

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)

2001

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 2001 calendar year, or tax year beginning 7/01/01, and ending 6/30/02

- 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: Crisis Services of Brevard, Inc.
Number and street (or P O box if mail is not delivered to street address): P.O Box 417
City or town, state or country, and ZIP + 4: Cocoa FL 32923-0417

D Employer ID number: 59-1897447
E Telephone number: 321-631-9290
F Accounting method: [X] 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).

G Web site: www.crisis-services.org

J Organization type: (check only one) [X] 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.

H(a) Is this a group return for affiliates? [] Yes [X] No
H(b) If "Yes," enter no of affiliates: [] N/A [X] N/A
H(c) Are all affiliates included? [X] N/A [] Yes [] No
H(d) Is this a separate return filed by an organization covered by a group ruling? [] Yes [X] No

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 353,268

I Enter 4-digit GEN:
M Check [] if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

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

Table with 21 rows and 4 columns. Rows include: 1 Contributions, gifts, grants and similar amounts received; 2 Program service revenue; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a-6c Rental income; 7 Other investment income; 8a-8d Sales of assets; 9 Special events and activities; 10a-10c Sales of inventory; 11 Other revenue; 12 Total revenue; 13-16 Expenses; 17 Total expenses; 18 Excess or (deficit) for the year; 19-21 Net assets or fund balances.

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Part II Statement of

All organizations must complete column (A) Columns (B), (C) and (D) are required for section 501(c)(3) and (4) organizations

Functional Expenses and section 4947(a)(1) nonexempt charitable trusts but optional for others (See Specific Instructions on page 21)

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 \$ _____ non-cash \$ _____)	22				
23	Specific assistance to individuals	23				
24	Benefits paid to or for members	24				
25	Compensation of officers, directors, etc	25	41,692	37,523	4,169	
26	Other salaries and wages	26	167,883	166,624	1,259	
27	Pension plan contributions	27				
28	Other employee benefits	28	15,196	14,802	394	
29	Payroll taxes	29	16,177	15,758	419	
30	Professional fundraising fees	30				
31	Accounting fees	31	2,013		2,013	
32	Legal fees	32				
33	Supplies	33	4,695	4,554	141	
34	Telephone	34	14,760	14,378	382	
35	Postage and shipping	35	1,012	982	30	
36	Occupancy	36	28,625	27,766	859	
37	Equipment rental and maintenance	37				
38	Printing and publications	38	6,132	5,948	184	
39	Travel	39	848	826	22	
40	Conferences, conventions, and meetings	40	2,339	2,278	61	
41	Interest	41	3,446	3,343	103	
42	Depreciation, depletion, etc (att sch)	42	6,215	6,028	187	
43	Other expenses not covered above (itemize) a	43a				
	b See Statement 3	43b	35,662	16,345	19,317	
	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	346,695	317,155	29,540	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 (See Specific Instructions on page 24)

What is the organization's primary exempt purpose?	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts but optional for others.)
<p>▶ See Statement 4</p> <p>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.)</p> <p>a Operate a twenty-four hour helpline as a source of intervention and support for people in personal crisis or in need of information and referral (Grants and allocations \$ _____)</p>	309,574
<p>b Serve as the local fiscal and administrative agent for a Federal Emergency Management Agency grant program. (Grants and allocations \$ _____)</p>	7,581
<p>c (Grants and allocations \$ _____)</p>	
<p>d (Grants and allocations \$ _____)</p>	
<p>e Other program services (attach schedule) (Grants and allocations \$ _____)</p>	
<p>f Total of Program Service Expenses (should equal line 44, column (B), Program services)</p>	317,155

Part IV Balance Sheets (See Specific Instructions on page 24)

