

Process as Original

199104

JUL 27 '04

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

1990 / 91

Note: You may have to use a copy of this return to satisfy state reporting requirements. See instruction E.

For the calendar year 1990, or fiscal year beginning 7-1, 1990, and ending 6-30, 19 91

STATUTE CLEARED

BMEFLR

Use IRS label. Otherwise, please print or type.	Name of organization <u>Alco-Hall, Inc</u>	A Employer identification number (see instruction S2) <u>23: 7061960</u>
	Number, street, and room (or P.O. box number) (see instruction S1.) <u>1215 LAKE DR</u>	B State registration number (see instruction E)
	City or town, state, and ZIP code <u>COCOA, FL 32922</u>	C If application for exemption is pending, check here <input type="checkbox"/>

D Check type of organization—Exempt under section 501(c) (3) (insert number), OR section 4947(a)(1) charitable trust (see instruction C7 and question 92.)

E Accounting method. Cash Accrual Other (specify)

F Is this a group return (see instruction Q) filed for affiliates? Yes No
If "Yes," enter the number of affiliates for which this return is filed _____
Is this a separate return filed by a group affiliate? Yes No

G If either answer in F is "Yes," enter four-digit group exemption number (GEN)

H Check box if address changed

I Check here if your gross receipts are normally not more than \$25,000 (see instruction B11). You do not have to file a completed return with IRS, but if you received a Form 990 Package in the mail, you should file a return without financial data (see instruction A5). Some states require a completed return.

Note: Form 990EZ may be used by organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at end of year.
Section 501(c)(3) organizations and 4947(a)(1) trusts must also complete and attach Schedule A (Form 990). (See instruction C1.)

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

SCANNED AUG 02 '04

Revenue	1 Contributions, gifts, grants, and similar amounts received:			
	a Direct public support	1a	<u>38,223</u>	
	b Indirect public support	1b	<u>21,613</u>	
	c Government grants	1c	<u>42,811</u>	
	d Total (add lines 1a through 1c) (attach schedule—see instructions)	1d		<u>102,647</u>
	2 Program service revenue (from Part VII, line 93)	2		
	3 Membership dues and assessments (see instructions)	3		
	4 Interest on savings and temporary cash investments	4		
	5 Dividends and interest from securities	5		
	6a Gross rents	6a		
	b Less: rental expenses	6b		
	c Net rental income or (loss) (line 6a less line 6b)	6c		<u>6,820</u>
7 Other investment income (describe <input type="checkbox"/>)	7			
Revenue	8a Gross amount from sale of assets other than inventory	(A) Securities	8a	
	b Less: cost or other basis and sales expenses	(B) Other	8b	
	c Gain or (loss) (attach schedule)		8c	
	d Net gain or (loss) (combine line 8c, column (A) and line 8c, column (B))		8d	<u>109,467</u>
	9 Special fundraising events and activities (attach schedule—see instructions):			
	a Gross revenue (not including \$_____ of contributions reported on line 1a)	9a		
	b Less: direct expenses	9b		
	c Net income (line 9a less line 9b)	9c		
Revenue	10a Gross sales less returns and allowances	10a		
	b Less: cost of goods sold	10b		
	c Gross profit or (loss) (line 10a less line 10b) (attach schedule)	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		<u>109,467</u>	
Expenses	13 Program services (from line 44, column (B)) (see instructions)	13	<u>61,761</u>	
	14 Management and general (from line 44, column (C)) (see instructions)	14	<u>13,539</u>	
	15 Fundraising (from line 44, column (D)) (see instructions)	15		
	16 Payments to affiliates (attach schedule—see instructions)	16		
	17 Total expenses (add lines 16 and 44, column (A)).	17		<u>75,300</u>
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	<u>34,167</u>	
	19 Net assets or fund balances at beginning of year (from line 74, column (A))	19	<u>24,406</u>	
	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		<u>58,573</u>

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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 (c)(4) organizations and 4947(a)(1) charitable trusts but optional for others. (See instructions)

