

# Hurricane Frances & Jeanne & Charley

Form 990

OMB No 1545-0047

## 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)

2003

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 2003 calendar year, or tax year beginning , and ending

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization  
Titusville Police Athletic League, Inc.

Number and street (or P O box if mail is not delivered to street address) Room/suite  
1100 USA Boulevard

City or town, state or country, and ZIP + 4  
Titusville FL 32780

D Employer ID number  
59-3238965

E Telephone number  
321-264-7800

F Accounting method:  Cash  Accrual  Other (specify)

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

H and I are not applicable to section 527 organizations

- H(a) Is this a group return for affiliates?  Yes  No
- H(b) If "Yes," enter number of affiliates  Yes  No
- H(c) Are all affiliates included?  Yes  No (If "No," att a list See instr)
- H(d) Is this a separate return filed by an organization covered by a group ruling?  Yes  No
- I Group Exemption Number
- M Check  if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

G Website: N/A

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

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

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 193,313

### Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions)

1	Contributions, gifts, grants, and similar amounts received			
a	Direct public support	1a	33,775	
b	Indirect public support	1b		
c	Government contributions (grants)	1c	17,667	
d	Total (add lines 1a through 1c) (cash \$ 51,442 noncash \$ )	1d	51,442	
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	77,649	
3	Membership dues and assessments	3		
4	Interest on savings and temporary cash investments	4	178	
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	1,410	
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c	-1,410	
9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>		See Stmt 1	
a	Gross revenue (not including \$ of contributions reported on line 1a)	9a	64,044	
b	Less direct expenses other than fundraising expenses	9b	25,306	
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	38,738	
10a	Gross sales of inventory, less returns and allowances	10a		
b	Less cost of goods sold	10b		
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		
11	Other revenue (from Part VII, line 103)	11		
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	166,597	
13	Program services (from line 44, column (B))	13	116,172	
14	Management and general (from line 44, column (C))	14	29,095	
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	145,267	
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	21,330	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	298,067	
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	319,397	

RECEIVED  
DEC 29 2004  
SCANNED DEC 29 2004

**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 page 22 of the instructions.)

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				
26	Other salaries and wages	26	73,590	51,787	21,803	
27	Pension plan contributions	27				
28	Other employee benefits	28				
29	Payroll taxes	29	3,877	3,877		
30	Professional fundraising fees	30				
31	Accounting fees	31	705		705	
32	Legal fees	32				
33	Supplies	33	13,440	13,440		
34	Telephone	34	1,588		1,588	
35	Postage and shipping	35	38		38	
36	Occupancy	36				
37	Equipment rental and maintenance	37	1,259	1,259		
38	Printing and publications	38				
39	Travel	39				
40	Conferences, conventions, and meetings	40	10,372	10,372		
41	Interest	41	91		91	
42	Depreciation, depletion, etc (attach schedule)	42	12,509	12,509		
43	Other expenses not covered above (itemize):	43a				
	a See Statement 2	43b	27,798	22,928	4,870	
	c	43c				
	d	43d				
	e	43e				
44	<b>Total functional expenses</b> (add lines 22 - 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	145,267	116,172	29,095	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 page 25 of the instructions)**

What is the organization's primary exempt purpose?

**Intervention Programs for Youth**

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

**Program Service Expenses**  
(Required for 501(c)(3) & (4) orgs. & 4947(a)(1) trusts, but optional for others.)

a	Gibson Gym: Facility dedicated to providing a safe and supervised place for youth 10-18 yoa to dance, play games, and socialize with law enforcement. (Grants and allocations \$ _____ )	116,172
b	 (Grants and allocations \$ _____ )	
c	 (Grants and allocations \$ _____ )	
d	 (Grants and allocations \$ _____ )	
e	Other program services (attach schedule) (Grants and allocations \$ _____ )	
f	<b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)	116,172

