

Form **990**

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 , 2003, and ending , 20

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

C Name of organization: **CITA INC**
 Number and street (or P O box if mail is not delivered to street address) Room/suite: **P O BOX 2185**
 City or town, state or country, and ZIP + 4: **MELBOURNE FL 32902-2185**

D Employer identification number: **59 1273570**

E Telephone number: **(321) 725-5160**

F Accounting method: Cash Accrual
 Other (specify) ▶

G Website: ▶

H and **I** are not applicable to section 527 organizations
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates ▶
H(c) Are all affiliates included? Yes No
 (If "No," attach a list. See instructions.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number ▶

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 ▶ **677058**

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

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

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	104166	
b Indirect public support	1b		
c Government contributions (grants)	1c		
d Total (add lines 1a through 1c) (cash \$ 96866 noncash \$ 7300)	1d		104166
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		479225
3 Membership dues and assessments	3		
4 Interest on savings and temporary cash investments	4		983
5 Dividends and interest from securities	5		67650
6a Gross rents	6a	6912	
b Less: rental expenses	6b		
c Net rental income or (loss) (subtract line 6b from line 6a)	6c		6912
7 Other investment income (describe)	7		
8a Gross amount from sales of assets other than inventory	8a		
b Less: cost or other basis and sales expenses	8b		
c Gain or (loss) (attach schedule)	8c		
d Net gain or (loss) (combine lines 8b, columns (A) and (B))	8d		
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
a Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a		
b Less: direct expenses other than fundraising expenses	9b		
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c		
10a Gross sales of inventory, less returns and allowances	10a		
b Less: cost of goods sold	10b		
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		
11 Other revenue (from Part VII, line 103)	11		18122
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		677058
13 Program services (from line 44, column (B))	13		463689
14 Management and general (from line 44, column (C))	14		205628
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		669317
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		7741
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		2418343
20 Other changes in net assets or fund balances (attach explanation) ROUNDING	20		2
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		2426086

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MELBOURNE, FL

ENVELOPE
POSTMARK DATE AUG 16 2004

SCANNED SEP 09 2004

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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 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 \$ _____ noncash \$ _____)	22			
23	Specific assistance to individuals (attach schedule)	23	12831	12831	
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc.	25	110858	43500	67358
26	Other salaries and wages	26	223678	178478	45200
27	Pension plan contributions	27			
28	Other employee benefits	28	2711	831	1880
29	Payroll taxes	29	26255	17956	8299
30	Professional fundraising fees	30			
31	Accounting fees	31	2572		2572
32	Legal fees	32	6645		6645
33	Supplies	33	33096	16546	16550
34	Telephone	34	7418	595	6823
35	Postage and shipping	35	2410		2410
36	Occupancy	36	119856	115414	4442
37	Equipment rental and maintenance	37	22112	18368	3744
38	Printing and publications	38	1979	510	1469
39	Travel	39	2014	-3	2017
40	Conferences, conventions, and meetings	40			
41	Interest	41			
42	Depreciation, depletion, etc. (attach schedule)	42			
43	Other expenses not covered above (itemize): a	43a			
	b	43b			
	c SEE ATTACHED SCHEDULE	43c	94882	58663	36219
	d	43d			
	e	43e			
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	44	669317	463689	205628

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?	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 520 NEW REGISTRANTS FOR 2003 (Grants and allocations \$ _____)	195362
b JOB TRAINING PROGRAM FOR APPROXIMATELY 300 RESIDENTS WITH DRUG/ALCOHOL PROBLEMS (Grants and allocations \$ _____)	148784
c ASSISTING NEEDY PEOPLE WITH UTILITY BILLS, RENT, GASOLINE, FOOD, USED FURNITURE, CLOTHING AND MISSIONARY WORK (Grants and allocations \$ _____)	12831
d OPERATING TWO THRIFT STORES AS A JOB TRAINING PROGRAM AND SOURCE OF FUNDS FOR THE HOMELESS PROGRAM. INCLUDES PICKUP OF DONATED ITEMS BY CITA TRUCKS AND RESIDENT DRIVERS/HELPERS. (Grants and allocations \$ _____)	106712
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	463689