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)				
23	Specific assistance to individuals				
24	Benefits paid to or for members				
25	Compensation of officers, directors, etc.				
26	Other salaries and wages	33,716	26,973	6,743	
27	Pension plan contributions				
28	Other employee benefits				
29	Payroll taxes	2,812	2,250	562	
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees				
33	Supplies	903	722	181	
34	Telephone	752	602	150	
35	Postage and shipping				
36	Occupancy	3,724	3,137	587	
37	Equipment rental and maintenance				
38	Printing and publications				
39	Travel	577	462	115	
40	Conferences, conventions, and meetings				
41	Interest	12,358	9,886	2,472	
42	Depreciation, depletion, etc. (attach schedule)	6,041	4,833	1,208	
43	Other expenses (itemize): a Food	6,809	6,809		
b	LICENSES + TAXES	406	325	81	
c	BANK CHARGES	196	157	39	
d	SUBSCRIPTIONS + PERIODICALS	35	28	7	
e	INSURANCE	5,515	4,412	1,103	
f	PROFESSIONAL	1,456	1,165	291	
44	Total functional expenses (add lines 22 through 43) Organizations completing columns B-D, carry these totals to lines 13-15	75,300	61,761	13,539	

Part III Statement of Program Service Accomplishments (See instructions.)

Describe what was achieved in carrying out your exempt purposes. Fully describe the services provided; the number of persons benefited; or other relevant information for each program title. Section 501(c)(3) and (4) organizations must also enter the amount of grants to others.	Expenses (optional for some organizations—see instructions)
a <u>Alco - Hall, Inc. is an Alcohol/Drug Residential Treatment Facility - Room, Board, Setting - Alcohol/Drug Free environment - Services include, Counseling, Support, and other related Services</u> (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 (add lines a through e) (should equal line 44, column (B)).	

Part IV Balance Sheets

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

		(A) Beginning of year	(B) End of year
Assets			
45	Cash—noninterest-bearing	79	45 9,039
46	Savings and temporary cash investments		46
47a	Accounts receivable	570	47c 570
b	Less: allowance for doubtful accounts		47b
48a	Pledges receivable		48a
b	Less: allowance for doubtful accounts		48b 48c
49	Grants receivable		49
50	Receivables due from officers, directors, trustees, and key employees (attach schedule)		50
51a	Other notes and loans receivable (attach schedule)		51a 51c
b	Less: allowance for doubtful accounts		51b
52	Inventories for sale or use		52
53	Prepaid expenses and deferred charges		53 448
54	Investments—securities (attach schedule)		54
55a	Investments—land, buildings, and equipment: basis 1215 LAKE DR	114,066	55a 114,066
b	Less: accumulated depreciation (attach schedule) 220 FORREST AVE	39,000	55b 39,000
56	Investments—other (attach schedule)	133,282	55c 153,066
57a	Land, buildings, and equipment: basis		57a
b	Less: accumulated depreciation (attach schedule)		57b 57c
58	Other assets (describe ▶)		58
59	Total assets (add lines 45 through 58)	133,282	59 163,123
Liabilities			
60	Accounts payable and accrued expenses R/R TAXES PAYABLE	52	60 1,503 ✓
61	Grants payable		61
62	Support and revenue designated for future periods (attach schedule)		62
63	Loans from officers, directors, trustees, and key employees (attach schedule)		63
64	Mortgages and other notes payable (attach schedule)	103,903	64 96,702 ✓
65	Other liabilities (describe ▶ MATURITY MORT PAYABLE)	5,000	65 6,345 ✓
66	Total liabilities (add lines 60 through 65)	1108,955	66 104,550
Fund Balances or Net Assets			
Organizations that use fund accounting, check here <input type="checkbox"/> and complete lines 67 through 70 and lines 74 and 75.			
67a	Current unrestricted fund		67a
b	Current restricted fund		67b
68	Land, buildings, and equipment fund		68
69	Endowment fund		69
70	Other funds (describe ▶)		70
Organizations that do not use fund accounting, check here <input type="checkbox"/> and complete lines 71 through 75.			
71	Capital stock or trust principal		71
72	Paid-in or capital surplus		72
73	Retained earnings or accumulated income		73
74	Total fund balances or net assets (see instructions)	24,406	74 58,573
75	Total liabilities and fund balances/net assets (see instructions)	123,634	75 163,123