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
45	Cash-non-interest-bearing	53,133	45	111,261
46	Savings and temporary cash investments	35,360	46	39,764
47a	Accounts receivable	47a 30,675		
b	Less allowance for doubtful accounts	47b	47c	30,675
48a	Pledges receivable	48a 148,168		
b	Less allowance for doubtful accounts	48b	48c	148,168
49	Grants receivable	49,300	49	
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	51c	
52	Inventories for sale or use		52	
53	Prepaid expenses and deferred charges		53	1,512
54	Investments-securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
55a	Investments-land, buildings, and equipment basis	55a 106,375		
b	Less accumulated depreciation (attach schedule)	55b 45,076	55c 68,074	61,299
56	Investments-other (attach schedule)		56	
57a	Land, buildings, and equipment basis	57a		
b	Less accumulated depreciation (attach schedule)	57b	57c	
58	Other assets (describe <input type="checkbox"/> See Stmt 5)	119,906	58	
59	Total assets (add lines 45 through 58) (must equal line 74)	325,773	59	392,679
60	Accounts payable and accrued expenses	8,793	60	14,759
61	Grants payable		61	
62	Deferred revenue		62	1,699
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) See Worksheet	19,917	64b	20,218
65	Other liabilities (describe <input type="checkbox"/> See Stmt 6)		65	71,191
66	Total liabilities (add lines 60 through 65)	28,710	66	107,867
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
67	Unrestricted	200,878	67	136,644
68	Temporarily restricted	96,185	68	148,168
69	Permanently restricted		69	
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
70	Capital stock trust principal, or current funds		70	
71	Paid-in or capital surplus, or land, building, and equipment fund		71	
72	Retained earnings, endowment accumulated income, or other funds		72	
73	Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	297,063	73	284,812
74	Total liabilities and net assets / fund balances (add lines 66 and 73)	325,773	74	392,679

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 26)

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	352,709
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	352,709
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	352,709

a	Total expenses and losses per audited financial statements	a	346,695
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	346,695
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	346,695

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see Specific Instructions on page 26)

(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
Elizabeth Donoghue Melbourne, FL	Exe dir, Sec 40	41,692	0	0
Joan Madden Melbourne, FL	President various	0	0	0
Malcolm McLouth Cape Canaveral, FL	Vice Pres various	0	0	0
Bob Bieske Rockledge, FL	Treasurer various	0	0	0
Joyce Boudrie Indialantic, FL	Past Pres various	0	0	0
Rhonda Babb Melbourne, FL	Member various	0	0	0
Diane Baccus Horsley Indialantic, FL	Member various	0	0	0
Steve Gobeli Melbourne, FL	Member various	0	0	0
Malcolm Kirschenbaum Cocoa, FL	Member various	0	0	0
See Statement 7				

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 27

Part VI Other Information (See Specific Instructions on page 27)		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 inc of \$1,000 or more during the year covered by this return?		X
78b	b If "Yes," has it filed a tax return on Form 990-T for this year?		X
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	b If "Yes," enter the name of the organization <input type="checkbox"/> and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt		
81b	81a		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	b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)		
83a	82b		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	N/A	
84a	83a		X
84b	Did the organization solicit any contributions or gifts that were not tax deductible? b If "Yes" did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85a	84b		
85a	85		
85b	85a		
85c	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		
85d	c Dues, assessments, and similar amounts from members		
85e	d Section 162(e) lobbying and political expenditures		
85f	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85g	f Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85g	g Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	N/A	
85h	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?	N/A	
86a	86		
86b	86a		
87a	86b		
87b	87		
88	87a		
88	87b		X
89a	88		
89b	89a		X
90a	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		
90b	c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
90b	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	b Number of employees employed in the pay period that includes March 12 2001 (See instructions)	90b	16
91	The books are in care of		Crisis Svcs of Brvd, Inc. Located at Cocoa, FL
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		92

Telephone no 321-631-9290
ZIP + 4 32923

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 32)

	Unrelated business income		Excluded by sec 512 513 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
Note Enter gross amounts unless otherwise indicated					
93 Program service revenue					
a					4,001
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					82,407
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	4,473	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					-559
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a					
b					6,690
c					
d					
e					
104 Subtotal (add columns (B), (D) and (E))		0		4,473	92,539
105 Total (add line 104, columns (B), (D), and (E))					97,012

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 32)

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)
93a	Fees from program recipients who benefit from an outreach program for isolated elderly individuals.
93g	Revenue from local government jurisdictions used to See Statement 8

