

990

Return of Organization Exempt From Income Tax

GMB No. 1045-0047

2002

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

Department of the Treasury
Internal Revenue Service

For the 2002 calendar year, or tax year beginning 2002, and ending 20

<input type="checkbox"/> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Special Instructions.	C Name of organization CITA INC		D Employer identification number 59: 1273570
		Number and street (or P O box if mail is not delivered to street address) Room/suite P O BOX 2185		E Telephone number (321) 725-5160
		City or town state or country and ZIP + 4 MELBOURNE, FL 32902-2185		F Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶

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

H and I are not applicable to section 527 organizations

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

H(b) If "Yes" enter number of affiliates ▶

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

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

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

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.

I Enter 4-digit GEN ▶

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

Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **1,548,911**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 17 of the instructions)

Revenue	1	Contributions, gifts, grants, and similar amounts received				
	a	Direct public support	1a	127,306		
	b	Indirect public support	1b			
	c	Government contributions (grants)	1c			
	d	Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)	1d		127,306	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		456,550	
	3	Membership dues and assessments	3			
	4	Interest on savings and temporary cash investments	4		3,080	
	5	Dividends and interest from securities	5		41,857	
	6a	Gross rents	6a	6,912		
	b	Less rental expenses	6b			
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c		6,912	
7	Other investment income (describe ▶ _____)	7				
Revenue	8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
	b	Less cost or other basis and sales expenses	8a	900,000		
	c	Gain or (loss) (attach schedule)	8b	218,585		
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c	681,415		
8d		8d		681,415		
Revenue	9	Special events and activities (attach schedule)				
	a	Gross revenue (net including \$ _____ of contributions reported on line 1a)	9a			
	b	Less direct expenses other than fundraising expenses	9b			
c	Net revenue or (loss) from special events (subtract line 9b from line 9a)	9c				
Revenue	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		13,206		
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		1,330,326		
Expenses	13	Program services (from line 44, column (B))	13		484,983	
	14	Management and general (from line 44, column (C))	14		166,923	
	15	Fundraising (from line 44, column (D))	15		2,627	
	16	Payments to affiliates (attach schedule)	16			
	17	Total expenses (add lines 16 and 44, column (A))	17		654,533	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18		675,793	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		1,742,551	
	20	Other changes in net assets or fund balances (attach explanation)	20		2	
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		2,418,346	

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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 21 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 \$ _____ noncash \$ _____)				
23	Specific assistance to individuals (attach schedule)	10,231	10,231		
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc	121,305	69,006	52,299	
26	Other salaries and wages	215,436	172,691	42,745	
27	Pension plan contributions				
28	Other employee benefits	1,608		1,608	
29	Payroll taxes	25,808	18,896	6,912	
30	Professional fundraising fees				
31	Accounting fees	2,048	85	1,963	
32	Legal fees	10,090	90	10,000	
33	Supplies	25,729	15,039	10,690	
34	Telephone	8,418	1,865	6,553	
35	Postage and shipping	799	72	727	
36	Occupancy	154,232	147,591	6,641	
37	Equipment rental and maintenance	31,962	28,544	3,418	
38	Printing and publications	3,832	765	440	2,627
39	Travel	1,830		1,830	
40	Conferences, conventions, and meetings				
41	Interest				
42	Depreciation, depletion, etc (attach schedule)				
43	Other expenses not covered above (itemize) a				
	b				
	c See attached schedule	41,205	20,108	21,097	
	d				
	e				
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	654,533	484,983	166,923	2,627

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 24 of the instructions)

What is the organization's primary exempt purpose? CHRISTIAN SHELTER FOR HOMELESS MEN	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others)
a LODGING, FEEDING 3 MEALS/DAY, CLOTHING, LAUNDRY, AND PRESCRIPTIONS FOR AVG OF 60 MEN PER DAY INCLUDES 950 NEW REGISTRANTS FOR 2002 (Grants and allocations \$ _____)	205,157
b JOB TRAINING PROGRAM FOR APPROX 207 RESIDENTS WITH DRUG/ALCOHOL PROBLEMS (Grants and allocations \$ _____)	129,719
c ASSISTING NEEDY PEOPLE WITH UTILITY BILLS, RENT, GASOLINE, FOOD, USED FURNITURE, CLOTHING. MISSIONARY WORK (Grants and allocations \$ _____)	10,231
d OPERATING 2 THRIFT STORES AS A JOB TRAINING PROGRAM AND SOURCE OF FUNDS FOR THE HOMELESS PROGRAM INCLUDES PICKUP OF DONATED ITEMS BY CITA TRUCKS AND RESIDENT DRIVERS/HELPERS (Grants and allocations \$ _____)	115,188
e Other program services (attach schedule) (Grants and allocations \$ _____)	24,688
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	484,983