Part V List of Officers, Directors, and Trustees (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 zero)	(D) Contributions to employee benefit plans	(E) Expense account and other allowances
Lee WENNER 1060 MATADOR DR Rock	PRE 5 hrs	0	0	0
MIKE COREY 300N VARR COCOA, FL	V.P. 2 hrs	0	0	0
DOROTHY D. PIRTLE 1019 MAINST. TITUSVILLE, FL	S/T 5 hrs	0	0	0
JUDY IVEY 275 EAGLE LN Merritt Island	D 10 hrs	0	0	0

Part VI Other Information

	Yes	No
76 Did you engage in any activity not previously reported to the Internal Revenue Service? If "Yes," attach a detailed description of each activity.		<input checked="" type="checkbox"/>
77 Were any changes made in the organizing or governing documents, but not reported to IRS? If "Yes," attach a conformed copy of the changes.		<input checked="" type="checkbox"/>
78a Did your organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		<input checked="" type="checkbox"/>
b If "Yes," have you filed a tax return on Form 990-T , Exempt Organization Business Income Tax Return, for this year?		<input checked="" type="checkbox"/>
78c At any time during the year, did you own a 50% or greater interest in a taxable corporation or partnership? If "Yes," complete Part IX.		<input checked="" type="checkbox"/>
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (See instructions.) If "Yes," attach a statement as described in the instructions.		<input checked="" type="checkbox"/>
80a Are you 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? (See instructions.)		<input checked="" type="checkbox"/>
b If "Yes," enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt.		
81a Enter amount of political expenditures, direct or indirect, as described in the instructions. 81a _____		
b Did you file Form 1120-POL , U.S. Income Tax Return for Certain Political Organizations, for this year?		<input checked="" type="checkbox"/>
82a Did you receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		<input checked="" type="checkbox"/>
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. 82b _____		
83a Did anyone request to see either your annual return or exemption application (or both)?		<input checked="" type="checkbox"/>
b If "Yes," did you comply as described in the instructions? (See General Instruction L.)		<input checked="" type="checkbox"/>
84a Did you solicit any contributions or gifts that were not tax deductible?		<input checked="" type="checkbox"/>
b If "Yes," did you include with every solicitation an express statement that such contributions or gifts were not tax deductible? (See General Instruction M.)		<input checked="" type="checkbox"/>
85a Section 501(c)(5) or (6) organizations —Did you spend any amounts in attempts to influence public opinion about legislative matters or referendums? (See instructions and Regulations section 1.162-20(c))		<input checked="" type="checkbox"/>
b If "Yes," enter the total amount spent for this purpose. 85b _____		
86 Section 501(c)(7) organizations .—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 (See instructions) 86b _____		
c Does the club's governing instrument or any written policy statement provide for discrimination against any person because of race, color, or religion? (See instructions.) 86c _____		<input checked="" type="checkbox"/>
87 Section 501(c)(12) organizations .—Enter amount of:		
a Gross income received from members or shareholders 87a _____		
b Gross income received from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b _____		
88 Public interest law firms —Attach information described in the instructions.		
89 List the states with which a copy of this return is filed _____		
90 During this tax year did you maintain any part of your accounting/tax records on a computerized system? 90 _____		<input checked="" type="checkbox"/>
91 The books are in care of MERIA F. LEONARD Telephone no. (407) 636-2531 Located at 220 FOREST AVE		
92 Section 4947(a)(1) charitable trusts filing Form 990 in lieu of Form 1041 , U.S. Fiduciary Income Tax Return.— Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year 92 _____		

Part VII Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
93 Program service revenue:					
(a) _____					
(b) _____					
(c) _____					
(d) _____					
(e) _____					
(f) _____					
(g) Fees 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 property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income from special fundraising 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))					
105 TOTAL (add line 104, columns (b), (d), and (e))					

(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

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part VII contributed importantly to the accomplishment of your exempt purposes (other than by providing funds for such purposes) (See instructions.)
	N/A

Part IX Information Regarding Taxable Subsidiaries (Complete this Part if you answered "Yes" to question 78c.)

Name, address, and employer identification number of corporation or partnership	Percentage of ownership interest	Nature of business activities	Total income	End-of-year assets

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 CPA) is based on information of which preparer has any knowledge.