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33)

(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 Specific Instructions on pg 33)

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

(b) Did the organization, during the year, pay premiums, directly or indirectly, on personal benefit contracts? 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 schedules and attachments and believe that it is true, correct, and complete. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Signature of officer: Elizabeth B Donoghue
Type or print name and title: Elizabeth B Donoghue Executive Director

Paid Preparer's Use Only

Preparer's signature: Jack Jones CPA
Firm's name (or yours if self-employed): Janes, Key & Dinho,
address and ZIP + 4: 2717 North Wickham Melbourne, FL 3293

SCHEDULE A
(Form 990 or 990-EZ)

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.)

OMB No 1545-0047

2001

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 Crisis Services of Brevard, Inc	Employer identification number 59-1897447
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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 ▶		

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ

Schedule A (Form 990 or 990-EZ) 2001

Part III Statements About Activities (See page 2 of the instructions)

Yes No

<p>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 1 of Part VI-B)</p> <p>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</p>	<p>1</p>		<p>X</p>
<p>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)</p>			
<p>a Sale, exchange, or leasing of property?</p>	<p>2a</p>		<p>X</p>
<p>b Lending of money or other extension of credit?</p>	<p>2b</p>		<p>X</p>
<p>c Furnishing of goods, services or facilities?</p>	<p>2c</p>		<p>X</p>
<p>d Payment of compensation (or payment or reimbursement of exp if more than \$1 000)? See Part V, Form 990</p>	<p>2d</p>		<p>X</p>
<p>e Transfer of any part of its income or assets?</p>	<p>2e</p>		<p>X</p>
<p>3 Does the organization make grants for scholarships, fellowships student loans, etc ? (See Note below)</p>	<p>3</p>		<p>X</p>
<p>4 Do you have a section 403(b) annuity plan for your employees?</p>	<p>4</p>		<p>X</p>

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)	458,421	432,919	290,064	216,174	1,397,578
16 Membership fees received					
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					
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	2,432	156	2,381	71	5,040
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 fac 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		2,750	7,897	2,345	12,992
23 Total of lines 15 through 22	460,853	435,825	300,342	218,590	1,415,610
24 Line 23 minus line 17	460,853	435,825	300,342	218,590	1,415,610
25 Enter 1% of line 23	4,609	4,358	3,003	2,186	

26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24	26a	28,312
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	1,415,610
d Add Amounts from column (e) for lines 18 <u>5,040</u> 19 _____ 22 <u>12,992</u> 26b _____		26d	18,032
e Public support (line 26c minus line 26d total)		26e	1,397,578
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		26f	98.7262%

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 N/A

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 N/A

(2000)	(1999)	(1998)	(1997)
c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____		27c	
d Add Line 27a total _____ and line 27b total _____		27d	
e Public support (line 27c total minus line 27d total)		27e	
f Total support for section 509(a)(2) test Enter amount on line 23, column (e)		27f	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))		27g	%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))		27h	%

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?			
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)			
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? If you answered "No" to any of the above, please explain (If you need more space attach a separate statement)	32d		
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? If you answered "Yes" to any of the above please explain (If you need more space, attach a separate statement)	33h		
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-		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
The lobbying nontaxable amount is-		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000	41	
\$225,000 plus 5% of the excess over \$1,500,000		
\$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)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(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

- 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)

Yes	No	Amount

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?

a Transfers from the reporting organization to a noncharitable exempt organization of

- (i) Cash
- (ii) Other assets

b Other transactions

- (i) Sales or exchanges of assets with a noncharitable exempt organization
- (ii) Purchases of assets from a noncharitable exempt organization
- (iii) Rental of facilities, equipment, or other assets
- (iv) Reimbursement arrangements
- (v) Loans or loan guarantees
- (vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

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

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

(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		

Federal Statements

Direct Public Support

<u>Contributor</u>	<u>Cash Contribution</u>	<u>Noncash Contribution</u>
	\$ 2,818	\$ 1,300
Total	<u>\$ 2,818</u>	<u>\$ 1,300</u>

