Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

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

▶ For organizations with gross receipts less than $100,000 and total assets less than $250 000 at the end of the year

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

OMB No 1545-1150

2001

Open to Public Inspection

A For the 2001 calendar year, or tax year beginning 5/01/01 , and ending 4/30/02

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

Please use IRS label or print or type See Specific Instructions

C Name of organization
JUNIOR LEAGUE OF CENTRAL & NORTH BREVARD INC.

Number and street (or P O box if mail is not delivered to street address) Room/suite
P. O. BOX 538

City or town state or country and ZIP + 4
COCOA FL 32923-0538

D Employer identification number
23-7117325

E Telephone number
321-453-5718

F Enter 4-digit (GEN) ▶

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

G Accounting method ☐ Cash ☒ Accrual
Other (specify) ▶

I Web site ▶ NONE

J Organization type (check only one)- ☒ 501(c) (3) ◄(Insert no) ☐ 4947(a)(1) or ☐ 527

H Check ▶ ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990 PF).

K Check ▶ ☐ 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 Add lines 5b 6b and 7b to line 9 to determine gross receipts If $100 000 or more file Form 990 instead of Form 990-EZ ▶ $ 77,285

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 35)

1	Contributions gifts, grants, and similar amounts received		1	
2	Program service revenue including government fees and contracts		2	
3	Membership dues and assessments	SEE STMT 1	3	18,786
4	Investment income		4	1,126
5a	Gross amount from sale of assets other than inventory	5a		
b	Less cost or other basis and sales expenses	5b		
c	Gain or (loss) from sale of assets other than inventory (In 5a less In 5b) (att sch)		5c	
6	Special events and activities (attach schedule)			
a	Gross revenue (not including $ _____ of contributions reported on line 1)	SEE WORKSHEET 6a 56,139		
b	Less direct expenses other than fundraising expenses	6b 26,460		
c	Net income or (loss) from special events and activities (line 6a less line 6b)		6c	29,679
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)		7c	
8	Other revenue (describe ▶ SEE STMT 2)		8	1,234
9	**Total revenue** (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ▶		9	50,825
10	Grants and similar amounts paid (attach schedule)		10	
11	Benefits paid to or for members		11	
12	Salaries, other compensation, and employee benefits		12	3,669
13	Professional fees and other payments to independent contractors		13	1,200
14	Occupancy, rent, utilities, and maintenance		14	8,044
15	Printing, publications, postage, and shipping		15	4,512
16	Other expenses (describe ▶ SEE STMT 3)		16	30,259
17	**Total expenses** (add lines 10 through 16) ▶		17	47,684
18	Excess or (deficit) for the year (line 9 less line 17)		18	3,141
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	56,558
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 through 20) ▶		21	59,699

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Part II Balance Sheets- If Total assets on line 25, column (B) are $250 000 or more, file Form 990 instead of Form 990-EZ

(See Specific Instructions on page 39)	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	67,282	22	69,475
23 Land and buildings	1,579	23	667
24 Other assets (describe ▶ SEE STMT 4)		24	2,433
25 **Total assets**	68,861	25	72,575
26 **Total liabilities** (describe ▶ SEE STMT 5)	12,303	26	12,876
27 **Net assets or fund balances** (line 27 of column (B) must agree with line 21)	56,558	27	59,699

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 40)

What is the organization's primary exempt purpose?
COMMUNITY VOLUNTEER SERVICE ORGANIZATION

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the no of persons benefited, or other relevant information for each program title

Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts optional for others)

28	BOOSTER SEAT PROGRAM INITIATIVE (Grants $)	28a	538
29	SEE STATEMENT 6 (Grants $)	29a	22,220
30	SCHOLARSHIPS TO HIGH SCHOOL SENIORS WHO DEMONSTRATE EFFORTS IN VOLUNTARISM AND MAINTAIN GOOD GRADES. (Grants $)	30a	3,500
31	Other program services (attach schedule) (Grants $)	31a	202
32	**Total program service expenses** (add lines 28a through 31a) ▶	32	26,460

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated See Specific Instr on page 40)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contrib to employee benefit plans & deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 7				

Part V Other Information (Note the attachment requirement in General Instruction V, page 14)

				Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes " attach a detailed description of each activity				X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes " attach a conformed copy of the changes				X
35	If the organization had income from business activities such as those reported on lines 2 6 and 7 (among others), but NOT reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T				
a	Did the organization have unrelated business gross income of $1,000 or more or 6033(e) notice reporting and proxy tax requirements?				X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?		N/A		
36	Was there a liquidation dissolution termination or substantial contraction during the yr ? (If "Yes " att a stmt)				X
37a	Enter amount of political expenditures direct or indirect, as described in the instructions ▶	37a	0		X
b	Did the organization file **Form 1120-POL** for this year?				X
38a	Did the organization borrow from or make any loans to any officer director trustee or key employee OR were any such loans made in a prior year and still unpaid at the start of the period covered by this return?				X
b	If "Yes," attach the schedule specified in the line 38 instr & enter the amount involved	38b			
39	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 9	39a			
b	Gross receipts, included on line 9, for public use of club facilities	39b			
40a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 ▶ 0 , section 4912 ▶ 0 , section 4955 ▶		0		
b	501(c)(3) and (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" att. an explanation				X
c	Amount of tax imposed on organization managers or disqualified persons during the year under 4912 4955 and 4958		▶ 0		
d	Enter Amount of tax on line 40c above, reimbursed by the organization		▶ 0		

41 List the states with which a copy of this return is filed ▶ NONE

42 The books are in care of ▶ DAWN K FEARON, CPA Telephone no ▶ 321-453-5718
Located at ▶ 442 MAGNOLIA AV #25 MERRITT IS FL ZIP + 4 ▶ 32952

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of
and enter the amount of tax-exempt interest received or accrued during the

Please Sign Here

Under penalties of perjury I declare that I have examined this return includin
and belief, it is true, correct and complete Declaration of preparer (other tha

▶ DmKfea CPA
Signature of officer

▶ DAWN K. FEARON, Treas
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ DmKfea CPA

Firm's name (or yours if self-employed) ▶ DAVIES, HOUSER & SE

address and ZIP + 4 ▶ P.O. BOX 129
COCOA, FL 32923-01

DAA

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2001

Name of the organization
JUNIOR LEAGUE OF CENTRAL & NORTH BREVARD INC.

Employer identification number
23-7117325

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

(a) Name and address of each employee paid more than $50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee ben plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over $50,000 ▶				

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instr List each one (whether individuals or firms) If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than $ 50 000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over $50,000 for professional services ▶		

Part III Statements About Activities (See page 2 of the instructions)		Yes	No
1 During the year, has the organization attempted to influence national state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶$ _____ (Must equal amount on line 38, Part VI-A, or line I of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes " must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities	1		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)			
a Sale, exchange, or leasing of property?	2a		X
b Lending of money or other extension of credit?	2b		X
c Furnishing of goods, services or facilities?	2c		X
d Payment of compensation (or payment or reimbursement of exp if more than $1 000)?	2d		X
e Transfer of any part of its income or assets?	2e		X
3 Does the organization make grants for scholarships fellowships, student loans, etc ? (See **Note** below)	3		X
4 Do you have a section 403(b) annuity plan for your employees?	4		X
Note Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments			

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

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

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

- 14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 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) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)					
16 Membership fees received	16,621	16,507	13,760	31,292	78,180
17 Gross receipts from admissions merchandise sold or services performed or furnishing of facilities in any activity that is related to the organization s charitable etc purpose	66,686	69,502	51,311	58,501	246,000
18 Gross inc from int dividends amounts received from pymt on securities loans (section 512(a)(5)) rents, royalties, & unrelated busn taxable inc (less sec 511 taxes) from businesses acquired by the organization after June 30, 1975	2,618	1,161	815	931	5,525
19 Net income from unrelated business activities not included in line 18					
20 Tax revn levied for the organization's ben & either paid to it or expended on its behalf					
21 The value of serv or facl furnished to the org by a governmental unit without charge Do not incl the value of serv or fac generally furnished to the public without charge					
22 Other income Attach a schedule Do not include gain or (loss) from sale of cap assets STMT 8	2,319	675	1,065	907	4,966
23 Total of lines 15 through 22	88,244	87,845	66,951	91,631	334,671
24 Line 23 minus line 17	21,558	18,343	15,640	33,130	88,671
25 Enter 1% of line 23	882	878	670	916	

26 Organizations described on lines 10 or 11

a Enter 2% of amount in column (e), line 24 ▶ 26a

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a **Do not file this list with your return** Enter the total of all these excess amounts ▶ 26b

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

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

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

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

27 Organizations described on line 12 a For amounts included in lines 15 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person " **Do not file this list with your return** Enter the sum of such amounts for each year

(2000) (1999) (1998) (1997)

b For any amount included in line 17 that was received from each person (other than "disqualified persons") prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals) **Do not file this list with your return** After computing the difference between the amount received and the larger amount described in **(1)** or **(2),** enter the sum of these differences (the excess amounts) for each year