Please Sign Here

Signature of officer: *HPR* Date: *MAR, 1992* Title: *mailed 3/12/92*

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____
 Firm's name (or yours if self-employed) and address: _____ ZIP code: _____
 Check if self-employed

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Organization Exempt Under 501(c)(3)

(Except Private Foundation), 501(e), 501(f), 501(k), or Section 4947(a)(1) Charitable Trust
Supplementary Information

▶ Attach to Form 990 (or Form 990EZ).

OMB No 1545-0047

1990

Name

Alco - Hall, Inc

Employer identification number

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See specific instructions.) (List each one. If there are none, enter "None.")

(a) Name and address of employees paid more than \$30,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expense account and other allowances
<i>N/A</i>				
Total number of other employees paid over \$30,000 ▶				

Part II Compensation of the Five Highest Paid Persons for Professional Services
(See specific instructions.) (List each one. If there are none, enter "None.")

(a) Name and address of persons paid more than \$30,000	(b) Type of service	(c) Compensation
<i>N/A</i>		
Total number of others receiving over \$30,000 for professional services ▶		

Part III Statements About Activities

Yes (1) No (2)

- During the year, have you 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 legislative activities \$ _____
Complete Part VI of this form for organizations that made an election under section 501(h) on Form 5768 or other statement. For other organizations checking "Yes," attach a statement giving a detailed description of the legislative activities and a classified schedule of the expenses paid or incurred.
- During the year, have you, either directly or indirectly, engaged in any of the following acts with a trustee, director, principal officer, or creator of your organization, or any taxable affiliated as an officer, director, trustee, majority owner, or principal officer?
 - Sale, exchange, or leasing of property?
 - Lending of money or other extension of credit?
 - Furnishing of goods, services, or facilities?
 - Payment of compensation (or payment or reimbursement of)
 - Transfer of any part of your income or assets?
If the answer to any question is "Yes," attach a detailed statement.
- Do you make grants for scholarships, fellowships, student loans, or other educational purposes?
- Attach a statement explaining how you determine that individuals or organizations are qualified to receive payments in furtherance of your charitable programs qualify to receive payments?

1	✓
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Part IV Reason for Non-Private Foundation Status (See instructions for definitions.)

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 3.)
- 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 name, city, and state of hospital** ▶
- 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 Support Schedule.)
- 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 Support Schedule.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete Support Schedule.)
- 12 An organization that normally receives: (a) no more than 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, and (b) more than 1/3 of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions. See section 509(a)(2). (Also complete Support Schedule.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) boxes 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 for Part IV, box 13.)

(a) Name(s) of supported organization(s)	(b) Box number from above
N/A	

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See specific instructions.)

Support Schedule (Complete only if you checked box 10, 11, or 12 above.) Use cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a)	(b)	(c)	(d)	(e)
	1989	1988	1987	1986	Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	77,292	71,436	35,246	58,793	
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose					
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 your benefit and either paid to you or expended on your behalf					
21 The value of services or facilities furnished to you 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 schedule. Do not include gain (or loss) from sale of capital assets					
23 Total of lines 15 through 22	77,292	71,436	35,246	58,793	
24 Line 23 minus line 17	77,292	71,436	35,246	58,793	
25 Enter 1% of line 23	773	714	352	588	

26 Organizations described in box 10 or 11:

- a Enter 2% of amount in column (e), line 24
- b Attach a list (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 1986 through 1989 exceeded the amount shown in line 26a. Enter the sum of all excess amounts here ▶

Part IV Support Schedule (continued) (Complete only if you checked box 10, 11, or 12 on page 2.)

27 Organizations described in box 12, page 2:

a Attach a list for amounts shown on lines 15, 16, and 17, showing the name of, and total amounts received in each year from, each "disqualified person," and enter the sum of such amounts for each year.
 (1989) 0 (1988) 0 (1987) 0 (1986) 0

b Attach a list showing, for 1986 through 1989, the name and amount included in line 17 for each person (other than "disqualified persons") from whom the organization received more during that year than the larger of: (1) the amount on line 25 for the year; or (2) \$5,000. Include organizations described in boxes 5 through 11 as well as individuals. Enter the sum of these excess amounts for each year.
 (1989) 0 (1988) 0 (1987) 0 (1986) 0

28 For an organization described in box 10, 11, or 12, page 2, that received any unusual grants during 1986 through 1989, attach a list (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 above. (See specific instructions.)