Part IV Balance Sheets (See page 24 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	111,574	45	91,476
46	Savings and temporary cash investments	242,601	46	342,094
47a	Accounts receivable		47a	
b	Less allowance for doubtful accounts		47b	
47c			47c	
48a	Pledges receivable		48a	
b	Less allowance for doubtful accounts		48b	
48c			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)	734,120	51a	
b	Less allowance for doubtful accounts		51b	
51c			51c	734,120
52	Inventories for sale or use		52	
53	Prepaid expenses and deferred charges	6,513	53	4,646
54	Investments—securities (attach schedule) <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV	44,278	54	44,278
55a	Investments—land, buildings, and equipment basis	1,561,032	55a	
b	Less accumulated depreciation (attach schedule)		55b	
55c			55c	1,561,032
56	Investments—other (attach schedule)		56	
57a	Land, buildings, and equipment basis		57a	
b	Less accumulated depreciation (attach schedule)		57b	
57c		1,739,407	57c	
58	Other assets (describe _____)	882	58	2,650
59	Total assets (add lines 45 through 58) (must equal line 74)	2,145,255	59	2,780,296
60	Accounts payable and accrued expenses	899	60	961
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)	382,866	64b	360,989
65	Other liabilities (describe _____)	18,939	65	
66	Total liabilities (add lines 60 through 65)	402,704	66	361,950
Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
67	Unrestricted		67	
68	Temporarily restricted		68	
69	Permanently restricted		69	
Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74				
70	Capital stock, trust principal, or current funds	1,742,551	70	2,418,346
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)	1,742,551	73	2,418,346
74	Total liabilities and net assets / fund balances (add lines 66 and 73)	2,145,255	74	2,780,296

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 26 of the instructions)

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

a Total revenue, gains, and other support per audited financial statements ▶

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) ▶

c Line a minus line b ▶

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) ▶

e Total revenue per line 12, Form 990 (line c plus line d) ▶

a Total expenses and losses per audited financial statements ▶

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) ▶

c Line a minus line b ▶

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) ▶

e Total expenses per line 17, Form 990 (line c plus line d) ▶

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see page 26 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) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
DANIEL G ELLISON 2289 OHIO ST, W MELBOURNE, FL	PRESIDENT 40	43,000		4,468
JEFFREY ELLISON 163 ATLANTIC, INDIALANTIC, FL	2ND VICE PRESIDENT 40	41,960		15,293
HELEN M ELLISON 210 UNIVER, MELB, FL	SECRETARY 40	14,600		1,984
WAYNE GUINN 1100 DORCHESTER, MELBOURNE, FL	VICE PRES 1	0		
WILLIAM WEBB 619 W ESPONALA MELBOURNE, FL	TREASURER 1	0		
RICHARD GAFFNEY 212 CORAL WAY WEST, INDIALANTIC FL 32903	BOARD MEMBER 1	0		
DAVID COTTRILL PO BOX 120002, WEST MELBOURNE, FL 32912	BOARD MEMBER 1	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 26 of the instructions

Part VI Other Information (See page 27 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 _____ _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a Enter direct or indirect political expenditures See line 81 instructions 81a _____		
b Did the organization file Form 1120-POL for this year?		X
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
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?	X	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a Did the organization solicit any contributions or gifts that were not tax deductible?		X
b If "Yes" did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?		
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		
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 _____		
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 _____		
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 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
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 ▶ _____		
d Enter Amount of tax on line 89c, above, reimbursed by the organization ▶ _____		
90a List the states with which a copy of this return is filed ▶ FLORIDA		
b Number of employees employed in the pay period that includes March 12, 2002 (See instructions) 90b _____		20
91 The books are in care of ▶ DANIEL ELLISON Telephone no ▶ (321) 725-5160 Located at ▶ 2289 OHIO ST, WEST MELBOURNE, FL ZIP + 4 ▶ 32904		
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 ▶ 92 _____		

