

Return of Organization Exempt from Income Tax

2004

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2004 calendar year, or tax year beginning, 2004, and ending

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.I.T.A. INCORPORATED
2330 JOHNNY ELLISON DR.
MELBOURNE, FL 32902-2185

D Employer Identification Number
59-1273570

E Telephone number
321-725-5160

F Accounting method: Cash Accrual
 Other (specify) _____

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

H and I are not applicable to section 527 organizations

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

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

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

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

I Group Exemption Number _____

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

G Web site: N/A

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

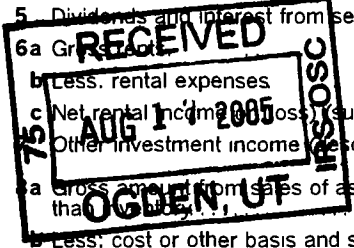
K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12: 670,448.

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

1 Contributions, gifts, grants, and similar amounts received.			
a Direct public support	1a	124,718.	
b Indirect public support	1b		
c Government contributions (grants)	1c		
d Total (add lines 1a through 1c) (cash \$ 120,300. noncash \$ 4,418.)	1d		124,718.
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		501,850.
3 Membership dues and assessments.	3		
4 Interest on savings and temporary cash investments	4		5,066.
5 Dividends and interest from securities	5		15,381.
6a Gross rental income	6a	8,294.	
b Less: rental expenses	6b		
c Net rental income (loss) (subtract line 6b from line 6a)	6c		8,294.
7 Other investment income (describe _____)	7		
8a Gross gain or (loss) from sales of assets other than (A) Securities and (B) Other	(A) Securities	(B) Other	
b Less: cost or other basis and sales expenses	8a	8b	
c Gain or (loss) (attach schedule).	8c		
d Net gain or (loss) (combine line 8c, columns (A) and (B))			8d
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
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		15,139.
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		670,448.
13 Program services (from line 44, column (B))	13		553,667.
14 Management and general (from line 44, column (C))	14		194,279.
15 Fundraising (from line 44, column (D))	15		
16 Payments to affiliates (attach schedule)	16		
17 Total expenses (add lines 16 and 44, column (A))	17		747,946.
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		-77,498.
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		2,426,086.
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		2,348,588.

SCANNED SEP 15 2005



20

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
22	Grants and allocations (att sch) (cash \$ _____ non-cash \$ _____)	22				
23	Specific assistance to individuals (att sch) . St 1	23	1,274.	1,274.		
24	Benefits paid to or for members (att sch)	24				
25	Compensation of officers, directors, etc	25	106,547.	106,547.		
26	Other salaries and wages	26	254,280.	251,863.	2,417.	
27	Pension plan contributions	27				
28	Other employee benefits	28	27,038.	8,288.	18,750.	
29	Payroll taxes	29	31,006.	21,704.	9,302.	
30	Professional fundraising fees	30				
31	Accounting fees	31	3,526.		3,526.	
32	Legal fees	32	654.		654.	
33	Supplies	33	39,147.	36,119.	3,028.	
34	Telephone	34	7,145.	343.	6,802.	
35	Postage and shipping	35	2,357.		2,357.	
36	Occupancy	36	85,266.	80,070.	5,196.	
37	Equipment rental and maintenance	37	22,216.	21,089.	1,127.	
38	Printing and publications	38	3,075.	2,173.	902.	
39	Travel	39	1,435.		1,435.	
40	Conferences, conventions, and meetings	40				
41	Interest	41	5,412.	5,412.		
42	Depreciation, depletion, etc (attach schedule)	42				
43	Other expenses not covered above (itemize)					
a	See Statement 2	43a	157,568.	125,332.	32,236.	
b	-----	43b				
c	-----	43c				
d	-----	43d				
e	-----	43e				
44	Total functional expenses (add lines 22 - 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	747,946.	553,667.	194,279.	0.

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

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? <input type="checkbox"/>	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
a ASSISTING NEEDY PEOPLE WITH UTILITY BILLS, RENT, GASOLINE, FOOD, USED FURNITURE, CLOTHING AND MISSIONARY WORK. (Grants and allocations \$ _____)	1,274.
b LODGING, FEEDING 3 MEALS/DAY, CLOTHING, LAUNDRY, PRESCRIPTIONS FOR AVE OF 60 MEN PER DAY. (Grants and allocations \$ _____)	80,070.
c OPERATING TWO THRIFT STORES AS A JOB TRAINING PROGRAM AND SOURCE OF FUNDS FOR THE HOMELESS PROGRAM. INCLUDES PICKUP OF DONATED ITEMS BY CITA TRUCKS AND RESIDENT DRIVERS/HELPERS. (Grants and allocations \$ _____)	312,202.
d JOB TRAINING PROGRAM FOR APPROXIMATELY 300 RESIDENTS WITH DRUG/ALCOHOL PROBLEMS. (Grants and allocations \$ _____)	160,121.
e Other program services (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	553,667.