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
Assets	45 Cash—non-interest-bearing	91476	45	131151
	46 Savings and temporary cash investments	342094	46	251559
	47a Accounts receivable	47a	47c	
	b Less: allowance for doubtful accounts	47b	47c	
	48a Pledges receivable	48a	48c	
	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)	724652	51a	
	b Less: allowance for doubtful accounts	51b	51c	724652
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	4646	53	6050
	54 Investments—securities (attach schedule)	44278	54	46906
	<input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV			
	55a Investments—land, buildings, and equipment: basis	1599864	55a	
	b Less: accumulated depreciation (attach schedule)	55b	55c	1599864
	56 Investments—other (attach schedule)		56	
	57a Land, buildings, and equipment: basis	57a	57c	
	b Less: accumulated depreciation (attach schedule)	57b	57c	
58 Other assets (describe ► <u>MISC ADVANCES</u>)	2650	58	1855	
59 Total assets (add lines 45 through 58) (must equal line 74)	2780296	59	2762037	
Liabilities	60 Accounts payable and accrued expenses	961	60	2915
	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)	360989	64b	333036
	65 Other liabilities (describe ► _____)		65	
66 Total liabilities (add lines 60 through 65)		66		
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		67	
	67 Unrestricted		68	
	68 Temporarily restricted		69	
	69 Permanently restricted		70	
	Organizations that do not follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 70 through 74	2418346	70	2426086
	70 Capital stock, trust principal, or current funds		71	
	71 Paid-in or capital surplus, or land, building, and equipment fund		72	
	72 Retained earnings, endowment, accumulated income, or other funds		73	
	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)	2418346	73	2426086
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	2780296	74	2762037

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.)

a	Total revenue, gains, and other support per audited financial statements . . . ▶	a
b	Amounts included on line a but not on line 12, Form 990:	b
	(1) Net unrealized gains on investments \$ _____	
	(2) Donated services and use of facilities \$ _____	
	(3) Recoveries of prior year grants \$ _____	
	(4) Other (specify) _____	
 \$ _____	
	Add amounts on lines (1) through (4) ▶	b
c	Line a minus line b ▶	c
d	Amounts included on line 12, Form 990 but not on line a:	d
	(1) Investment expenses not included on line 6b, Form 990 . . . \$ _____	
	(2) Other (specify): _____	
 \$ _____	
	Add amounts on lines (1) and (2) ▶	d
e	Total revenue per line 12, Form 990 (line c plus line d) . . . ▶	e

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

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

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see 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) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
DANNY ELLISON 2289 OHIO ST, W MELBOURNE FL	PRESIDENT, 40 HRS	43000		6061
HELEN ELLISON 2330 JOHNNY ELLISON DR, MELBOURNE, FL	SECRETARY, 40 HRS	14400		3097
JEFFREY ELLISON 410 FIRST AVENUE, MELBOURNE BEACH, FL	2ND VP, 40 HRS	41638		2662
REV WAYNE GUINN 1100 W DORCHESTER AV, W MELBOURNE, FL	CHAIRMAN, 1ST VP, 1 H	0		0
BILL WEBB 619 W ESPANOLA WAY, MELBOURNE, FL	TREASURER 1 HR	0		0
RICHARD GAFFNEY 212 CORAL WAY WEST, INDIALANTIC, FL	BOARD MEMBER, 1 HR	0		0
DAVID COTTRILL PO BOX 120002, WEST MELBOUREN, FL	BOARD MEMBER, 1 HR	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	76	✓
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.	77	✓
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	✓
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?	80a	✓
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 and indirect political expenditures See line 81 instructions 81a		
b	Did the organization file Form 1120-POL for this year?	81b	✓
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	✓
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	✓
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	✓
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	
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	
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	✓
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	✓
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, 2003 (See instructions.) 90b 19		
91	The books are in care of DANNY ELLISON Telephone no. (321) 725-5160		
	Located at 2289 OHIO ST, W MELBOURNE, FL ZIP + 4 32904		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here <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 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue: SHELTER DONATIONS					25161
a					
b SCRAP, RAG SALES					3533
c VOCATION ASSET SALES					20675
d THRIFT STIRE SALES					429856
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			01	983	
96 Dividends and interest from securities			01	67650	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			01	6912	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a MISC			01	6102	
b FOOD & SOFT DRINK SALES			01	12020	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				93667	479225
105 Total (add line 104, columns (B), (D), and (E))					572892

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).
▼	

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
	%			
	%			
	%			

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).

Under penalties of perjury, I declare that I have examined this return, in its entirety, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than the taxpayer) is based on information furnished by the taxpayer. Preparer's name (if self-employed), address, and ZIP + 4

Please Sign Here

Signature of officer: *[Handwritten Signature]*

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

Paid Preparer's Use Only

Preparer's signature: *[Handwritten Signature]*

Firm's name (or yours if self-employed), address, and ZIP + 4: **DAVID T POLHILL, CPA, PA**
2351 W EAU GALLIE BLVD, ME



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		✓
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?		✓
b Lending of money or other extension of credit?		✓
c Furnishing of goods, services, or facilities?		✓
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <i>see 990, p. 4</i>	✓	
e Transfer of any part of its income or assets?		✓
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)		✓
b Do you have a section 403(b) annuity plan for your employees?		✓
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?		✓

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 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		

CITA, INC
59-1273570
Form 990

Page 2, Part II, Line 23

Direct cash assistance to
the needy (see Page 2, Part III, c.) 12831

Page 2, Part II, Line 43	Total	Program Services	Management & General	Fundraising
Groceries	8936	8936		
Meals out	452	144	308	
Mission men's needs	22180	22180		
Scrapped & abandoned assets	24299		24299	
Vocational assets sales	3043	2832	211	
Worker's compensation insurance	12867	10294	2573	
General liability & auto insurance	23105	14277	8828	
	<u>94882</u>	<u>58663</u>	<u>36219</u>	<u>0</u>