(2000) (1999) (1998) (1997)

c Add Amounts from column (e) for lines 15 _____ 16 78,180 17 246,000 20 _____ 21 _____ ▶ 27c 324,180

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

e Public support (line 27c total minus line 27d total) ▶ 27e 324,180

f Total support for section 509(a)(2) test Enter amount on line 23, column (e) ▶ 27f 334,671

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ 27g 96.8653%

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ 27h 1.6509%

28 Unusual Grants For an organization described in line 10 11, or 12 that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant **Do not file this list with your return** Do not include these grants in line 15

Part V Private School Questionnaire (See page 7 of the instructions)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		N/A		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		29		
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?		30		
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?		31		
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)				
32	Does the organization maintain the following				
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions programs, and scholarships?		32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?		32d		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)				
33	Does the organization discriminate by race in any way with respect to				
a	Students' rights or privileges?		33a		
b	Admissions policies?		33b		
c	Employment of faculty or administrative staff?		33c		
d	Scholarships or other financial assistance?		33d		
e	Educational policies?		33e		
f	Use of facilities?		33f		
g	Athletic programs?		33g		
h	Other extracurricular activities?		33h		
	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?		34a		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		34b		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation		35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)
(To be completed **ONLY** by an eligible organization that filed Form 5768) N/A

Check ▶ a | | if the organization belongs to an affiliated group Check ▶ b | | if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures (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		
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			
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	41		
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 11 of the instructions)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
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 12 of the instr) N/A

During the year did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers			
b Paid staff or management (include compensation in expenses reported on lines c through h)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials or a legislative body			
h Rallies, demonstrations seminars, conventions, speeches lectures or any other means			
I Total lobbying expenditures (add lines c through h)			

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527 relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of			
(i) Cash	51a(i)		X
(ii) Other assets	a(ii)		X
b Other transactions			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		X
(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		X
(iii) Rental of facilities, equipment or other assets	b(iii)		X
(iv) Reimbursement arrangements	b(iv)		X
(v) Loans or loan guarantees	b(v)		X
(vi) Performance of services or membership or fundraising solicitations	b(vi)		X
c Sharing of facilities, equipment mailing lists, other assets, or paid employees	c		X

d If the answer to any of the above is "Yes " complete the following schedule Column (b) should always show the fair market value of the goods other assets, or services given by the reporting organization If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers transactions and sharing arrangements
N/A			

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☒ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

Special Events Schedule

Form **990**

For calendar year 2001 or tax year beginning 5/01/01 , and ending 4/30/02

2001

Name
JUNIOR LEAGUE OF CENTRAL & NORTH BREVARD INC.

Employer Identification Number
23-7117325

	(A)	(B)	(C)	Others	Total
Gross receipts	56,139	0	0	0	56,139
Less contributions	0	0	0	0	0
Gross revenue	56,139	0	0	0	56,139
Less direct expenses	26,460	0	0	0	26,460
Net income (loss)	29,679	0	0	0	29,679

Descriptions

A) PUMPKINS IN THE PARK

B)

C)

Others

Federal Statements

Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

Description	Amount
MEMBERSHIP DUES & FEES	$ 18,786
TOTAL	$ 18,786

Statement 2 - Form 990-EZ, Part I, Line 8 - Other Revenue

Description	Amount
OTHER	$ 1,194
COOKBOOKS	40
TOTAL	$ 1,234

Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
	$
EXPENSES	
TRAINING INTERNAL	1,772
CONFERENCES	7,335
ARRANGEMENTS	1,125
BANK SERVICE CHARGES	709
BOOSTER SEAT PROGRAM	538
COMMUNITY ADVISORY BOARD	132
COMMUNITY PUBLIC RELATIONS	130
DONE IN A DAY	202
DUES AND SUBS	8,703
EXECUTIVE COMMITTEE	275
INSURANCE	1,070
MEMBERSHIP DEVELOPMENT	50
OTHER	19
PAST PRES LUNCH	205
PLACEMENT	54
PROVISIONALS	478
REPAIRS & MAINT	644
SCHOLARSHIPS	3,500
SPAC	1,542
TAX, LICENSE, FEES	261
YEARBOOK	1,515
TOTAL	$ 30,259

Statement 4 - Form 990-EZ, Line 24 - Other Assets

Description	Beginning of Year	End of Year
ACCOUNTS RECEIVABLE	$	$ 1,041
PREPAID EXPENSES AND DEFERRED CHARGES		1,392
TOTAL	$ 0	$ 2,433