**Part IV Balance Sheets (See page 25 of the instructions.)**

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only				(A) Beginning of year		(B) End of year
45	Cash-non-interest-bearing			35,083	45	52,957
46	Savings and temporary cash investments			102,545	46	
47a	Accounts receivable	47a				
b	Less allowance for doubtful accounts	47b			47c	
48a	Pledges receivable	48a				
b	Less allowance for doubtful accounts	48b			48c	
49	Grants receivable				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	766
54	Investments-securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV				54	
55a	Investments-land, buildings, and equipment basis	55a				
b	Less accumulated depreciation (attach schedule)	55b			55c	
56	Investments-other (attach schedule)				56	
57a	Land, buildings, and equipment basis	57a	297,148			
b	Less accumulated depreciation (attach schedule) See Stmt 3	57b	31,474		57c	265,674
58	Other assets (describe )				58	
59	<b>Total assets (add lines 45 through 58) (must equal line 74)</b>			298,430	59	319,397
60	Accounts payable and accrued expenses			363	60	
61	Grants payable				61	
62	Deferred revenue				62	
63	Loans from officers, directors, trustees, and key employees (attach schedule)				63	
64a	Tax-exempt bond liabilities (attach schedule)				64a	
b	Mortgages and other notes payable (attach schedule)				64b	
65	Other liabilities (describe )				65	
66	<b>Total liabilities (add lines 60 through 65)</b>			363	66	0
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74						
67	Unrestricted			195,522	67	319,397
68	Temporarily restricted			102,545	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	<b>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)</b>			298,067	73	319,397
74	<b>Total liabilities and net assets / fund balances (add lines 66 and 73)</b>			298,430	74	319,397

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 page 27 of the instructions.)	Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
N/A	N/A
<p><b>a</b> Total revenue, gains, and other support per audited financial statements ▶ <b>a</b></p> <p><b>b</b> Amounts included on line a but not on line 12, Form 990</p> <p>(1) Net unrealized gains on investments \$</p> <p>(2) Donated services and use of facilities \$</p> <p>(3) Recoveries of prior year grants \$</p> <p>(4) Other (specify)</p> <p style="text-align: right;">\$</p> <p>Add amounts on lines (1) through (4) ▶ <b>b</b></p> <p><b>c</b> Line a minus line b ▶ <b>c</b></p> <p><b>d</b> Amounts included on line 12, Form 990 but not on line a:</p> <p>(1) Investment expenses not included on line 6b, Form 990 \$</p> <p>(2) Other (specify)</p> <p style="text-align: right;">\$</p> <p>Add amounts on lines (1) and (2) ▶ <b>d</b></p> <p><b>e</b> Total revenue per line 12, Form 990 (line c plus line d) ▶ <b>e</b></p>	<p><b>a</b> Total expenses and losses per audited financial statements ▶ <b>a</b></p> <p><b>b</b> Amounts included on line a but not on line 17, Form 990</p> <p>(1) Donated services and use of facilities \$</p> <p>(2) Prior year adjustments reported on line 20, Form 990 \$</p> <p>(3) Losses reported on line 20, Form 990 \$</p> <p>(4) Other (specify).</p> <p style="text-align: right;">\$</p> <p>Add amounts on lines (1) through (4) ▶ <b>b</b></p> <p><b>c</b> Line a minus line b ▶ <b>c</b></p> <p><b>d</b> Amounts included on line 17, Form 990 but not on line a:</p> <p>(1) Investment expenses not included on line 6b, Form 990 \$</p> <p>(2) Other (specify)</p> <p style="text-align: right;">\$</p> <p>Add amounts on lines (1) and (2) ▶ <b>d</b></p> <p><b>e</b> Total expenses per line 17, Form 990 (line c plus line d) ▶ <b>e</b></p>

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated, see page 27 of the instructions )

(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
Chuck Price 100 John Glenn B Titusville FL 32780	Exec Directo 20	0	0	0
Alan Loud 3514 Heron Circl Titusville FL 32796	President 20	0	0	0
William Teixeira 1388 Meadowlark Titusville FL 32780	Secretary 5	0	0	0
Gil Aguiar 1575 Sea Gull Dr Titusville FL 32780	Vice Preside 3	0	0	0
Larry VanZandt 2322 Country Clu Titusville FL 32780	Treasurer 3	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 page 28 of the instructions.