Part IV Balance Sheets (See Instructions)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.		(A) Beginning of year		(B) End of year
ASSETS	45 Cash — non-interest-bearing	131,151.	45	123,427.
	46 Savings and temporary cash investments	251,559.	46	513,832.
	47 a Accounts receivable	47 a		
	b Less: allowance for doubtful accounts	47 b		47 c
	48 a Pledges receivable	48 a		
	b Less: allowance for doubtful accounts	48 b		48 c
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51 a Other notes & loans receivable (attach sch) See St 3	51 a 322,505.		
	b Less: allowance for doubtful accounts	51 b	724,652.	51 c 322,505.
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	6,050.	53	4,281.
	54 Investments — securities (attach schedule) See St 4 <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV	46,906.	54	69,922.
	55 a Investments — land, buildings, & equipment: basis	55 a 1,615,768.		
b Less: accumulated depreciation (attach schedule) Statement 5		55 b	1,599,864.	55 c 1,615,768.
56 Investments — other (attach schedule)			56	
57 a Land, buildings, and equipment: basis	57 a			
	b Less: accumulated depreciation (attach schedule)	57 b	57 c	
58 Other assets (describe ▶ See Statement 6)	1,855.	58	25,693.	
59 Total assets (add lines 45 through 58) (must equal line 74)	2,762,037.	59	2,675,428.	
LIABILITIES	60 Accounts payable and accrued expenses	2,915.	60	1,111.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64 a Tax-exempt bond liabilities (attach schedule)		64 a	
		b Mortgages and other notes payable (attach schedule) See Statement 7	333,036.	64 b
	65 Other liabilities (describe ▶)		65	
66 Total liabilities (add lines 60 through 65)	335,951.	66	326,840.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted		67	
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds	2,426,086.	70	2,348,588.
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	2,426,086.	73	2,348,588.	
74 Total liabilities and net assets/fund balances (add lines 66 and 73)	2,762,037.	74	2,675,428.	

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

BAA

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

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

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

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

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
See Statement 8		102,705.	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 instructions.

Part VI Other Information (See instructions.)		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
78b	If 'Yes,' has it filed a tax return on Form 990-T for this year?	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement		X
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?		X
81a	Enter direct and indirect political expenditures. See line 81 instructions		
81b	Did the organization file Form 1120-POL for this year?		X
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?		X
82b	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		N/A
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
85a	501(c)(4), (5), or (6) organizations. Were substantially all dues nondeductible by members?		N/A
85b	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.		N/A
85c	Dues, assessments, and similar amounts from members		N/A
85d	Section 162(e) lobbying and political expenditures		N/A
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices.		N/A
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		N/A
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A
85h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		N/A
86a	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12		N/A
86b	Gross receipts, included on line 12, for public use of club facilities		N/A
87a	501(c)(12) organizations. Enter. a Gross income from members or shareholders		N/A
87b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX		X
89a	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.		
89b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction		X
	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		0.
90a	List the states with which a copy of this return is filed		None
90b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)		0
91	The books are in care of DANNY ELLISON Telephone number 321-725-5160 Located at 2289 OHIO ST., W MELBOURNE, FL ZIP + 4 32904		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year		N/A

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a SCRAP, RAGS & HOGS					1,656.
b SHELTER DONATIONS					36,087.
c THRIFT STORE SALES					440,207.
d VOCATIONAL ASSET SALE					23,900.
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			1	5,066.	
96 Dividends & interest from securities			1	15,381.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			1	8,294.	
98 Net rental income or (loss) from pers prop					
99 Other investment income.					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue. a					
b FOOD & SOFT DRINK SAL			1	14,043.	
c MISCELLANEOUS			1	463.	
d SALES TAX COLLECTION			1	633.	
e					
104 Subtotal (add columns (B), (D), and (E))				43,880.	501,850.
105 Total (add line 104, columns (B), (D), and (E))					545,730.

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

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

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

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions.)

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

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

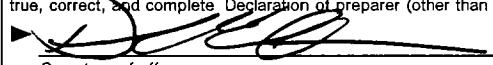
a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

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

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

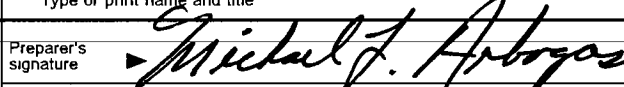
Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including attachments, and all information provided, and I believe it is true, correct, and complete. Declaration of preparer (other than officer) is based on information provided by the taxpayer.

