

Return of Organization Exempt From Income Tax

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

2000/01

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 2000 calendar year, or tax year period beginning July 1, 2000, and ending June 30, 2001

B Check if applicable: <input type="checkbox"/> Change of address <input type="checkbox"/> Change of name <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return	Please use IRS label or print or type. See Specific Instructions.	C Name of organization <u>ALCO-HALL, INC.</u>	D Employer identification number <u>23:7061960</u>
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>1215 LAKE DR</u>	E Telephone number <u>(321) 632-5958</u>
		City or town, state or country, and ZIP code <u>COCOA, FL 32922-6293</u>	F Check <input type="checkbox"/> if application pending

G Organization type (check only one) 501(c)(3) 527 or 4947(a)(1)

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

J Accounting method Cash Accrual Other (specify) _____

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

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

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

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

H(b) If "Yes," enter number of affiliates _____

H(c) Are all affiliates included? Yes No (If "No," attach a list. See inst.)

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

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

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

Line	Description	Amount
1	Contributions, gifts, grants, and similar amounts received:	
a	Direct public support	1a
b	Indirect public support	1b 225,566
c	Government contributions (grants)	1c 221,069
d	Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)	1d 446,635
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
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, column (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)	12 446,635
13	Program services (from line 44, column (C))	13 392,365
14	Management and general (from line 44, column (C))	14 53,504
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))	17 445,869
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18 766
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19 214,604
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)	21 215,370

SCANNED JUL 20 2004

IRS-RECEIVED
JUN 09 2004

MSPC DATE
JUN 14 2004

D.O. TELLER
RCVD DATE
JUN 14 2004

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2016

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 20.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ 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	121014	115008	6006
26	Other salaries and wages	26	110834	84,381	26,453
27	Pension plan contributions	27	0		
28	Other employee benefits	28	20,242	17,408	2834
29	Payroll taxes	29	11,736	15,253	2483
30	Professional fundraising fees	30	0		
31	Accounting fees	31	4,200	36.96	504
32	Legal fees	32	0		
33	Supplies	33	50,045	47,643	2402
34	Telephone	34	7127	6536	891
35	Postage and shipping	35			
36	Occupancy	36	45,090	38,778	6312
37	Equipment rental and maintenance	37			
38	Printing and publications	38			
39	Travel	39	21,473	18,896	2577
40	Conferences, conventions, and meetings	40	6,725	6,094	831
41	Interest	41	1,955	1,720	235
42	Depreciation, depletion, etc. (attach schedule)	42	1411	12,135	1976
43	Other expenses (itemize): a <u>Food</u>	43a	24,817	24,817	0
	b	43b			
	c	43c			
	d	43d			
	e	43e			
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15.	44	445,869	92,365	53,504

Reporting of Joint Costs. Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 23.)

What is the organization's primary exempt purpose? Substance Abuse Rehabilitation
 All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)

	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts but optional for others)
a <u>Residential + Outpatient Adult Male + Female + Outpatient + also Residential - we provide Food Therapy, Life Skills, Parenting Skills, HIV/AIDS, Socials - Family Services</u> (Grants and allocations \$ _____)	<u>side by side served 75 Board + indiv + group assessments, psycho-</u> 392,365
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)	

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

		(A) Beginning of year	(B) End of year	
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.				
Assets	45 Cash—non-interest-bearing	38,632	17,233	
	46 Savings and temporary cash investments			
	47a Accounts receivable	47a	10,200	
	b Less: allowance for doubtful accounts	47b		
	48a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b		
	49 Grants receivable	30,519	49	33,406
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less: allowance for doubtful accounts	51b		
	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	
	55a Investments—land, buildings, and equipment: basis	55a		
	b Less: accumulated depreciation (attach schedule)	55b		
	56 Investments—other (attach schedule)		56	
	57a Land, buildings, and equipment: basis	57a 27,000	177,583	189,633
	b Less: accumulated depreciation (attach schedule)	57b 106,633		
	58 Other assets (describe <u>unredeemed Social Security Clients</u>)		58	16,946
59 Total assets (add lines 45 through 58) (must equal line 74)	246,734	59	267,918	
Liabilities	60 Accounts payable and accrued expenses	3118	60	11,132
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)	12,825	64b	24,470
	65 Other liabilities (describe <u>owed Social Security Clients</u>)	16,187	65	16,946
	66 Total liabilities (add lines 60 through 65)	32,130	66	52,548
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	
	67 Unrestricted		68	
	68 Temporarily restricted		69	
	69 Permanently restricted		70	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.		71	
	70 Capital stock, trust principal, or current funds		72	
	71 Paid-in or capital surplus, or land, building, and equipment fund		73	215,370
	72 Retained earnings, endowment, accumulated income, or other funds		74	267,918
73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)	214,604			
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	246,734			