Part VI Other Information (See page 28 of the instructions.)		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
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 and indirect political expenditures See line 81 instructions	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?	84b	N/A
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	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	85b	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 on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	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 <u>0</u>		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization <u>0</u>		
90a	List the states with which a copy of this return is filed <input type="checkbox"/> None		
b	Number of employees employed in the pay period that includes March 12, 2003 (See instructions.)	90b	6
91	The books are in care of <input type="checkbox"/> Stanley E Retz, CPA Telephone no <input type="checkbox"/> 321-267-2190 Located at <input type="checkbox"/> 1415 s. Washington Ave. Titusville, FL ZIP +4 <input type="checkbox"/> 32780		
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"/> 92		

**Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)**

**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 Total Program Service Revenue					77,649
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					178
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					-1,410
101 Net income or (loss) from special events					38,738
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		0	115,155
105 Total (add line 104, columns (B), (D), and (E))					115,155

**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 page 34 of the instructions)**

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
●	Various programs have helped to achieve our purpose of providing activities which contribute to the development of character, integrity, physical and mental fitness, citizenship, sportsmanship, and personal well-being.

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions)**

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

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions)**

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

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

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

**Please Sign Here**

Under penalties of perjury, I declare that I have examined this return, including attachments, if any, and believe that it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has knowledge.

Signature of officer: Charles D. Price  
Type or print name and title: Charles D. Price

**Paid Preparer's Use Only**

Preparer's signature: [Signature]  
Firm's name (or yours if self-employed), address, and ZIP + 4: Retz Baker, PA, C  
1415 South Washin  
Titusville, FL 3

**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

**2003**

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

Titusville Police Athletic  
League, Inc.

Employer identification number

59-3238965

**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 instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$ 50,000	(b) Type of service	(c) Compensation
NONE		

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

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

Schedule A (Form 990 or 990-EZ) 2003

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

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions )		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of exproation if more than \$1,000)?		X
e	Transfer of any part of its income or assets?		X
3a	Do you make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments )		X
3b	Do you have a section 403(b) annuity plan for your employees?		X
4	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X

**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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	253,336	73,943	66,019	62,611	455,909
16 Membership fees received		10,938	5,370	7,996	24,304
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	152,090	110,418	90,767	88,070	441,345
18 Gross income from interest, dividends, amounts received from payment on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					0
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefits and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.			13,630	10,000	23,630
23 Total of lines 15 through 22	405,426	195,299	175,786	168,677	945,188
24 Line 23 minus line 17	253,336	84,881	85,019	80,607	503,843
25 Enter 1% of line 23	4,054	1,953	1,758	1,687	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					0
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 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					
c Total support for section 509(a)(1) test. Enter line 24, column (e)					
d Add: Amounts from column (e) for lines 18 _____ 19 _____					
22 _____ 26b _____					
e Public support (line 26c minus line 26d total)					
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					%
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:					
(2002) (2001) (2000) (1999)					
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:					
(2002) (2001) (2000) (1999)					
c Add: Amounts from column (e) for lines 15 _____ 16 _____					
17 _____ 441,345 20 _____ 21 _____					
d Add: Line 27a total _____ and line 27b total _____					
e Public support (line 27c total minus line 27d total)					
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					945,188
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					97.5000%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, 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?			
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?			
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?			
d	Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )			
33	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?			
b	Admissions policies?			
c	Employment of faculty or administrative staff?			
d	Scholarships or other financial assistance?			
e	Educational policies?			
f	Use of facilities?			
g	Athletic programs?			
h	Other extracurricular activities?  If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )			
34a	Does the organization receive any financial aid or assistance from a governmental agency?			
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			
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			

**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-		
	<b>If the amount on line 40 is-</b>		
	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		
	<b>The lobbying nontaxable amount is-</b>		
	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		
	\$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 )

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(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 instructions.) 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.