Signature of officer: 

Type or print name and title: President

Paid Preparer's Use Only

Preparer's signature: 

Firm's name (or yours if self-employed), address, and ZIP + 4: Michael L. Arbogast, CFA, CFP
108 W. New Haven Avenue
Melbourne, FL 32901

C.I.T.A. INCORPORATED

59-1273570

Statement 1
Form 990, Part II, Line 23
Specific Assistance to Individuals

Direct Cash Assistance	Total	\$ 1,274.
		<u>\$ 1,274.</u>

Statement 2
Form 990, Part II, Line 43
Other Expenses

	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
BUILDING REPAIRS & MAINT	79,256.	78,383.	873.	
INSURANCE	55,216.	32,739.	22,477.	
MISCELLANEOUS	5,284.	3,243.	2,041.	
MISSIONARY SUPPORT	9,725.	9,725.		
TAXES & LICENSES	6,845.		6,845.	
VOCATIONAL ASSET SALES	1,242.	1,242.		
Total	<u>\$ 157,568.</u>	<u>\$ 125,332.</u>	<u>\$ 32,236.</u>	<u>\$ 0.</u>

Statement 3
Form 990, Part IV, Line 51
Other Notes and Loans Receivable

Notes and Loans Reported Separately	Balance Due	Doubtful Accounts Allowance
Borrower's Name: SCOTT & ENA SULLIVAN		
Borrower's Title:		
Date of Note: 3/19/2002		
Maturity Date:		
Repayment Terms: MONTHLY PMTS OF \$5960		
Interest Rate:		
Security Provided: HAVEN OF REST APARTMENT		
Purpose of Loan: PROPERTY SALE		
Borrower Relationship: NONE		
Consideration: HAVEN OF REST APARTMENT		
Consideration FMV: \$ 900,000.		
Original Amount: \$ 760,000.		
Balance Due:	\$ 322,505.	
Doubtful Acct. Allow.:		\$ 0.
Total Notes and Loans Reported Separately	<u>\$ 322,505.</u>	<u>\$ 0.</u>
Total Net Receivables		<u>\$ 322,505.</u>

MA

C.I.T.A. INCORPORATED

59-1273570

Statement 4
Form 990, Part IV, Line 54
Investments - Securities

<u>Other Securities</u>	<u>Valuation Method</u>	<u>Amount</u>
	Cost	\$ 69,922.
	Total	\$ 69,922.
Total Investments - Securities		<u>\$ 69,922.</u>

Statement 5
Form 990, Part IV, Line 55b
Investments - Land, Buildings, and Equipment

<u>Category</u>	<u>Basis</u>	<u>Accum. Deprec.</u>	<u>Book Value</u>
Miscellaneous	\$ 1,615,768.	\$ 0.	\$ 1,615,768.
Total	<u>\$ 1,615,768.</u>	<u>\$ 0.</u>	<u>\$ 1,615,768.</u>

Statement 6
Form 990, Part IV, Line 58
Other Assets

MISC ADVANCES	\$ 25,693.
Total	<u>\$ 25,693.</u>

Statement 7
Form 990, Part IV, Line 64b
Mortgages and Other Notes Payable

<u>Mortgages Payable</u>	<u>Balance Due</u>
COLONIAL BANK	\$ 325,729.
Total	<u>\$ 325,729.</u>

C.I.T.A. INCORPORATED

59-1273570

Statement 8
Form 990, Part V
List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP & DC</u>	<u>Expense Account/ Other</u>
DANNY ELLISON 2289 OHIO ST W MELBOURNE, FL 32904	President 40	\$ 44,650.	\$ 0.	\$ 0.
HELEN ELLISON 2330 JOHNNY ELLISON DR. MELBOURNE, FL 32902	Secretary 40	14,950.	0.	0.
JEFFREY ELLISON 410 FIRST AVENUE MELBOURNE BEACH, FL 32951	Vice President 40	43,105.	0.	0.
REV. WAYNE GUINN 1100 W DORCHESTER AVE. W MELBOURNE, FL 32904	Chairman 1	0.	0.	0.
BILL WEBB 619 W ESPANOLA WAY MELBOURNE, FL 32901	Treasurer 1	0.	0.	0.
RICHARD GAFFNEY 212 CORAL WAY WEST INDIALANTIC, FL 32903	Director 1	0.	0.	0.
DAVID COTTRILL P.O. BOX 120002 W MELBOURNE, FL 32904	Director 1	0.	0.	0.
Total		<u>\$ 102,705.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

Application for Extension of Time to File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return.

- 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).

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)

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.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6-months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization C.I.T.A. INCORPORATED	Employer identification number 59-1273570
	Number, street, and room or suite number If a P O box, see instructions 2330 JOHNNY ELLISON DR.	
	City, town or post office For a foreign address, see instructions MELBOURNE, FL 32901	state ZIP code

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

- | | | |
|---|--|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

• The books are in the care of _____

Telephone No. _____ FAX No. _____

- 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-months for a **Form 990-T corporation**) extension of time until 8/15, 2005, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 2004 or
- ▶ tax year beginning _____, 20____, and ending _____, 20____.

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 \$ 0.

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 \$ 0.

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 \$ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.