Part V Private School Questionnaire
 (To be completed ONLY by schools that checked box 6 in Part IV)

N/A

	Yes (1)	No (2)
29 Do you have a racially nondiscriminatory policy toward students by statement in your charter, bylaws, other governing instrument, or in a resolution of your governing body?		
30 Do you include a statement of your racially nondiscriminatory policy toward students in all your brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31 Have you publicized your racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if you have no solicitation program, in a way that makes the policy known to all parts of the general community you serve? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement)		
32 Do you 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 you or on your 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 Do you 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? (See instructions.)		
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 Do you receive any financial aid or assistance from a governmental agency?		
b Has your right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached separate statement.		
35 Do you certify that you have 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. (See instructions for Part V.)		

Part VI Lobbying Expenditures by Public Charities (see instructions)
(To be completed ONLY by an eligible organization that filed Form 5768)

Check here **a** If the organization belongs to an affiliated group (see instructions).
 Check here **b** If you checked **a** and "limited control" provisions apply (see instructions).

Limits on Lobbying Expenses	(a) Affiliated group totals	(b) To be completed for ALL electing organizations										
36 Total (grassroots) lobbying expenses to influence public opinion	36											
37 Total lobbying expenses to influence a legislative body	37											
38 Total lobbying expenses (add lines 36 and 37)	38											
39 Other exempt purpose expenses (see Part VI instructions)	39											
40 Total exempt purpose expenses (add lines 38 and 39) (see instructions).	40											
41 Lobbying nontaxable amount. Enter the smaller of \$1,000,000 or the amount determined under the following table—												
<table border="0"> <tr> <td style="padding-right: 20px;">If the amount on line 40 is—</td> <td>The lobbying nontaxable amount is—</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> </table>	If the amount on line 40 is—	The lobbying nontaxable amount is—	Not over \$500,000	20% of the amount on line 40	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000	\$225,000 plus 5% of the excess over \$1,500,000	41	
If the amount on line 40 is—	The lobbying nontaxable amount is—											
Not over \$500,000	20% of the amount on line 40											
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000											
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000											
Over \$1,500,000	\$225,000 plus 5% of the excess over \$1,500,000											
42 Grassroots nontaxable amount (enter 25% of line 41) (Complete lines 43 and 44. File Form 4720 if either line 36 exceeds line 42 or line 38 exceeds line 41.)	42											
43 Excess of line 36 over line 42	43											
44 Excess of line 38 over line 41	44											

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 45–50 for details.)

Calendar year (or fiscal year beginning in) ►	Lobbying Expenses During 4-Year Averaging Period				
	(a) 1990	(b) 1989	(c) 1988	(d) 1987	(e) Total
45 Lobbying nontaxable amount (see instructions)					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenses (see instructions)					
48 Grassroots nontaxable amount (see instructions)					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenses (see instructions)					

NOTE 3 - PROPERTY, FURNITURE, AND EQUIPMENT

	Cost, Market Value or Appraisal of <u>Historical Cost</u>	Accumulated <u>Depreciation</u>	<u>Net</u>
Buildings and improvements	\$ 130,343	\$ 18,618	\$ 111,725
Furniture and equipment	<u>7,864</u>	<u>5,523</u>	<u>2,341</u>
	<u>\$ 138,207</u>	<u>\$ 24,141</u>	<u>\$ 114,066</u>

NOTE 4 - LONG-TERM DEBT

Alco-Hall, Inc. is obligated on two mortgage notes. The first one is payable to C & S Bank in monthly installments of \$568, including interest at 12.25 percent and is collateralized by the land and building on Forrest Avenue, Cocoa, Florida. This note balloons on January 1, 1994, and will require a principal payment of \$49,328. The other mortgage note is payable to a private individual. The note was assumed upon the July 1988 purchase of the Lake Drive building and land, which serves as collateral. Prior to January 1991, Alco-Hall, Inc. made monthly interest payments, at 10 percent, of \$457 and an annual principal payment of \$5,000 in December 1990. In January 1991 Alco-Hall, Inc. renegotiated the terms of the note and began making monthly installments of \$942 including interest at 11 percent until the note matures in December 1997.

