enter direct or indirect political expenditures. See line 81 instructions and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
b	Did the organization file Form 1120-POL for this year?		X
82 a	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 in Part III.)		
83 a	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?	X	
84 a	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?	X	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		X
b	Did the organization make any 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.		X
c	Dues, assessments, and similar amounts from members	85c	46228631.
d	Section 162(e) lobbying and political expenditures	85d	24959067.
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	28022696.
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	-3063629.
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 N/A; section 4912 N/A; section 4955 N/A		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		N/A
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		N/A
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		N/A
90 a	List the states with which a copy of this return is filed District of Columbia		
b	Number of employees employed in the pay period that includes March 12, 2002	90b	0
91	The books are in care of Stan Harrell Telephone no. 202-463-5590		

Located at 1615 H St NW, Washington, DC

ZIP + 4 20062-2000

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 page 31 of the 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) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a					
b					
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					
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 proper.					
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.		0.	0.
105 Total (add line 104, columns (B), (D), and (E))					0.

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 page 32 of the 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 page 32 of the instructions.)

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

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 33 of the 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).

Under penalty of perjury, I declare that I prepared this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Description of preparer below must be based on the information of which preparer has any knowledge.

Please Sign Here: Stan M. Harrell 11/19/03 STAN M. HARRELL - SUP, CFO - CEO
Signature of officer Date Type or print name and title

Paid Preparer's Use Only: [Signature] Ernst & Young LLP, 8464 West Park Drive, McLean, VA 22102
Preparer's signature Date Check if self-employed Preparer's SSN or PTIN: EIN: Phone no. (703) 747-1000

Form 990 Other Expenses Statement 1

Description	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
Advertising	8323806.			
Consulting	12548755.			
Professional Dues & Subscriptions	48395.			
Administrative Support Services	1150000.			
Contributions	12450663.			
Bad Debt Expense	498000.			
Total to Form 990, Ln 43	35019619.			

Form 990 Identification of Related Organizations Statement 2
Part VI, Line 80b

Name of Organization	Exempt	NonExempt
National Chamber Litigation Center	X	
National Asbestos Defense Resource Center	X	
National Chamber Foundation	X	
Chamber of Commerce of the USA	X	
Center for Workforce Preparation	X	
Coalition for Reform	X	
US Chamber Foundation for Legal Reform	X	
Center for Corporate Citizenship	X	

Institute For Legal Reform			
Statement 3		EIN: 82-3109035	
Form 990 Part V List of Officers over \$100,000			
Name	Related Organization	Compensation	Contribution To Benefit Plans
Thomas J Donohue	US Chamber of Commerce	1,556,224	13,579
Stan M Harrell	US Chamber of Commerce	232,895	10,431
Stephan Bokat	US Chamber of Commerce	194,434	10,846
Judy Richmond	US Chamber of Commerce	94,787	5,449

**Institute For Legal Reform
Statement 4
Form 990 Part VI Item 90a
EIN: 52-2109035**

Have consolidated payroll where all employees are employees of an affiliated organization, the Chamber of Commerce of the USA. The salaries expense is the portion chargeable to ILR

DIRECTORS
of the
U.S. CHAMBER INSTITUTE FOR LEGAL REFORM
2001-2002

James E. Barrett, CCE
1615 H St NW
Washington, DC 20062

W. Grant Stevens, M.D., F.A.C.S.
1615 H St NW
Washington, DC 20062

Gen. James E. Chambers
(Lt. Gen., USAF, Ret.)
1615 H St NW
Washington, DC 20062

William A. Stone
1615 H St NW
Washington, DC 20062

Thomas J. Donohue
1615 H Street, N.W.
Washington, D.C. 20062-2000

William K. Tell, Jr.
1615 H St NW
Washington, DC 20062

John S. Herrington
1615 H St NW
Washington, DC 20062

Richard L. Thornburgh
1615 H St NW
Washington, DC 20062

Hugh Rice Kelly
1615 H St NW
Washington, DC 20062

Roland H. Vaughan, P.E.
1615 H St NW
Washington, DC 20062

Lawrence B. Kraus, Esquire
1615 H St NW
Washington, DC 20062

Albert S. Watkins
1615 H St NW
Washington, DC 20062

Maud Mater
1615 H St NW
Washington, DC 20062

Samuel K. Skinner
1615 H St NW
Washington, DC 20062

Jack J. McMackin, Jr.
1615 H St NW
Washington, DC 20062

Edwin Meese
1615 H St NW
Washington, DC 20062

Lawrence Mone
President
Donald J. Shepard
1615 H St NW
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