Indirect Public Support

<u>Contributor</u>	<u>Cash Contribution</u>	<u>Noncash Contribution</u>
		\$
		<u>\$ 0</u>

Government Contributions or Grants

<u>Contributor</u>	<u>Cash Contribution</u>	<u>Non-Cash Contribution</u>
	\$ 4,000	\$
Total	<u>\$ 4,000</u>	<u>\$ 0</u>

Mortgages and Other Notes Payable

Form
990/990-PF

For calendar year 2001, or tax year beginning

7/01/01, and ending

6/30/02

2001

Name

Crisis Services of Brevard, Inc

Employer Identification Number

59-1897447

Form 990, Part IV, Line 64b - Additional Information

Name of lender	Relationship to disqualified person
(1) Wachovia	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) 20,335	5/15/02	5/15/07	\$250 monthly incl interest	7.840
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1) Secured by real estate	Used to purchase real estate
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1) None	19,917	20,218
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Totals	19,917	20,218

Federal Statements

Statement 1 - Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Other

Desc	Date		Sale Price	How Rec'd	Whom Sold		Gain/-Loss
	Acquired	Sold		Cost & Expense	Deprec		
Mass disposition -	January 01,	2002		Purchase			
	Various	1/01/02	\$	\$ 43,694	\$ 43,135	\$	-559
Total			\$	0	\$ 43,694	\$ 43,135	\$ -559

Statement 2 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Amount
Prior period adjustments as of 6/30/01:	\$
United Way promise to give	123,777
Liability under agency transactions	-131,135
Other	-10,907
Total	\$ -18,265

Statement 3 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
Expenses				
Advertising	5,343	5,343		
Contract Labor	1,140	1,106	34	
Insurance	4,505	4,370	135	
Office	5,697	5,526	171	
Unauthorized expenditures	18,977		18,977	
Total	<u>\$ 35,662</u>	<u>\$ 16,345</u>	<u>\$ 19,317</u>	<u>\$ 0</u>

Statement 4 - Form 990, Part III - Organization's Primary Exempt Purpose

Crisis Services of Brevard, Inc operates the community's
 211 information and referral and crisis intervention
 telephone service

Statement 5 - Form 990, Part IV, Line 58 - Other Assets

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Restricted assets-cash	\$ 119,906	\$
Total	\$ 119,906	\$ 0

Statement 6 - Form 990, Part IV, Line 65 - Other Liabilities

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Liability under agency transactions	\$	\$ 71,191
Total	\$ 0	\$ 71,191

Federal Statements**Statement 7 - Form 990, Part V - List of Officers, Directors, Trustees, and Key Employees**

<u>Name</u>	<u>Title</u>	<u>Average Hours</u>	<u>Address</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
Anna Marsh	Member		Rockledge, FL various			
Delores McLaughlin	Member		Viera, FL various			
Rick Stottler	Member		Cape Canaveral, FL various			
Carol Waters	Member		Melbourne, FL various			
Frank Webbe	Member		Palm Bay, FL various			
Charles Crawford	Member		Titusville, FL various			

Statement 8 - Form 990, Part VIII - Relationship of Activities

<u>Line No</u>	<u>Description</u>
103	support community 211 information and referral phone line Miscellaneous revenue related to communication services for the community

