

Return of Organization Exempt From Income Tax

2001

Department of the Treasury
Internal Revenue Service

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

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

C Name of organization
BREVARD WORKFORCE DEVELOPMENT INC.

Number and street (or P O box if mail is not delivered to street address) Room/suite
597 HAVERTY COURT, SUITE 40

City or town, state or country, and ZIP + 4
ROCKLEDGE FL 32955

D Employer ID number
59-3031785

E Telephone number
321-504-2060

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

G Web site

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

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

H(b) If "Yes" enter no. of affiliates N/A

H(c) Are all affiliates included? N/A Yes No (If "No" attach a list. See instr.)

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

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **7,656,374**

I Enter 4-digit GEN

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

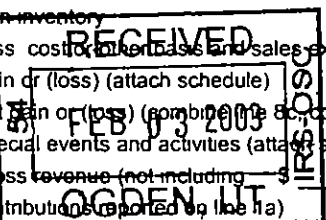
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16)

1	Contributions, gifts, grants, and similar amounts received			
a	Direct public support	1a		
b	Indirect public support	1b		
c	Government contributions (grants)	1c	6,894,345	
d	Total (add lines 1a through 1c) (cash \$ 6,894,345 noncash \$)	1d		6,894,345
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		726,325
3	Membership dues and assessments	3		
4	Interest on savings and temporary cash investments	4		3,429
5	Dividends and interest from securities	5		
6a	Gross rents	6a		
b	Less rental expenses	6b		
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7	Other investment income (describe)	7		
8a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
b	Less cost or other basis and sales expenses	8a		
c	Gain or (loss) (attach schedule)	8b		
d	Net gain or (loss) (combine lines 8c, columns (A) and (B))	8c		
9	Special events and activities (attach schedule)	8d		
a	Gross revenue (not including contributions reported on line 1a) of	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		32,275
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		7,656,374
13	Program services (from line 44, column (B))	13		6,338,424
14	Management and general (from line 44, column (C))	14		974,880
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		7,313,304
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18		343,070
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		726,856
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		1,069,926

EXPENSES

ASSETS

FILMED FEB 11 2003



P 12

Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B) (C) and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See Specific Instructions on page 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	82,397	6,670	75,727	
26	Other salaries and wages	26	662,191	338,964	323,227	
27	Pension plan contributions	27	86,526	38,917	47,609	
28	Other employee benefits	28	68,658	31,668	36,990	
29	Payroll taxes	29	55,147	25,259	29,888	
30	Professional fundraising fees	30				
31	Accounting fees	31	25,152	6,794	18,358	
32	Legal fees	32	15,977	5,729	10,248	
33	Supplies	33	212,289	162,163	50,126	
34	Telephone	34	81,582	75,344	6,238	
35	Postage and shipping	35	14,023	5,538	8,485	
36	Occupancy	36	372,589	296,222	76,367	
37	Equipment rental and maintenance	37	8,215	5,557	2,658	
38	Printing and publications	38	23,671	15,771	7,900	
39	Travel	39	20,182	11,717	8,465	
40	Conferences, conventions, and meetings	40				
41	Interest	41				
42	Depreciation, depletion, etc (att sch)	42	359,899	305,914	53,985	
43	Other expenses not covered above (itemize) a	43a				
	b SEE STATEMENT 1	43b	5,224,806	5,006,197	218,609	
	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	7,313,304	6,338,424	974,880	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)
▶ DEVELOP EMPLOYMENT PROGRAMS 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.)	
a SEE STATEMENT 2	
(Grants and allocations \$ _____)	6,338,424
b	
(Grants and allocations \$ _____)	
c	
(Grants and allocations \$ _____)	
d	
(Grants and allocations \$ _____)	
e Other program services (attach schedule)	(Grants and allocations \$ _____)
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	6,338,424