Part VII Analysis of Income-Producing Activities (See page 31 of the instructions)

	Unrelated business income		Excluded by section 512 513 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a SHELTER DONATIONS					19,595
b SCRAP, RAGS SALES					1,798
c VOCATIONAL ASSET					21,245
d THRIFT STORE SALES					380,408
e TRANSITION HOUSING					33,504
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					3,080
96 Dividends and interest from securities					41,857
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					6,912
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					681,415
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a MISCELLANEOUS			01	4,289	
b FOOD & SOFT DRINK SALES			01	7,354	
c COMMISSIONS			01	581	
d COIN LAUNDRY			01	982	
e					
104 Subtotal (add columns (B), (D), and (E))				13,206	1,189,814
105 Total (add line 104, columns (B), (D), and (E))					1,203,020

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 32 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)
93A	WORKING RESIDENTS IN SHELTER ACCEPT SMALL COST OF MEALS & SHELTER
93B	UNSALEABLE CLOTHES, HOGS FROM FARM, AND SCRAP METAL SOLD FOR FUNDS
93C	DONATED CARS, BOATS ARE REPAIRED AND SOLD TO SUPPORT THE MISSION
93D	THRIFT STORES SELL DONATED ITEM TO SUPPORT MISSION & VOCATION PROG

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 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
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 33 of the instructions)

- (a) Did the organization, during the year, receive any funds, directly or indirectly...
 - (b) Did the organization, during the year, pay premiums, directly...
- Note. If "Yes" to (b), file Form 8870 and Form 4720 (see instru

Please Sign Here

Under penalties of perjury I declare that I have examined this return, Inc and belief, it is true, correct, and complete. Declaration of preparer (other than the taxpayer) is based on information furnished by the taxpayer.

Signature of officer: *[Signature]*

Type or print name and title: DANIEL G. ELLISON PRE

Paid Preparer's Use Only

Preparer's signature: *[Signature]*

Firm's name (or yours if self-employed), address, and ZIP + 4: David Pohull, CPA, PA 1800 W HIRISCUS BLVD MELBO



SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No 1545-0047

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

2002

Supplementary Information—(See separate instructions.)

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

CITA INC

Employer identification number

59-1273570

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 benefit 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		

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 expenses if more than \$1,000)?	X	
e Transfer of any part of its income or assets?		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below)		X
4 Do you have a section 403(b) annuity plan for your employees?		X
Note Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments.		

SEE PAGE 4 OF 990

Part IV Reason for Non-Private Foundation Status (See pages 3 through 5 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)(vii). (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 5 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) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	167,783	148,164	129,664	152,152	597,763
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	570,346	611,167	586,230	548,003	2,315,746
18 Gross income from interest, dividends, amounts received from payments 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	12,116	27,997	9,075	1,567	50,755
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
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					
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets	10,290	11,829	5,791	16,031	43,941
23 Total of lines 15 through 22	760,535	799,157	730,760	717,753	3,008,205
24 Line 23 minus line 17	190,189	187,990	144,530	169,750	692,459
25 Enter 1% of line 23	7,605	7,992	7,308	7,178	
26 Organizations described on lines 10 or 11. a Enter 2% of amount in column (e), line 24					26a 13,849
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 1998 through 2001 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 692,459
d Add Amounts from column (e) for lines 18 50,755 19 _____ 22 43,941 26b _____					26d 94,696
e Public support (line 26c minus line 26d total)					26e 597,763
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 86.324678%
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 (2001) _____ (2000) _____ (1999) _____ (1998) _____					
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 (2001) _____ (2000) _____ (1999) _____ (1998) _____					
c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c
d Add Line 27a total _____ and line 27b total _____					27d
e Public support (line 27c total minus line 27d total)					27e
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h %
28 Unusual Grants. For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, 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)

	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)

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

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount Enter the amount from the following table—		
If the amount on line 40 is—		The lobbying nontaxable amount is—
Not over \$500,000		20% of the amount on line 40
Over \$500,000 but not over \$1,000,000		\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000		\$175,000 plus 10% of the excess over \$1,000,000
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)		
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	0	0
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	0	0

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) 2002	(b) 2001	(c) 2000	(d) 1999	(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 11 of the instructions)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h.)