Maturities of the mortgage notes are as follows:

For the year ended June 30,:	
1992	\$ 6,345
1993	7,088
1994	56,909
1995	8,104
1996	9,042
1997 through 1998	15,559

* **NOTE 5 - SUPPORT FROM THE STATE OF FLORIDA WHICH REQUIRED MATCH**

**Application for Extension of Time To File
 Fiduciary and Certain Other Returns**

OMB No 1545 0148
 Expires 10-31 90

► File a separate application for each return.

Please type or print. File the original and one copy by the due date for filing your return. (See instructions on back.)	Name <i>AICO - Hall, Inc.</i>	Employer identification number <i>23-7061960</i>
	Number and street (or P.O. Box number if mail is not delivered to street address) <i>1215 LAKE DR</i>	
	City or town, state, and ZIP code <i>COCOA, FLORIDA 32922</i>	

Farmers' cooperative associations filing Form 990-C, corporate exempt organizations filing Form 990-T, funds filing Form 1120-ND, political or exempt organizations filing Form 1120-POL, or S corporations filing Form 1120S, use Form 7004. Partnerships filing Form 1065 and trusts filing either Form 1041 or Form 1041S, use Form 8736.

- 1 An extension of time until *MARCH 15, 1992* is requested in which to file (check only one):
- | | | | | | |
|--|--|--|--|------------------------------------|------------------------------------|
| <input type="checkbox"/> Form 706GS (D) | <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 1066 | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 8612 |
| <input type="checkbox"/> Form 706GS (T) | <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041 (estate) | <input type="checkbox"/> Form 1120-ND (4951 taxes) | <input type="checkbox"/> Form 5227 | <input type="checkbox"/> Form 8613 |
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (401(a) or 408(a) trust) | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 3520-A | <input type="checkbox"/> Form 6069 | <input type="checkbox"/> Form 8725 |

If organization does not have an office or place of business in the United States, check this box

- 2 For calendar year 19 *91*, or other tax year beginning *6/30/90* and ending *6/30/91*
- 3 Has an extension of time to file been previously granted for this tax year? Yes No
- 4 State in detail why you need the extension. *OUR Audit will not be completed until sometime in Feb. 1992*

5a If this form is for Form 706GS(D), 706GS(T), 990-BL, 990-PF, 990-T, 1041 (estate), 1066, 1120-ND, 4720, 6069, 8612, 8613, or 8725, enter the tentative tax. See the instructions. *10000* \$

b If this form is for Form 990-PF, 990-T, or 1041 (estate), enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. See the instructions. *0* \$

c Balance due (subtract line 5b from line 5a). Include your payment with this form, or deposit with FTD Coupon if required. See the instructions. *10000* \$

Caution: Interest will be charged on any tax not paid by the regular due date of the returns filed on forms listed above until the tax is paid.

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 ► *Meria F. Leonard* Date ► *12-14-91*

File original and one copy. IRS will show below whether or not your application is approved and will return the copy.

Notice to Applicant—To Be Completed by IRS

- We HAVE approved your application. (Please attach this form to your return.)
- We HAVE NOT approved your application. (Please attach this form to your return.) However, because of your reasons stated above, we have granted a 10-day grace period from the date shown below or due date of your return, whichever is later. This 10-day grace period is considered to be a valid extension of time for purposes of elections otherwise required to be made on timely filed returns.
- We HAVE NOT approved your application. After considering your reasons stated above, we cannot grant your request for an extension of time to file. (We are not granting the 10-day grace period.)
- We cannot consider your application because it was filed after the due date of your return.
- Other *See instructions*

FEB 07 '92

Michael R. Allen
 Director

Date

By

If the copy of this form is to be returned to an address other than that shown above, please enter the address where the copy should be sent.

Please Type or Print	Name <i>HALFWAY HOUSE</i>
	Number and street (or P.O. Box number if mail is not delivered to street address) <i>220 FORREST AVE</i>
	City or town, state, and ZIP code <i>COCOA, FL 32922</i>