Table with 3 columns: Question, Yes, No. Rows include 51a(i), a(ii), b(i), b(ii), b(iii), b(iv), b(v), b(vi), and c. 'No' column contains 'X' for all rows.

Table with 4 columns: (a) Line no, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Row 1 contains 'N/A' in column (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 (X)

b If "Yes," complete the following schedule

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Row 1 contains 'N/A' in column (a).

- 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.**

ENVELOPE DATE AUG 16 2004 POSTMARK

Type or print	Name of Exempt Organization <u>Titusville Police Athletic League, Inc.</u>	Employer identification number <u>59-3238965</u>
File by the extended due date for filing the return See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. <u>1100 USA Boulevard</u>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instr. <u>Titusville FL 32780</u>	

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

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

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until 11/15/04

5 For calendar year 2003, or other tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_

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

7 State in detail why you need the extension  
Additional time is needed to gather information in order to accurately prepare return.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$ \_\_\_\_\_

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ \_\_\_\_\_

c **Balance Due.** Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ \_\_\_\_\_

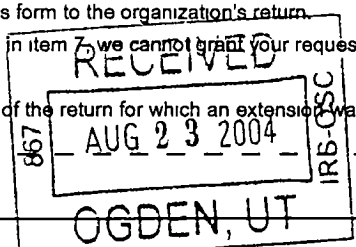
**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature [Signature] Title CPA Date 8/12/04

**Notice to Applicant-To Be Completed by the IRS**

- We have approved this application Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions) This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return Please attach this form to the organization's return.
- We have not approved this application After considering the reasons stated in item 7 we cannot grant your request for an extension to file We are not granting a 10-day grace period.
- We cannot consider this application because it was filed after the due date of the return for which an extension was requested
- Other \_\_\_\_\_



**EXTENSION APPROVED**  
**SEP 07 2004**  
FIELD DIRECTOR, SUBMISSION PROCESSING, OGDEN

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

Type or print	Name <u>Retz Baker, PA, CPA's</u>
	Number and street (include suite, room, or apt no.) Or a P.O. box number <u>1415 South Washington Avenue</u>
	City or town, province or state, and country (including postal or ZIP code) <u>Titusville FL 32780</u>

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 File by the due date for filing your return See instructions	Name of Exempt Organization <b>Titusville Police Athletic League, Inc.</b>	Employer identification number <b>59-3238965</b>
	Number, street, and room or suite no If a P O. box, see instructions <b>1100 USA Boulevard</b>	
	City, town or post office, state, and ZIP code For a foreign address, see instructions <b>Titusville FL 32780</b>	

### 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 8/16/04 to file the exempt organization return for the organization named above The extension is for the organization's return for

▶  calendar year 2003 or

▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

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 *Carol K. Bollinger* Title Carol K. Bollinger, CPA Date 5/14/04

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



Form **4562**

**Depreciation and Amortization**

OMB No 1545-0172

(Including Information on Listed Property)

**2003**

Department of the Treasury  
Internal Revenue Service

▶ See separate instructions.

▶ Attach to your tax return.