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 (See Specific Instructions, page 25.)

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

a Total revenue, gains, and other support per audited financial statements . . . ▶

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) ▶

a
b
c
d
e

a Total expenses and losses per audited financial statements . . . ▶

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 Amount 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) ▶

a
b
c
d
e

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
DON GRIFFIN 1215 Lake DR Cocoa 32922	Board Chair	0	0	0
TOMM KELLY 1215 Lake DR Cocoa 32922	Vice Chair	0	0	0
Sonathan Melton 1215 Lake DR Cocoa 32922	President	75931	7200	0
MERRI F. LEWARD 1419 W. Penikese St. Stuart, FL	Vice President	45083	0	0
Dellannoy Ave Cocoa	Sec TREAS	0	0	0
Quincy Wiley 275 Eagle Way MI	Director	0	0	0
TENNIS PATRICK 1215 Lake DR	Director	0	0	0
Patrick Kenney 1215 Lake DR	Director	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? Yes No

If "Yes," attach schedule—see Specific Instructions on page 26.

Part VI Other Information (See Specific Instructions on page 26.)		N/A	Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.			<input checked="" type="checkbox"/>
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.			<input checked="" type="checkbox"/>
78a	Did the 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," has it filed a tax return on Form 990-T for this year?		<input checked="" type="checkbox"/>	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement.		<input checked="" type="checkbox"/>	
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		<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 the amount of political expenditures, direct or indirect, as described in the instructions for line 81. 81a			
b	Did the organization file Form 1120-POL for this year?			<input checked="" type="checkbox"/>
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		<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 the organization comply with the public inspection requirements for returns and exemption applications?		<input checked="" type="checkbox"/>	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		<input checked="" type="checkbox"/>	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		<input checked="" type="checkbox"/>	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		<input checked="" type="checkbox"/>	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		<input checked="" type="checkbox"/>	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		<input checked="" type="checkbox"/>	
c	Dues, assessments, and similar amounts from members 85c			
d	Section 162(e) lobbying and political expenditures 85d			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f			
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f? 85g		<input checked="" type="checkbox"/>	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? 85h		<input checked="" type="checkbox"/>	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 86a			
b	Gross receipts, included on line 12, for public use of club facilities. 86b			
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders. 87a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX 88		<input checked="" type="checkbox"/>	
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> ; section 4912 <input type="checkbox"/> ; section 4955 <input type="checkbox"/>			
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction. 89b			<input checked="" type="checkbox"/>
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. 0			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization. 6			
90a	List the states with which a copy of this return is filed <input type="checkbox"/>			
b	Number of employees employed in the pay period that includes March 12, 2000 (See inst.) 90b 9			
91	The books are in care of <input type="checkbox"/> Alcoa - All, Inc Telephone no. <input type="checkbox"/> (321) 632-5958 Located at <input type="checkbox"/> 1215 LAKE DR COCOA, FL ZIP code <input type="checkbox"/> 32922			
92	Section 4947(a)(1) nonexempt charitable trust filing Form 990 in lieu of Form 1041—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 (See Specific Instructions on page 30.)