Federal Asset Report
Indirect Depreciation

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Sec 168(k)	Basis	Per Conv	Meth	Prior	Current
Other Depreciation											
1	Building	12/01/90	84,600			0	84,600	31	MO S/L	28,426	2,686
2	Building	1/28/91	2,355			0	2,355	31	MO S/L	781	75
3	Vinyl siding	6/01/96	3,825			0	3,825	10	MO S/L	1,947	383
4	Computer software	3/24/95	4,932			0	4,932	5	MO S/L	4,932	0
	Mass Sale	1/01/02									
5	Computer software	7/01/95	1,468			0	1,468	5	MO S/L	1,468	0
	Mass Sale	1/01/02									
6	Ins software upgrade	10/31/97	2,697			0	2,697	5	MO S/L	1,978	539
7	SPSS software	4/05/00	1,198			0	1,198	5	MO S/L	480	240
8	Rodime Ha	3/22/91	495			0	495	5	MO S/L	495	0
	Mass Sale	1/01/02									
9	Seagate H	3/22/91	300			0	300	5	MO S/L	300	0
	Mass Sale	1/01/02									
10	Network I	6/02/92	249			0	249	5	MO S/L	249	0
	Mass Sale	1/01/02									
11	Pre - 1982	1/01/70	3,638			0	3,638	10	MO S/L	3,638	0
	Mass Sale	1/01/02									
12	Tape recorder	2/01/82	250			0	250	12	MO S/L	250	0
	Mass Sale	1/01/02									
13	4 Drawer cabinet	11/01/82	115			0	115	12	MO S/L	115	0
	Mass Sale	1/01/02									
14	3 Drawer cabinet	1/01/86	135			0	135	12	MO S/L	135	0
	Mass Sale	1/01/02									
15	Sharpe calculator	1/01/86	109			0	109	10	MO S/L	109	0
	Mass Sale	1/01/02									
16	Vacuum cleaner	1/01/86	499			0	499	10	MO S/L	499	0
	Mass Sale	1/01/02									
17	Office chair	5/01/90	100			0	100	5	MO S/L	100	0
	Mass Sale	1/01/02									
18	Desk chair	11/01/82	50			0	50	12	MO S/L	50	0
	Mass Sale	1/01/02									
19	Upholstry	7/01/83	150			0	150	12	MO S/L	150	0
	Mass Sale	1/01/02									
20	Metal desk	7/01/83	150			0	150	12	MO S/L	150	0
	Mass Sale	1/01/02									
21	White fom	7/04/83	150			0	150	12	MO S/L	150	0
	Mass Sale	1/01/02									
22	Oak table	9/01/83	50			0	50	12	MO S/L	50	0
	Mass Sale	1/01/02									
23	Steno co	7/01/83	110			0	110	12	MO S/L	110	0
	Mass Sale	1/01/02									
24	Filing cabinet	11/01/83	125			0	125	12	MO S/L	125	0
	Mass Sale	1/01/02									
25	Sorter	9/01/83	40			0	40	12	MO S/L	40	0
	Mass Sale	1/01/02									
26	Table	4/01/85	286			0	286	5	MO S/L	286	0
	Mass Sale	1/01/02									
27	Office desk	4/01/85	199			0	199	5	MO S/L	199	0