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	288,289	45	532,428
46	Savings and temporary cash investments	69,085	46	72,514
47a	Accounts receivable	195,923		
b	Less allowance for doubtful accounts		47c	195,923
48a	Pledges receivable			
b	Less allowance for doubtful accounts		48c	
49	Grants receivable	815,461	49	432,322
50	Receivables from officers directors, trustees, and key employees (attach schedule)		50	
51a	Other notes and loans receivable (attach schedule)			
b	Less allowance for doubtful accounts		51c	
52	Inventories for sale or use		52	
53	Prepaid expenses and deferred charges	47,667	53	45,617
54	Investments-securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
55a	Investments-land, buildings, and equipment basis			
b	Less accumulated depreciation (attach schedule)		55c	
56	Investments-other (attach schedule)		56	
57a	Land buildings and equipment basis	1,846,055		
b	Less accumulated depreciation (attach schedule) SEE STMT 3			
57b		1,189,903	57c	656,152
58	Other assets (describe _____)		58	
59	Total assets (add lines 45 through 58) (must equal line 74)	1,977,790	59	1,934,956
60	Accounts payable and accrued expenses	1,065,344	60	737,425
61	Grants payable		61	
62	Deferred revenue SEE STMT 4	185,590	62	127,605
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)		64b	
65	Other liabilities (describe _____)		65	
66	Total liabilities (add lines 60 through 65)	1,250,934	66	865,030
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
67	Unrestricted	726,856	67	1,069,926
68	Temporarily restricted		68	
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)	726,856	73	1,069,926
74	Total liabilities and net assets / fund balances (add lines 66 and 73)	1,977,790	74	1,934,956

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	7,656,374
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	7,656,374
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	7,656,374

a	Total expenses and losses per audited financial statements ▶	a	7,313,304
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	7,313,304
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	7,313,304

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
LINDA H. SOUTH ROCKLEDGE, FL SEE ATTACHED LIST	PRESIDENT 60+	82,899	12,435	0
		0	0	0

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100 000 from your organization and all related organizations of which more than \$10 000 was provided by the related organizations? Yes No
If "Yes," attach schedule-see Specific Instructions on page 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?	N/A	
b	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
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		
81a	Enter direct or indirect political expenditures See line 81 instr	81a	
b	Did the organization file Form 1120-POL for this year?	81b	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?	82a	X
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)	82b	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	N/A	
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	N/A	
c	Dues, assessments and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	N/A	
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	
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	86a	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs Enter a Gross income from members or shareholders	87a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0</u> section 4912 <u>0</u> section 4955 <u>0</u>		
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	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 <input type="checkbox"/> FL		
b	Number of employees employed in the pay period that includes March 12, 2001 (See instructions)	90b	
91	The books are in care of <input type="checkbox"/> RICHARD MEAGHER Located at <input type="checkbox"/> 597 HAVERTY CT, SUITE 40, ROCKLEDGE, FL	Telephone no <input type="checkbox"/> 321-504-2060 ZIP + 4 <input type="checkbox"/> 32955	
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> <u>92</u>		

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

Note	Enter gross amounts unless otherwise indicated	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	
93	Program service revenue					
a	LEARNING LINK (NON-GRANT)					726,325
b						
c						
d						
e						
f	Medicare/Medicaid payments					
g	Fees and contracts from government agencies					
94	Membership dues and assessments					
95	Interest on savings and temporary cash investments			14	3,429	
96	Dividends and interest from securities					
97	Net rental income or (loss) from real estate					
a	debt-financed property					
b	not debt-financed property					
98	Net rental income or (loss) from personal property					
99	Other investment income					
100	Gain or (loss) from sales of assets other than inventory					
101	Net income or (loss) from special events					
102	Gross profit or (loss) from sales of inventory					
103	Other revenue a					
b	IN-KIND REVENUE					31,500
c	OTHER					775
d						
e						
104	Subtotal (add columns (B), (D), and (E))		0		3,429	758,600
105	Total (add line 104, columns (B), (D), and (E))					762,029

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	NOMINAL FEES ARE CHARGED TO PROGRAM PARTICIPANTS FOR JOB TRAINING RELATED COURSES AND OTHER JOB AQUISITION AND SKILL ENHANCEMENT SERVICES. THE FEES ARE USED FOR THE SEE STATEMENT 5

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
- (b) Did the organization, during the year, pay premiums directly or indirectly

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 believe it is true, correct, and complete. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has knowledge.