	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 _____		0			
b _____		0			
c _____		5			
d _____		1			
e _____		0			
f Medicare/Medicaid payments		0			
g Fees and contracts from government agencies		0			
94 Membership dues and assessments		0			
95 Interest on savings and temporary cash investments		0			
96 Dividends and interest from securities		0			
97 Net rental income or (loss) from real estate:					
a debt-financed property		0			
b not debt-financed property		0			
98 Net rental income or (loss) from personal property		0			
99 Other investment income		0			
100 Gain or (loss) from sales of assets other than inventory		0			
101 Net income or (loss) from special events		0			
102 Gross profit or (loss) from sales of inventory		0			
103 Other revenue: a _____		0			
b _____		0			
c _____		0			
d _____		0			
e _____		0			
104 Subtotal (add columns (B), (D), and (E))		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 Specific Instructions on page 31.)

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

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

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

Part X Information Regarding Transfers Associated with Permitted Activities

- (a) Did the organization, during the year, receive any funds, directly or indirectly, from a person who is a disqualified individual under section 170(e)(2)(B) in connection with a benefit contract?
 - (b) Did the organization, during the year, pay premiums, directly or indirectly, for a benefit contract?
- 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, in its entirety, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than CPA) under section 17920. See General Instruction W on page 14.

Maria L. Leonard
Signature of officer

Paid Preparer's Use Only

Preparer's signature
Firm's name (or yours if self-employed) and address, and ZIP code

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

2000

Supplemental 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

Employer identification number

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SONATHAN Melton 1215 Lake Dr Cocoa	President/CEO 50	75,931	7200	

Total number of other employees paid over \$50,000 **▶**

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 1 of the 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
NONE		

Total number of others receiving over \$50,000 for professional services **▶**



Part III Statements About Activities

	Yes	No
1 During the year, has the organization attempted to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ Organizations that made an election under section 501(h) by filing Form 5708 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.		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary:		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
e Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions.		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.?		X
4a Do you have a section 403(b) annuity plan for your employees?		X
b Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See page 2 of the instructions.)		

Part IV Reason for Non-Private Foundation Status (See pages 4 through 5 of the instructions.)

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

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 5.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations (See page 5 of the instructions.)

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

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28).	284,424	206,927	190,698	196,152	
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 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.	284,424	206,927	190,698	196,152	
24 Line 23 minus line 17.	284,424	206,927	190,698	196,152	
25 Enter 1% of line 23.	2,844	2,069	1,906	1,961	

26 Organizations described on lines 10 or 11: Enter 2% of amount in column (e), line 24.	26a	0
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or public supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts.	26b	0
c Total support for section 509(a)(1) test. Enter line 24, column (e).	26c	0
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____	26d	0
e Public support (line 26c minus line 26d total)	26e	0
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f	0 %

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year:

(1999) 0 (1998) 0 (1997) 0 (1996) 0

b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:

(1999) 0 (1998) 0 (1997) 0 (1996) 0

c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____	27c	0
d Add: Line 27a total _____ and line 27b total _____	27d	0
e Public support (line 27c total minus line 27d total)	27e	0
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)	27f	0
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g	0 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h	0 %

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

Part V Private School Questionnaire (See page 5 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		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.)		
32a	Does the organization maintain the following: a Records indicating the racial composition of the student body, faculty, and administrative staff?		
32b	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
32c	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
32d	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:		
33a	a Students' rights or privileges?		
33b	b Admissions policies?		
33c	c Employment of faculty or administrative staff?		
33d	d Scholarships or other financial assistance?		
33e	e Educational policies?		
33f	f Use of facilities?		
33g	g Athletic programs?		
33h	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?		
34b	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 401 through 405 of Rev. Proc. 75-50, 1975-2 CB 587, covering racial nondiscrimination? If "No," attach an explanation.		

N/A

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 7 of the instructions.)

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

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

Limits on Lobbying Expenditures

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

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	N/A
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table—		
If the amount on line 40 is—		The lobbying nontaxable amount is—	
	Not over \$500,000	20% of the amount on line 40.	} 41
	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 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
	Over \$17,000,000	\$1,000,000	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 9 of the instructions.)

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

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 9 of the instructions.)

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:

	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation and expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			N/A
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)			

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