Attachment Sequence No **67**

Name(s) shown on return **Titusville Police Athletic League, Inc.**

Identifying number  
**59-3238965**

Business or activity to which this form relates

**Indirect Depreciation**

**Part I Election To Expense Certain Property Under Section 179**

**Note: If you have any listed property, complete Part V before you complete Part I.**

1	Maximum amount See page 2 of the instructions for a higher limit for certain businesses	1	100,000
2	Total cost of section 179 property placed in service (see page 2 of the instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	400,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see page 2 of the instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2002 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2004 Add lines 9 and 10, less line 12	13	

**Note: Do not use Part II or Part III below for listed property. Instead, use Part V**

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)**

14	Special depreciation allowance for qualified prop (other than listed prop) placed in service during the tax year (see pg 3 of the instr)	14	
15	Property subject to section 168(f)(1) election (see page 4 of the instructions)	15	
16	Other depreciation (including ACRS) (see page 4 of the instructions)	16	11,894

**Part III MACRS Depreciation (Do not include listed property.) (See page 4 of the instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2003	17	615
18	If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B-Assets Placed in Service During 2003 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
i Nonresidential real property			27 5 yrs	MM	S/L	
			39 yrs	MM	S/L	
				MM	S/L	

**Section C-Assets Placed in Service During 2003 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

**Part IV Summary (see page 6 of the instructions)**

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return Partnerships and S corporations-see instr	22	12,509
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2003)

DAA



Part V Listed Property (include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

Section A-Depreciation and Other Information (Caution: See page 7 of the instructions for limits for passenger automobiles)

Table with columns (a) through (i) for depreciation and other information. Includes rows 24a through 29.

Section B-Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

Table for Section B with columns (a) through (f) for miles driven and availability questions. Includes rows 30 through 36.

Section C-Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see page 8 of the instructions)

Table for Section C with Yes/No columns for questions 37 through 41.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

Part VI Amortization

Table for Part VI Amortization with columns (a) through (f) for cost descriptions and amortization amounts. Includes rows 42 through 44.

## Federal Statements

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

Desc	How Rec'd	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Deprec	Gain/ -Loss
Disposal of retired assets								
Purchase			Various	12/31/03	\$	25,922	\$ 24,512	\$ -1,410
Total					\$ 0	\$ 25,922	\$ 24,512	\$ -1,410

**Federal Statements****Statement 2 - Form 990, Part II, Line 43 - Other Functional Expenses**

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
Expenses				
Janitorial Maintenance	1,717		1,717	
Field Trips	1,261	1,261		
Fundraising Expense	1,363	1,363		
Meeting Expense	373	373		
Automobile Expense	100	100		
Bank Service Charges	35		35	
Concession Expense	47	47		
Dues	1,125		1,125	
Pagers	64		64	
Insurance	7,347	7,347		
Licenses and Permits	495		495	
Office Supplies	1,434		1,434	
Program Expense	5,732	5,732		
Scholarships	1,900	1,900		
Utilities	4,682	4,682		
Volunteer Recognition	123	123		
Total	<u>\$ 27,798</u>	<u>\$ 22,928</u>	<u>\$ 4,870</u>	<u>\$ 0</u>

**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>
Assets	\$ 204,276	\$ 43,474	\$ 297,148	\$ 31,474
Total	<u>\$ 204,276</u>	<u>\$ 43,474</u>	<u>\$ 297,148</u>	<u>\$ 31,474</u>