Yes	No	Amount

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

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

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

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

- (i)** Cash
- (ii)** Other assets

b Other transactions

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

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

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

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

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

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

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship



Form 990	Supplemental Schedule	For Tax Year 2002
Name CITA INC		Employer ID Number 59-1273570

Page 1, part I, line 8c

Assets other than securities

Gross sale price:	900,000	
Date acquired:	01/01/1996	
How acquired:	PURCHASE	
Cost or other basis:	218,585	
Method used:	Cost	
Date sold:	03/19/2002	
To whom sold:	SCOTT AND ENA SULLIVAN	
Expense of sale:		
Depr. since acq:		
Gain / loss:		681,415
Total gain (loss)		<u>\$ 681,415</u>

Page 1, Part I, line 20

Description	Amount
ROUNDING	2
Total	<u>\$ 2</u>

Page 2, part II, line 23

<u>Class</u>	<u>Amount:</u>
Direct cash assistance	10,231
Total	<u>\$ 10,231</u>

Form 990	Supplemental Schedule	For Tax Year 2002
Name CITA INC		Employer ID Number 59-1273570

Page 2, part II, line 43

	<u>Total</u>	<u>Program Services</u>	<u>Management and general</u>	<u>Fundraising</u>
DUES & SUBSCRIPTIONS	450	447	3	
GROCERIES	9,224	9,224		
MEALS OUT	1,270	614	656	
MISSION MENS NEEDS	19,578	19,578		
MISSIONARY SUPPORT	6,360	6,360		
SCRAPPED & ABANDONED ASSETS	18,275		18,275	
UNCATEGORIZED EXPENSE REIMBURSEMENTS	(28,192)	(28,192)		
VOCATIONAL ASSET SALES	3,426	3,426		
WORKERS COMP INS	10,814	8,651	2,163	
	<u>\$ 41,205</u>	<u>\$ 20,108</u>	<u>\$ 21,097</u>	<u>\$</u>

Page 2, Part III, Line e

Description	TRANSITIONAL HOUSING	
Grants and allocations		
Amount		24,688
Total		<u>\$ 24,688</u>

Form 990	Supplemental Schedule	For Tax Year 2002
Name CITA INC		Employer ID Number 59-1273570

Page 3, part IV, line 51a

Note receivable

	Gross Amount	Allow for doubtful accounts	Net Amount Due
Borrower name and title	SCOTT & ENA SULLIVAN		
Original amount	760000		
Date of note	3/19/02		
Matunty date			
Repayment terms	MONTHLY PAYMENTS OF \$5960		
Interest rate	8 5000		
Secunty provided by borrower	HAVENS OF REST APARTMENTS		
Purpose of loan	PROPERTY SALE		
Desc and FMV of consideration	SEE SECURITY PROVIDED \$900,000		
Relation to foundation	NONE		
Balance - beginning of year	0		
	734,120		734,120
Total	<u>\$ 734,120</u>	<u>\$</u>	<u>\$ 734,120</u>

Page 3, part IV, line 54

Other Publicly Traded Securities

Description of investment	Valuation method	Amount
MUTUAL FUNDS	Cost	44,278
Total:		<u>\$ 44,278</u>

Page 3, part IV, line 55

	Cost or other basis	Accumulated depreciation	Book value
PROPERTY & EQUIPMENT	1,561,032		1,561,032
Total	<u>\$ 1,561,032</u>	<u>\$</u>	<u>\$ 1,561,032</u>

Form 990	Supplemental Schedule	For Tax Year 2002
Name CITA INC		Employer ID Number 59-1273570

Page 3, part IV, line 57

	<u>Cost or other basis</u>	<u>Accumulated depreciation</u>	<u>Book value</u>
PROPERTY AND EQUIPMENT	1,739,407		
Total	<u>\$ 1,739,407</u>	<u>\$</u>	<u>\$</u>