Signature of officer: *Linda H. South*
Linda H. South, Executive Director
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature: *DMK Jea CPA*
 Firm's name (or yours if self-employed): **DAVIES, HOUSER & SE**
 address and ZIP + 4: **P.O. BOX 129 COCOA, FL 32923-01**

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

**BREVARD WORKFORCE DEVELOPMENT
INC.**

Employer identification number

59-3031785

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
RICHARD MEAGHER 597 HAVERTY CT, STE40, ROCKLEDGE FL 32955	FINANCE DIR 40+	65,888	9,883	0
Total number of other employees paid over \$50,000	▶ 0			

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

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)	8,582,792	6,240,763	7,018,074	5,228,868	27,070,497
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	3,886	3,461	3,316	392	11,055
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 STMT 6	61,887	90,848	11,606		164,341
23 Total of lines 15 through 22	8,648,565	6,335,072	7,032,996	5,229,260	27,245,893
24 Line 23 minus line 17	8,648,565	6,335,072	7,032,996	5,229,260	27,245,893
25 Enter 1% of line 23	86,486	63,351	70,330	52,293	

26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24	26a	544,918
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	27,245,893
d Add Amounts from column (e) for lines	18 <u>11,055</u> 19 _____ 22 <u>164,341</u> 26b _____	26d	175,396
e Public support (line 26c minus line 26d total)		26e	27,070,497
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		26f	99.3562%

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

(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 N/A			
c Add Amounts from column (e) for lines	15 _____ 16 _____	17 _____ 21 _____	
d Add Line 27a total _____ and line 27b total _____			27c _____
e Public support (line 27c total minus line 27d total)			27d _____
f Total support for section 509(a)(2) test Enter amount on line 23, column (e)			27e _____
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		(a) Affiliated group totals	(b) To be completed for ALL electing organizations												
(The term "expenditures" means amounts paid or incurred)															
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-														
	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">If the amount on line 40 is-</td> <td style="width: 50%;">The lobbying nontaxable amount is-</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>	If the amount on line 40 is-	The lobbying nontaxable amount is-	Not over \$500,000	20% of the amount on line 40	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000	41	
If the amount on line 40 is-	The lobbying nontaxable amount is-														
Not over \$500,000	20% of the amount on line 40														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 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)

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

Yes	No	Amount

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

Summary table with columns Yes, No and rows for categories a(i), a(ii), b(i), b(ii), b(iii), b(iv), b(v), b(vi), and c. All 'No' boxes contain an 'X'.

Table for question 51(d) with columns: (a) Line no, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. The first row contains '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?

Response indicators: Yes (unchecked) and No (checked with X).

b If "Yes" complete the following schedule

Table for question 52a(b) with columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. The first row contains 'N/A'.

59-3031785

Federal Statements

FYE 6/30/2002

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

Desc	Date Acquired	Date Sold	Sale Prnce	How	Whom	Gain/ -Loss
				Rec'd	Sold	
COM 216 PC5400 COMPUTER	5/28/98	6/30/02	\$	PURCHASE		\$
COM 008 EPSON 386 DX	12/31/92	6/30/02		PURCHASE		
COM 015 386 DX33 COMPUTER W EMULATOR	8/19/93	6/30/02		PURCHASE		
COM 083 COMPUTER 486DX2/66 HP	6/15/95	6/30/02		PURCHASE		
COM 121 COMPUTER VENTURE FX 5166	6/27/97	6/30/02		PURCHASE		
COM 123 COMPUTER VENTURE FX 5166	6/27/97	6/30/02		PURCHASE		
COM 127 COMPUTER & MONITOR VENTURE	6/13/97	6/30/02		PURCHASE		
COM 140 VENTURES COMPUTER	11/26/97	6/30/02		PURCHASE		
COM 161 COMPUTER VENTURIS FX	3/29/98	6/30/02		PURCHASE		
COM 163 COMPUTER VENTURIS FX	3/29/98	6/30/02		PURCHASE		
COM 166 COMPUTER VENTURIS FX	3/29/98	6/30/02		PURCHASE		
COM 178 COMPUTER VENTURIS FX	3/29/98	6/30/02		PURCHASE		
COM 188 COMPUTER VENTURIS FX	3/29/98	6/30/02		PURCHASE		
COM 214 PC5400 COMPUTER	5/28/98	6/30/02		PURCHASE		
COM 221 PC5400 COMPUTER	5/28/98	6/30/02		PURCHASE		
COM 222 PC5400 COMPUTER	5/28/98	6/30/02		PURCHASE		
COM 225 PC5400 COMPUTER	5/28/98	6/30/02		PURCHASE		
COM 229 PC5400 COMPUTER	5/28/98	6/30/02		PURCHASE		
P50 005 ROUTER PIPELINE	4/17/97	6/30/02		PURCHASE		
TEL 001 A T & T PHONE SYSTEM	9/30/90	6/30/02		PURCHASE		
TEL 002 BCC MERLIN PHONE SYS	12/31/92	6/30/02		PURCHASE		
TEL 003 BCC MERLIN PHONE SYS	12/31/92	6/30/02		PURCHASE		
COM-119, DONATED, COMPUTER, DT 266	7/01/98	6/30/02		PURCHASE		
COPY-09, COPIER (LANIER BUYOUT)	7/01/98	6/30/02		PURCHASE		
COM-231 FILE SVR, PRIORIS, HX DUAL PROCESSOR	7/27/98	6/30/02		PURCHASE		