59-3238965

## Federal Asset Report

FYE: 12/31/2003

## Indirect Depreciation

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Sec 168(k)	Basis for Depr	PerConv Meth	Prior	Current
<b>Prior MACRS:</b>										
19	Computer	9/14/01	1,241			X	869	5 HY S/L	633	173
20	Bleachers	9/26/01	1,823			X	1,276	5 HY S/L	930	255
21	Soda Machine	2/26/01	800				800	5 HY S/L	240	80
	Mass Sale. 12/31/03									
22	Wall Pads for Gibson Gym	8/14/01	536				536	5 HY S/L	161	107
			<u>4,400</u>				<u>3,481</u>		<u>1,964</u>	<u>615</u>
<b>Other Depreciation:</b>										
1	Miscellaneous Equipment	2/01/96	20,011				20,011	5 MO S/L	20,011	0
	Mass Sale 12/31/03									
3	Copier	5/12/98	500				500	5 MO S/L	467	33
	Mass Sale 12/31/03									
4	DJ Equipment	4/01/98	267				267	5 MO S/L	254	13
	Mass Sale. 12/31/03									
5	Lighting Upgrade	11/19/98	2,366				2,366	5 MO S/L	1,932	434
6	HP Laser Printer	10/05/98	456				456	5 MO S/L	388	68
7	Fax Machine	12/07/98	200				200	5 MO S/L	163	37
8	Racing Kart	4/05/99	1,150				1,150	5 MO S/L	863	230
9	Fans for Gym	4/13/99	678				678	5 MO S/L	509	135
	Mass Sale 12/31/03									
10	Bleachers	10/12/99	1,617				1,617	5 MO S/L	1,051	324
11	Two Batting Machines	11/16/99	1,700				1,700	5 MO S/L	1,048	340
	Mass Sale 12/31/03									
12	Gym Floor	2/11/99	7,900				7,900	5 MO S/L	6,188	1,580
14	Display case/Table	3/08/99	300				300	5 MO S/L	230	60
	Mass Sale. 12/31/03									
15	Lighting Upgrade	3/12/99	2,000				2,000	5 MO S/L	1,533	400
16	Bus -James LaCoy	1/19/99	3,000				3,000	5 MO S/L	2,350	600
17	DJ Equipment	7/19/00	963				963	5 MO S/L	466	192
	Mass Sale 12/31/03									
18	DJ Equipment	11/28/00	703				703	5 MO S/L	293	140
	Mass Sale 12/31/03									
23	Trailer	7/10/02	5,480				5,480	5 MO S/L	548	1,096
25	Gibson Gym Renovations	2/27/02	150,585				150,585	39 MO S/L	3,218	3,861
26	TV's for Game Room	7/09/03	373				373	5 MO S/L	0	37
27	TV Cabinet	3/24/03	329				329	5 MO S/L	0	49
28	Chairs	4/28/03	1,664				1,664	5 MO S/L	0	222
29	Tables	3/24/03	2,132				2,132	5 MO S/L	0	320
30	Final Gibson Gym Renovations	5/20/03	114,184				114,184	39 MO S/L	0	1,708
31	Computer Counters	4/28/03	111				111	5 MO S/L	0	15
	<b>Total Other Depreciation</b>		<u>318,669</u>				<u>318,669</u>		<u>41,512</u>	<u>11,894</u>
	<b>Total ACRS and Other Depreciation</b>		<u>318,669</u>				<u>318,669</u>		<u>41,512</u>	<u>11,894</u>
	<b>Grand Totals</b>		323,069				322,150		43,476	12,509
	<b>Less: Dispositions</b>		<u>25,922</u>				<u>25,922</u>		<u>23,518</u>	<u>993</u>
	<b>Net Grand Totals</b>		<u>297,147</u>				<u>296,228</u>		<u>19,958</u>	<u>11,516</u>

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## AMT Asset Report Indirect Depreciation