Page 3, Part IV, Line 58

Description	Amount
MISC CURRENT ASSETS	2,650
Total:	<u>\$ 2,650</u>

Page 3, part IV, Line 64b

Lender name and title	COLONIAL BANK	
Original amount.		
Balance Due		360,989
Issue date of note:		
Maturity date of note:		
Repayment terms		
Interest rate.	0 000000	
Security provided		
Purpose of loan.		
Description of consideration		
Relation to foundation member.	NONE	
Total:		<u>\$ 360,989</u>

Page 3, Part IV, line 65

Description	Amount
SECURITY DEPOSITS PAYABLE	
Total	<u>\$</u>

Form 990	Supplemental Schedule	For Tax Year 2002
Name CITA INC		Employer ID Number 59-1273570

Page 1, part I, line 9

<u>Description</u>	<u>Revenue from event</u>	<u>Expenses related to event</u>	<u>Gain/Loss</u>
GOLF TOURNAMENT			
Total	\$	\$	\$

Tax Asset Detail 1/01/02 - 12/31/02

FYE 12/31/2002

Asset	Property Description	Date In Service	Cost	Sec 179 Exp Current = c	Tax Sec 168(k) Amt	Prior Depreciation	Current Depreciation	End Depreciation	Net Book Value	Method	Period
Group. FARM MACHINERY											
77 *	TRACTOR, JOHN DEERE	1/01/92	500	0	0	0	0	0	500	Memo	00
	FARM MACHINERY		500	0c	0	0	0	0	500		
	*Less. Dispositions		500	0	0	0	0	0	500		
	Net FARM MACHINERY		0	0c	0	0	0	0	0		
Group KITCHEN EQUIPMENT											
1	RANGE, CASTLE	1/01/89	1,600	0	0	0	0	0	1,600	Memo	00
3	RANGE HOOD	1/01/95	1,800	0	0	0	0	0	1,800	Memo	00
4 *	GLASS DOOR COOLER	6/01/98	200	0	0	0	0	0	200	Memo	00
5	SLICER	6/01/98	200	0	0	0	0	0	200	Memo	00
6	CONVECTION OVEN	6/01/98	600	0	0	0	0	0	600	Memo	00
42	MEAT SAW	1/01/93	100	0	0	0	0	0	100	Memo	00
	KITCHEN EQUIPMENT		4,500	0c	0	0	0	0	4,500		
	*Less. Dispositions		200	0	0	0	0	0	200		
	Net KITCHEN EQUIPMENT		4,300	0c	0	0	0	0	4,300		
Group LAND & BUILDINGS											
81	#2300 RESIDENTIAL HALL	6/30/97	638,600	0	0	0	0	0	638,600	Memo	00
82	#2306 CHAPEL BUILDING	6/30/97	20,000	0	0	0	0	0	20,000	Memo	00
83	FOOD SERVICE BUILDING	6/30/97	75,000	0	0	0	0	0	75,000	Memo	00
84	ELLISON DR PARKING LOT	1/01/96	11,250	0	0	0	0	0	11,250	Memo	00
85	ELLISON DR BUNK HOUSE	1/01/96	16,500	0	0	0	0	0	16,500	Memo	00
86	ELLISON DR FAMILY HOUSE	1/01/96	38,500	0	0	0	0	0	38,500	Memo	00
87	ELLISON DR THRIFT STORE 1	1/01/96	80,000	0	0	0	0	0	80,000	Memo	00
88	ELLISON DR VOC BLDG	1/01/97	62,100	0	0	0	0	0	62,100	Memo	00
89	ELLISON DR VOC FENCE	3/03/98	3,535	0	0	0	0	0	3,535	Memo	00
90	MALABAR MISSION HOUSE	1/01/96	10,000	0	0	0	0	0	10,000	Memo	00
91	MALABAR FARM	1/01/96	130,500	0	0	0	0	0	130,500	Memo	00
93	STONE ST LOT	1/01/96	6,000	0	0	0	0	0	6,000	Memo	00
94	THRIFT STORE 2	1/01/96	100,000	0	0	0	0	0	100,000	Memo	00
95	THRIFT STORE 2 LOTS	1/01/96	19,250	0	0	0	0	0	19,250	Memo	00
96 *	HAVEN APARTMENTS	1/01/96	210,083	0	0	0	0	0	210,083	Memo	00
99	PINE MOUNTAIN 23 7 ACRES	1/01/96	142,200	0	0	0	0	0	142,200	Memo	00
100	FENCE TSI	1/24/01	4,705	0	0	0	0	0	4,705	Memo	00
101	SIGNS & LOGOS	5/31/01	2,612	0	0	0	0	0	2,612	Memo	00
102	A/C UNIT TSI	9/30/01	15,910	0	0	0	0	0	15,910	Memo	00
103	A/C UNIT TS 2	9/30/01	18,627	0	0	0	0	0	18,627	Memo	00
104	PAVING	11/21/01	500	0	0	0	0	0	500	Memo	00
105	SIGNS TS 2	11/30/01	708	0	0	0	0	0	708	Memo	00
106	SIGN	12/21/01	748	0	0	0	0	0	748	Memo	00
107	GARAGE DOOR VOC	10/23/01	900	0	0	0	0	0	900	Memo	00
114	MALABAR IMPROVEMENTS	7/31/01	19,535	0	0	0	0	0	19,535	Memo	00
116 *	EXCAVATING HAVENS	5/01/01	4,700	0	0	0	0	0	4,700	Memo	00
117 *	SEAL PARKING LOT HAVEN	11/23/01	1,503	0	0	0	0	0	1,503	Memo	00