Federal Statements

Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Other (continued)

Desc	Date		Sale Pnce	How Rec'd	Cost & Expense	Whom Sold	Gain/ -Loss
	Acquired	Sold					
COM-327, PO526, HP VECTRA, 6/C500, COMPUTER	3/27/00	6/30/02	\$	PURCHASE			\$
COM-328, PO526, HP VECTRA, 6/C500, COMPUTER	3/27/00	6/30/02		PURCHASE			
PT-146, PO526, HP, LASERJER PRINTER, 2100XI	3/27/00	6/30/02		PURCHASE			
COM-333, PO569, HP, FILE SERVER, LC2000	4/01/00	6/30/02		PURCHASE			
COM-329, PO526, HP VECTRA, 6/C500, COMPUTER	3/27/00	6/30/02		PURCHASE			
COM-330, PO526, HP VECTRA, 6/C500, COMPUTER	3/27/00	6/30/02		PURCHASE			
COM-331, PO526, HP VECTRA, 6/C500, COMPUTER	3/27/00	6/30/02		PURCHASE			
COM-332, PO526, OMNIBOOK, 6/400, LAPTOP	3/27/00	6/30/02		PURCHASE			
COM 063 NETWORK SERVER HP	6/15/95	6/30/02		PURCHASE			
COM 102 COMPUTER DELL SERVER 4100	4/08/97	6/30/02		PURCHASE			
TOTAL			\$ 0		\$ 0		\$ 0

Federal Statements**Statement 1 - Form 990, Part II, Line 43 - Other Functional Expenses**

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
EXPENSES				
TRUST FUND SERVICES	915		915	
COUNSELING SERVICES	127		127	
MONITORING SERVICES	114,101	93,065	21,036	
JANITORIAL SERVICES	12,175	6,681	5,494	
OFFICE RELOCATION	6,755	106	6,649	
DATA PROCESSING SERVICES	3,949	484	3,465	
CLERICAL SERVICES	5,214	2,920	2,294	
DRUG SCREENING SERVICES	264		264	
TELECOMMUNICATIONS SERVICES	123,158	109,587	13,571	
IT MANAGEMENT SERVICES	74,566	63,737	10,829	
OTHER CONSULTING SERVICES	558,366	525,263	33,103	
INSURANCE	16,447	6,932	9,515	
AUTO REPAIR & MAINTENANCE	707		707	
OFFICE MACHINE MAINTENANCE	24,302	21,434	2,868	
FACILITY MAINTENANCE	35,576	23,188	12,388	
PROGRAM OUTREACH	124,212	114,615	9,597	
BANKING & USER FEES	1,322	1,141	181	
LEGAL ADVERTISING	518		518	
GASOLINE	723	62	661	
ADVERTISING	5,293	2,780	2,513	
MEMBERSHIP DUES	7,240	349	6,891	
PROFESSIONAL TRAINING	29,429	9,665	19,764	
AWARDS	39,938	33,499	6,439	
SCHOLARSHIPS	6,000	6,000		
SUBRECIPIENT CONTRACTS	4,087,634	4,035,281	52,353	
AJE 12-LOSS DISP FIXED ASS	7,388	6,280	1,108	
AJE 13-FACILITY MAINT	-13,260	-8,619	-4,641	
AJE 19-SUBRECIPIENT CONTRACTS	-48,253	-48,253		
TOTAL	\$ 5,224,806	\$ 5,006,197	\$ 218,609	\$ 0