Federal Asset Report Indirect Depreciation

Asset	Description	Date In Service	Cost	Bus % 179	Sec 168(k)	Basis	Per Conv Meth	Prior	Current
28	Fax machine	Mass Sale 1/01/02 4/18/92	497		0	497	5 MO S/L	497	0
29	Video	Mass Sale 1/01/02 2/27/92	3,157		0	3,157	5 MO S/L	3,157	0
30	Cabinets	Mass Sale 1/01/02 4/15/92	500		0	500	5 MO S/L	500	0
31	Telephone - Martin	Mass Sale 1/01/02 9/25/94	614		0	614	7 MO S/L	581	33
32	Merlin	Mass Sale 1/01/02 1/01/88	4,223		0	4,223	5 MO S/L	4,223	0
33	Samsung computer	Mass Sale 1/01/02 3/22/91	1,598		0	1,598	5 MO S/L	1,598	0
34	Secretary	Mass Sale 1/01/02 4/01/87	133		0	133	7 MO S/L	133	0
35	Emerson 9	Mass Sale 1/01/02 4/20/92	449		0	449	5 MO S/L	449	0
36	Sec sto	Mass Sale 1/01/02 11/01/82	84		0	84	12 MO S/L	84	0
37	Computer	Mass Sale 1/01/02 11/08/93	3,640		0	3,640	5 MO S/L	3,640	0
38	Computers - 486	Mass Sale 1/01/02 11/04/94	5,294		0	5,294	5 MO S/L	5,294	0
39	Laser printer	Mass Sale 1/01/02 6/06/95	524		0	524	5 MO S/L	524	0
40	Refrig & A/C	Mass Sale 1/01/02 10/31/95	630		0	630	5 MO S/L	630	0
41	Chairs - conference room	Mass Sale 1/01/02 6/02/95	747		0	747	5 MO S/L	747	0
42	Misc equipment	Mass Sale 1/01/02 6/02/95	148		0	148	5 MO S/L	148	0
43	Donated 486	Mass Sale 1/01/02 5/01/95	1,000		0	1,000	5 MO S/L	1,000	0
44	Copier	Mass Sale 1/01/02 8/11/95	4,880		0	4,880	5 MO S/L	4,880	0
45	ABI - cubicles	Mass Sale 1/01/02 8/25/99	2,936		0	2,936	7 MO S/L	2,098	419
46	Omni Business machine	Mass Sale 1/01/02 2/23/00	1,093		0	1,093	5 MO S/L	1,093	0
47	Telephone system	Mass Sale 1/01/02 5/17/00	7,595		0	7,595	5 MO S/L	3,038	1,519
48	P 150 computer	Mass Sale 1/01/02 10/31/97	883		0	883	5 MO S/L	236	88
49	Computer (SBM)	Mass Sale 1/01/02 8/09/00	1,094		0	1,094	5 MO S/L	219	219
50	Conference	Mass Sale 1/01/02 5/17/01	75		0	75	5 MO S/L	15	15
Total Other Depreciation			<u>150,069</u>		<u>0</u>	<u>150,069</u>		<u>81,996</u>	<u>6,216</u>
Total ACRS and Other Depreciation			<u>150,069</u>		<u>0</u>	<u>150,069</u>		<u>81,996</u>	<u>6,216</u>

Federal Asset Report

Indirect Depreciation

Asset	Description	Date In Service	Cost	Bus % 179	Sec 168(k)	Basis	Per Conv Meth	Prior	Current
	Grand Totals		150,069		0	150,069		81,996	6,216
	Less Dispositions		<u>43,694</u>		<u>0</u>	<u>43,694</u>		<u>43,014</u>	<u>121</u>
	Net Grand Totals		<u><u>106,375</u></u>		<u><u>0</u></u>	<u><u>106,375</u></u>		<u><u>38,982</u></u>	<u><u>6,095</u></u>

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

Table with 3 columns: Type or print, Name of Exempt Organization, Employer identification number. Includes address: Crisis Services of Brevard, Inc., P.O. Box 417, Cocoa FL 32923-0417.

Check type of return to be filed (File a separate application for each return). Includes checkboxes for Form 990, 990-EZ, 990-T, 1041-A, 5227, 8870, 990-BL, 990-PF, 990-T (trust other than above), 4720, 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).

I request an additional 3-month extension of time until 5/15/03. For calendar year, or other tax year beginning 7/01/01 and ending 6/30/02. 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. 8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. 8c Balance Due.

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: Jack Janes, Title: CPA, Date: 2/8/03

Notice to Applicant-To Be Completed by the IRS

We have approved this application. We have not approved this application. We cannot consider this application because it was filed after the due date of the return for which an extension was requested.

Director By 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

Name: Janes, Key, and Dinho, P A. Number and street: 2717 N Wickham Road Suite 3. City or town: Melbourne FL 32935.

ITEMS IN APPROVED FEB 2 2003 WEISKOPF, FIELD DIRECTOR, CIVIL PROCESSING CENTER

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

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ 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)

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	Name of Exempt Organization	Employer identification number
File by the due date for filing your return See instructions	Crisis Services of Brevard, Inc.	59-1897447
	Number street, and room or suite no If a P O box, see instructions	
	P.O. Box 417	
	City, town or post office, state, and ZIP code For a foreign address, see instructions	
	Cocoa FL 32923-0417	

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

- | | | |
|--|--|------------------------------------|
| <input checked="" 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 (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input 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 |

● 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 2/17/03 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 7/01/01 and ending 6/30/02

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 ▶ Tank Davis Title ▶ CPA

Date ▶ 11/12/02

For Paperwork Reduction Act Notice, see Instruction

Form **8868** (12-2000)