Tax Asset Detail 1/01/02 - 12/31/02

FYE 12/31/2002

Asset Group	Property Description	Date In Service	Cost	Sec 179 Exp Current = c	Tax Sec 168(k) Amt	Prior Depreciation	Current Depreciation	End Depreciation	Net Book Value	Method	Period
Group LAND & BUILDINGS (continued)											
128	REMODELING MALABAR HOU	12/31/02	40,234	0c	0	0	0	0	40,234	Memo	00
	LAND & BUILDINGS		1,674,200	0c	0	0	0	0	1,674,200		
	*Less Dispositions		216,286	0	0	0	0	0	216,286		
	Net LAND & BUILDINGS		1,457,914	0c	0	0	0	0	1,457,914		
Group MACHINERY											
7	JACK, FLOOR	1/01/90	150	0	0	0	0	0	150	Memo	00
12	WELDER, ALUM , TIG	1/01/92	150	0	0	0	0	0	150	Memo	00
13	DRILL PRES, 14"	1/01/93	329	0	0	0	0	0	329	Memo	00
22 *	LATHE,METAL	1/01/95	100	0	0	0	0	0	100	Memo	00
23	ROUTER	1/01/95	274	0	0	0	0	0	274	Memo	00
24	DRILL PRESS	1/01/96	150	0	0	0	0	0	150	Memo	00
25	GERBER SIGN MACHINE	1/01/96	2,200	0	0	0	0	0	2,200	Memo	00
26	SEARS CORDLESS DRILL	1/01/97	200	0	0	0	0	0	200	Memo	00
27	VARIABLE SAW	1/01/97	100	0	0	0	0	0	100	Memo	00
28 *	SEARS PLANER KIT	1/01/97	170	0	0	0	0	0	170	Memo	00
29	POWERWASHER	3/03/98	1,000	0	0	0	0	0	1,000	Memo	00
30	SPRINKLER PUMP	6/30/98	278	0	0	0	0	0	278	Memo	00
31 *	PETTIBONE FORKLIFT	6/30/98	1,050	0	0	0	0	0	1,050	Memo	00
32	BLACK MAX AIR COMP	3/18/99	250	0	0	0	0	0	250	Memo	00
33	PORTABLE MIG WELDER	6/11/99	100	0	0	0	0	0	100	Memo	00
34	TABLE SAW MODEL 72	6/15/99	230	0	0	0	0	0	230	Memo	00
35	CAROLINA ENGINE LIFT	6/22/99	150	0	0	0	0	0	150	Memo	00
36	TRANSMISSION LIFT	6/18/99	150	0	0	0	0	0	150	Memo	00
37	FUEL INJECTOR TESTER	10/07/99	260	0	0	0	0	0	260	Memo	00
38	18V HAMMER/DRILL	9/13/99	280	0	0	0	0	0	280	Memo	00
39 *	BOILER TOOLS	10/13/99	268	0	0	0	0	0	268	Memo	00
40 *	42" DRUM SANDER	8/05/99	259	0	0	0	0	0	259	Memo	00
41	COMPRESSOR	2/10/00	1,175	0	0	0	0	0	1,175	Memo	00
43	SAW, HITACHI, B600A	1/01/87	1,399	0	0	0	0	0	1,399	Memo	00
44 *	LATHE, ERICO MODEL 92010	1/01/87	1,600	0	0	0	0	0	1,600	Memo	00
45	BAND SAW, JB S-14	1/01/87	275	0	0	0	0	0	275	Memo	00
46	BALER, W/ STRAPPER	1/01/88	225	0	0	0	0	0	225	Memo	00
49	SAW, RADIAL	1/01/91	250	0	0	0	0	0	250	Memo	00
50	GENERATOR, 100KW	1/01/92	300	0	0	0	0	0	300	Memo	00
73 *	MOWER	1/17/00	189	0	0	0	0	0	189	Memo	00
74	10 FT LADDER	3/20/00	229	0	0	0	0	0	229	Memo	00
109	COMPRESSOR	4/05/01	1,576	0	0	0	0	0	1,576	Memo	00
115 *	COIN OPER DRYER HAVENS	12/14/01	669	0	0	0	0	0	669	Memo	00
120	PORTABLE SAW	3/22/02	582	0c	0	0	0	0	582	Memo	00
	MACHINERY		16,567	0c	0	0	0	0	16,567		
	*Less Dispositions		4,305	0	0	0	0	0	4,305		
	Net MACHINERY		12,262	0c	0	0	0	0	12,262		