Statement 2 - Form 990, Part III, Line a - Statement of Program Service Accomplishments

ADMINISTER PROGRAMS WHICH PREPARE WORKERS FOR ENTRY INTO THE LABOR FORCE AND PROVIDE TRAINING TO INDIVIDUALS WHO FACE BARRIERS TO EMPLOYMENT IN ACCORDANCE WITH THE PROVISIONS OF THE STATE OF FLORIDA AGENCY FOR WORKFORCE INNOVATION AND WAGNER PEYSER ACTS UNDER THE WELFARE TRANSITION SERVICES PROGRAM, THE BOARD CONTRACTS WITH SERVICE PROVIDERS TO DELIVER CASE MANAGEMENT, EDUCATIONAL AND COMMUNITY WORK EXPERIENCE SERVICES

Federal Statements**Statement 3 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment**

<u>Description</u>	<u>Beginning of Year</u>	<u>Accum Deprec</u>	<u>End of Year</u>	<u>Accum Deprec</u>
FIXED ASSETS	\$ 1,576,278	\$ 887,935	\$ 1,846,055	\$ 1,189,903
TOTAL	<u>\$ 1,576,278</u>	<u>\$ 887,935</u>	<u>\$ 1,846,055</u>	<u>\$ 1,189,903</u>

Statement 4 - Form 990, Part IV, Line 62 - Deferred Revenue

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
REFUNDABLE ADVANCES	\$ 185,590	\$ 127,605
TOTAL	<u>\$ 185,590</u>	<u>\$ 127,605</u>

Federal Statements**Statement 5 - Form 990, Part VIII - Relationship of Activities**Line NoDescription

103

OVERALL IMPROVEMENT OF THE QUALITY OF THE AREA WORKFORCE INCOME FROM FLORIDA DEPARTMENT OF LABOR FOR AN OFFICE SUB-LEASE, WHOSE PURPOSE IS TO ENHANCE THE QUALITY OF THE WORKFORCE IN THE AREA OTHER MISCELLANEOUS INCOME ALSO ENHANCES THE LOCAL WORKFORCE ACTIVITIES

Federal Statements

Statement 6 - Schedule A, Part IV-A, Line 22 - Other Income

Description	2000	1999	1998	1997
	\$ 61,887	\$ 90,848	\$ 11,606	\$
TOTAL	\$ 61,887	\$ 90,848	\$ 11,606	\$ 0

BREVARD WORKFORCE DEVELOPMENT BOARD, INC.

OFFICERS

Pamela Gatto	Chair
Doug Barclay	Vice Chair
Mike Menyhart	Treasurer/Director

BOARD OF DIRECTORS

Fran Baer	Marj Bartok
Laura Baxley	Mike Butchko
Frank Chavers	Dr Richard DiPatri
James Dwight	Ann Ford
Dr Thomas Gamble	Debra Green
Liz Harris	Randy Harris
Rick Hemming	Fred Ix
Walt Johnson	Don Lusk
Rick McNeight	B Doug Mead
Karla Micka	Robert Morin
Al O'Connell	Dayle Olson
Kenneth Pinson	Rob Rains
Gail Schuneman	James Shalls
Karl Thompson	Rose Thron
Lynda Weatherman	Dr Lynn Weaver
Darlene Wohl	

EXECUTIVE DIRECTOR

Linda South

ATTORNEY

William Potter

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

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 BREVARD WORKFORCE DEVELOPMENT INC.	Employer identification number 59-3031785
	Number, street, and room or suite no. If a P O box see instructions 597 HAVERTY COURT, SUITE 40	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions ROCKLEDGE FL 32955	

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 ▶ *[Handwritten Signature]* Title ▶ CIA Date ▶ 11/12/02

For Paperwork Reduction Act Notice, see Instruction Form 8868 (12-2000)