FYE: 12/31/2003

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Sec 168(k)	Basis for Depr	PerConv	Meth	Prior	Current
<b>Prior MACRS:</b>											
19	Computer	9/14/01	1,241				1,241	5	HY S/L	372	248
20	Bleachers	9/26/01	1,823				1,823	5	HY S/L	547	364
21	Soda Machine	2/26/01	800				800	5	HY S/L	240	80
	Mass Sale 12/31/03										
22	Wall Pads for Gibson Gym	8/14/01	536				536	5	HY S/L	161	107
			<u>4,400</u>				<u>4,400</u>			<u>1,320</u>	<u>799</u>
<b>Other Depreciation:</b>											
1	Miscellaneous Equipment	2/01/96	0				0	0	HY	0	0
	Mass Sale 12/31/03										
3	Copier	5/12/98	0				0	0	HY	0	0
	Mass Sale 12/31/03										
4	DJ Equipment	4/01/98	0				0	0	HY	0	0
	Mass Sale 12/31/03										
5	Lighting Upgrade	11/19/98	0				0	0	HY	0	0
6	HP Laser Printer	10/05/98	0				0	0	HY	0	0
7	Fax Machine	12/07/98	0				0	0	HY	0	0
8	Racing Kart	4/05/99	0				0	0	HY	0	0
9	Fans for Gym	4/13/99	0				0	0	HY	0	0
	Mass Sale 12/31/03										
10	Bleachers	10/12/99	0				0	0	HY	0	0
11	Two Batting Machines	11/16/99	0				0	0	HY	0	0
	Mass Sale 12/31/03										
12	Gym Floor	2/11/99	0				0	0	HY	0	0
14	Display case/Table	3/08/99	0				0	0	HY	0	0
	Mass Sale 12/31/03										
15	Lighting Upgrade	3/12/99	0				0	0	HY	0	0
16	Bus -James LaCoy	1/19/99	0				0	0	HY	0	0
17	DJ Equipment	7/19/00	0				0	0	HY	0	0
	Mass Sale 12/31/03										
18	DJ Equipment	11/28/00	0				0	0	HY	0	0
	Mass Sale 12/31/03										
23	Trailer	7/10/02	0				0	0	HY	0	0
25	Gibson Gym Renovations	2/27/02	0				0	0	HY	0	0
26	TV's for Game Room	7/09/03	0				0	0	HY	0	0
27	TV Cabinet	3/24/03	0				0	0	HY	0	0
28	Chairs	4/28/03	0				0	0	HY	0	0
29	Tables	3/24/03	0				0	0	HY	0	0
30	Final Gibson Gym Renovations	5/20/03	0				0	0	HY	0	0
31	Computer Counters	4/28/03	0				0	0	HY	0	0
	<b>Total Other Depreciation</b>		<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>
	<b>Grand Totals</b>		4,400				4,400			1,320	799
	<b>Less: Dispositions</b>		<u>800</u>				<u>800</u>			<u>240</u>	<u>80</u>
	<b>Net Grand Totals</b>		<u>3,600</u>				<u>3,600</u>			<u>1,080</u>	<u>719</u>

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**Depreciation Adjustment Report**

FYE: 12/31/2003

**All Business Activities**

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
<b><u>MACRS Adjustments:</u></b>						
Page 1	1	19	Computer	173	248	-75
Page 1	1	20	Bleachers	255	364	-109
Page 1	1	21	Soda Machine	80	80	0
Page 1	1	22	Wall Pads for Gibson Gym	107	107	0
				<u>615</u>	<u>799</u>	<u>-184</u>

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**Sec 168(k) Report**

FYE: 12/31/2003

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Sec 168(k)	Prior Sec 168(k)	Tax - Basis for Depr
<b>Activity: Indirect Depreciation</b>								
19	Computer	9/14/01	1,241		0	0	372	869
20	Bleachers	9/26/01	1,823		0	0	547	1,276
	<b>Indirect Depreciation</b>		<u>3,064</u>		<u>0</u>	<u>0</u>	<u>919</u>	<u>2,145</u>
	<b>Grand Total</b>		<u>3,064</u>		<u>0</u>	<u>0</u>	<u>919</u>	<u>2,145</u>



**Federal Statements**Special Events Direct Expenses

Description	Amount
Column A	\$
Policeman's Ball	
Supplies	12,653
SubTotal	<u>12,653</u>
Column B	
Golf Tournament	
Supplies	6,073
Special Event Expense	0
SubTotal	<u>6,073</u>
Column C	
Special Events - Other	
Supplies	3,037
SubTotal	<u>3,037</u>
Column Others	
Car Show	
Supplies	1,012
SubTotal	<u>1,012</u>
Harlem Ambassadors	
Supplies	2,531
SubTotal	<u>2,531</u>
SubTotal (Others)	<u>3,543</u>
Total	<u><u>25,306</u></u>

Direct expenses other than fundraising expenses  
reported on Form 990, page 1, line 9b.