Tax Asset Detail 1/01/02 - 12/31/02

FYE 12/31/2002

Asset *	Property Description	Date In Service	Cost	Sec 179 Exp Current = c	Tax Sec 168(k) Amt	Pnor Depreciation	Current Depreciation	End Depreciation	Net Book Value	Method	Period
Group METAL BUILDINGS											
78	STORAGE #1	1/01/95	2,600	0	0	0	0	0	2,600	Memo	00
79	STORAGE #2	1/01/95	2,600	0	0	0	0	0	2,600	Memo	00
80	TS #2 SECURITY	1/01/95	1,560	0	0	0	0	0	1,560	Memo	00
	METAL BUILDINGS		6,760	0c	0	0	0	0	6,760		
Group OFFICE EQUIPMENT											
2	COMPUTER, MCINTOSH	1/01/93	999	0	0	0	0	0	999	Memo	00
8	CANON COPIER	1/14/98	630	0	0	0	0	0	630	Memo	00
9	CASH REGISTER	10/05/98	150	0	0	0	0	0	150	Memo	00
10	BROTHER FAX	12/01/98	130	0	0	0	0	0	130	Memo	00
11 *	COPIER (HAVEN)	6/30/98	600	0	0	0	0	0	600	Memo	00
72	LOCK BOX	1/17/00	150	0	0	0	0	0	150	Memo	00
75	COMPUTER (JANETS)	7/22/00	450	0	0	0	0	0	450	Memo	00
108	EPSON PRINTER	3/22/01	242	0	0	0	0	0	242	Memo	00
110	CREDIT CARD TERMINALS	8/23/01	584	0	0	0	0	0	584	Memo	00
111	CHAIN SAW	9/26/01	288	0	0	0	0	0	288	Memo	00
112	CANON PC	10/02/01	349	0	0	0	0	0	349	Memo	00
113	CASH REGISTER	12/17/01	159	0	0	0	0	0	159	Memo	00
	OFFICE EQUIPMENT		4,731	0c	0	0	0	0	4,731		
	*Less Dispositions		600	0	0	0	0	0	600		
	Net OFFICE EQUIPMENT		4,131	0c	0	0	0	0	4,131		
Group TRAILERS											
14	SCANNER	10/30/00	130	0	0	0	0	0	130	Memo	00
15	'89 AEROSTAR	4/04/00	2,500	0	0	0	0	0	2,500	Memo	00
64 *	TRAILER, FLATBED 27"	1/01/87	200	0	0	0	0	0	200	Memo	00
66	TRAILER	1/01/95	350	0	0	0	0	0	350	Memo	00
67	TRAILER, SCRAP METAL	1/01/95	500	0	0	0	0	0	500	Memo	00
68	TRAILER	1/01/97	50	0	0	0	0	0	50	Memo	00
69	SEMI TRAILER	6/30/98	300	0	0	0	0	0	300	Memo	00
	TRAILERS		4,030	0c	0	0	0	0	4,030		
	*Less Dispositions		200	0	0	0	0	0	200		
	Net TRAILERS		3,830	0c	0	0	0	0	3,830		
Group VEHICLES											
16	1978 SEMI GMC TRACTOR, WH	1/01/97	2,900	0	0	0	0	0	2,900	Memo	00
17	BOG FRPMT EMD PADER #1	1/01/97	950	0	0	0	0	0	950	Memo	00
18	1987 WHITE GMC FLATBED	1/01/97	674	0	0	0	0	0	674	Memo	00
51	1978 CHEVROLET ALUM VAN	1/01/84	6,200	0	0	0	0	0	6,200	Memo	00
52 *	1978 CHEVROLET ALUM VAN	1/01/87	1,900	0	0	0	0	0	1,900	Memo	00
54 *	CHVY VAN #3	1/01/94	800	0	0	0	0	0	800	Memo	00
55 *	1982 CHEVY STEP-VAN	1/01/94	800	0	0	0	0	0	800	Memo	00
56 *	BUS, GMC, 1980	1/01/94	5,675	0	0	0	0	0	5,675	Memo	00