Federal Statements

Statement 5 - Form 990-EZ, Line 26 - Other Liabilities

Description	Beginning of Year	End of Year
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	$ 4,351	$ 480
PREPAID DUES	7,702	12,141
KEY DEPOSITS	250	255
TOTAL	$ 12,303	$ 12,876

Federal Statements

Statement 6 - Form 990-EZ, Part III, Line 29 - Statement of Program Service Accomplishments

EDUCATION & TRAINING FOR LEAGUE MEMBERS AS VOLUNTEERS
EACH MEMBER IS TRAINED TO PROVIDE VOLUNTEER SERVICES IN
THE COMMUNITY

Form 990-EZ, Part III, Line 31 - Statement of Program Service Accomplishments

DONE IN A DAY PROGRAM-COMMUNITY OUTREACH

Statement 7 - Form 990-EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

Name	Address	Title	Average Hours	Compensation	Benefits	Expenses
VICTORIA BAUGHAN	ROCKLEDGE,FL	PRESIDENT	20			
JAN SEAGE	ROCKLEDGE, FL	PRES ELECT	10			
EILEEN LUNDY	MERRITT ISLAND,FL	TREASURER	10			
LYNN OLMSTEAD	COCOA, FL	TREAS ELECT	5			
MARO NIME	CAPE CANAVERAL, FL	COMMUNITY VP	5			
VALERIE DOWNS	MERRITT IS, FL	CORR SEC	5			
CATHY GORENFLO	MERRITT IS, FL	REC SEC.	5			

Federal Statements

Statement 8 - Schedule A, Part IV-A, Line 22 - Other Income

Description	2000	1999	1998	1997
	$ 2,319	$ 675	$ 1,065	$ 907
TOTAL	$ 2,319	$ 675	$ 1,065	$ 907

Form 8868 (12-2000)

- 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 JUNIOR LEAGUE OF CENTRAL & NORTH BREVARD INC.		Employer identification number 23-7117325
	Number street and room or suite no If a P O box, see instructions P. O. BOX 538		For IRS use only
	City town or post office state, and ZIP code For a foreign address, see instr COCOA FL 32923-0538		

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 3/17/03

5 For calendar year _____, or other tax year beginning 5/01/01 and ending 4/30/02

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
ADDITIONAL TIME IS REQUESTED TO GATHER INFORMATION TO PREPARE 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 $ _____

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 $ _____

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 $ _____

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 ▶ [signature] Title ▶ CPA Date ▶ 12/13/02

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 your request for an extension of time 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 extension was requested

☐ Other _____

EXTENSION APPROVED
3/11 3 2003

_____ By _____ LINDA WEISKOPF, FIELD DIRECTOR, SUBMISSION PROCESSING, OGDEN
Director Date

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension 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)

3108 09/11/2002 11 35 AM

Form **8868**
(December 2000)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ ☒
- If you are filing for an **Additional (not automatic) 3-Month Extension, complete only Part II** (on page 2 of this form)

Note Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time- Only submit original (no copies needed)

Note Form 990-T corporations requesting an automatic 6-month extension-check this box and complete Part I only ▶ ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization	Employer Identification number
	JUNIOR LEAGUE OF CENTRAL & NORTH BREVARD INC	23-7117325
	Number street and room or suite no If a P O box see instructions P. O BOX 538	
	City, town or post office, state, and ZIP code For a foreign address, see instructions COCOA FL 32923-0538	

Check type of return to be filed (file a separate application for each return)

☐ Form 990	☐ Form 990-T (corporation)	☐ Form 4720
☐ Form 990-BL	☐ Form 990-T (sec 401(a) or 408(a) trust)	☐ Form 5227
☒ Form 990-EZ	☐ Form 990-T (trust other than above)	☐ Form 6069
☐ Form 990-PF	☐ Form 1041-A	☐ Form 8870

- 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 will cover

1 I request an automatic 3-month (6-month for **990-T corporation**) extension of time until 12/16/02 , to file the exempt organization return for the organization named above The extension is for the organization's return for

▶ ☐ calendar year _____ or

▶ ☒ tax year beginning 5/01/01 , and ending 4/30/02

2 If this tax year is for less than 12 months check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a 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 $ _____

b *If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made* Include any prior year overpayment allowed as a credit $ _____

c **Balance Due** Subtract line 3b from line 3a 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 $ _____

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 [signature] Title ▶ Treasurer Date ▶ 9/11/02

For Paperwork Reduction Act Notice, see Instruction

Form **8868** (12 2000)

DAA