Tax Asset Detail 1/01/02 - 12/31/02

FYE 12/31/2002

Asset *	Property Description	Date In Service	Cost	Sec 179 Exp Current = c	Tax Sec 168(k) Amt	Prior Depreciation	Current Depreciation	End Depreciation	Net Book Value	Method	Period *
Group	VEHICLES (continued)										
57 *	1984 FORD E150	8/20/98	2,823	0	0	0	0	0	2,823	Memo	00
59 *	1983 FORD 250 SKATEBODY	6/30/98	400	0	0	0	0	0	400	Memo	00
60	'90 F350 KING CAB	1/26/99	500	0	0	0	0	0	500	Memo	00
61 *	'90 DODGE CARAVAN	2/13/99	1,200	0	0	0	0	0	1,200	Memo	00
62 *	'84 CHEVY GREY VAN	6/02/99	500	0	0	0	0	0	500	Memo	00
70	2 ISUZU TRUCKS	8/30/00	38,915	0	0	0	0	0	38,915	Memo	00
71	SCHOOL BUS	12/27/00	4,700	0	0	0	0	0	4,700	Memo	00
121	'89 FORD TRUCK F-700	3/26/02	13,000	0c	0	0	0	0	13,000	Memo	00
124	1995 CHEVY CAVALIER	7/31/02	2,500	0c	0	0	0	0	2,500	Memo	00
125	1982 TOYOTA CRESSIDA	11/04/02	1,500	0c	0	0	0	0	1,500	Memo	00
	VEHICLES		85,937	0c	0	0	0	0	85,937		
	*Less Dispositions		14,098	0	0	0	0	0	14,098		
	Net VEHICLES		71,839	0c	0	0	0	0	71,839		
	Grand Total		1,797,225	0c	0	0	0	0	1,797,225		
	Less Dispositions		236,189	0	0	0	0	0	236,189		
	Net Grand Total		1,561,036	0c	0	0	0	0	1,561,036		

• If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box **Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868**

• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time- Must File Original and One Copy		
Type or print	Name of Exempt Organization CITA INC	Employer identification number 591273370
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 P O BOX 2185	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address see instructions MELBOURNE, FL 32902-2185	

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 NOVEMBER 15, 2003

5 For calendar year 2002, or other tax year beginning 20 .. and ending 20 ..

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: IN ORDER TO PREPARE A COMPLETE AND ACCURATE RETURN, ADDITIONAL TIME IS REQUIRED TO GATHER INFORMATION FROM THIRD PARTIES

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 David J. Pollack, CPA Title CPA Date 8/14/03

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 information on this form and item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We cannot consider this application because it was filed after the due date of the return for which an extension was requested.
- Other AUG 24 2003

LINDA WICKSKOPF, FIELD DIRECTOR,
SUBMISSION PROCESSING, OGDEN

Director _____ Date _____

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name	<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED AUG 17 2003 OGDEN, UT </div>
	Number and street (include suite, room, or apt. no.) Or a P.O. box number	
	City or town, province or state, and country (including postal or ZIP code)	