Page 3, Part IV, Line 51 a

Note receivable:
Borrower Scott & Ena Sullivan
Original amount \$760,000
Date of note 03/19/02
Repayment terms Monthly pymts of \$5960
Interest rate 8.50%
Security Haven of Rest Apartments
Purpose of loan Property sale
Desc & FMV of consideration \$900,000 for the Havens of Rest Apartments
Relation to foundation none
Balance B.O.Y \$734,120

Page 3, Part IV, Line 54

Mutual Funds 46906

Page 3, Part IV, Line 64 b

Mortgage Payable:
Lender name Colonial Bank
Balance due \$333,036
Security provided Dorm Bldg
Relation to foundation None

Tax Asset Detail 1/01/03 - 12/31/03

FYE: 12/31/2003

Asset *	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Sec 168(k) Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
Group: KITCHEN EQUIPMENT											
1	RANGE, CASTLE	1/01/89	1,600	0	0	0	0	0	1,600	Memo	0.0
3	RANGE HOOD	1/01/95	1,800	0	0	0	0	0	1,800	Memo	0.0
5	SLICER	6/01/98	200	0	0	0	0	0	200	Memo	0.0
6	CONVECTION OVEN	6/01/98	600	0	0	0	0	0	600	Memo	0.0
42 *	MEAT SAW	1/01/93	100	0	0	0	0	0	100	Memo	0.0
	KITCHEN EQUIPMENT		4,300	0c	0	0	0	0	4,300		
	*Less: Dispositions		100	0	0	0	0	0	100		
	Net KITCHEN EQUIPMENT		4,200	0c	0	0	0	0	4,200		
Group: LAND & BUILDINGS											
81	#2300 RESIDENTIAL HALL	6/30/97	638,600	0	0	0	0	0	638,600	Memo	0.0
82	#2306 CHAPEL BUILDING	6/30/97	20,000	0	0	0	0	0	20,000	Memo	0.0
83	FOOD SERVICE BUILDING	6/30/97	75,000	0	0	0	0	0	75,000	Memo	0.0
84	ELLISON DR PARKING LOT	1/01/96	11,250	0	0	0	0	0	11,250	Memo	0.0
85	ELLISON DR BUNK HOUSE	1/01/96	16,500	0	0	0	0	0	16,500	Memo	0.0
86	ELLISON DR FAMILY HOUSE	1/01/96	38,500	0	0	0	0	0	38,500	Memo	0.0
87	ELLISON DR THRIFT STORE 1	1/01/96	80,000	0	0	0	0	0	80,000	Memo	0.0
88	ELLISON DR VOC BLDG	1/01/97	62,100	0	0	0	0	0	62,100	Memo	0.0
89	ELLISON DR VOC FENCE	3/03/98	3,535	0	0	0	0	0	3,535	Memo	0.0
90	MALABAR MISSION HOUSE	1/01/96	10,000	0	0	0	0	0	10,000	Memo	0.0
91	MALABAR FARM	1/01/96	130,500	0	0	0	0	0	130,500	Memo	0.0
93	STONE ST LOT	1/01/96	6,000	0	0	0	0	0	6,000	Memo	0.0
94	THRIFT STORE 2	1/01/96	100,000	0	0	0	0	0	100,000	Memo	0.0
95	THRIFT STORE 2 LOTS	1/01/96	19,250	0	0	0	0	0	19,250	Memo	0.0
99	PINE MOUNTAIN 23.7 ACRES	1/01/96	142,200	0	0	0	0	0	142,200	Memo	0.0
100	FENCE TS1	1/24/01	4,705	0	0	0	0	0	4,705	Memo	0.0
101	SIGNS & LOGOS	5/31/01	2,612	0	0	0	0	0	2,612	Memo	0.0
102	A/C UNIT TS1	9/30/01	15,910	0	0	0	0	0	15,910	Memo	0.0
103	A/C UNIT TS 2	9/30/01	18,627	0	0	0	0	0	18,627	Memo	0.0
104	PAVING	11/21/01	500	0	0	0	0	0	500	Memo	0.0
105	SIGNS TS 2	11/30/01	708	0	0	0	0	0	708	Memo	0.0
106	SIGN	12/21/01	748	0	0	0	0	0	748	Memo	0.0
107	GARAGE DOOR VOC	10/23/01	900	0	0	0	0	0	900	Memo	0.0
114	MALABAR IMPROVEMENTS	7/31/01	19,535	0	0	0	0	0	19,535	Memo	0.0
128	REMODELING MALABAR HOU	12/31/02	40,234	0	0	0	0	0	40,234	Memo	0.0
129	FENCE	1/07/03	1,931	0c	0	0	0	0	1,931	Memo	0.0
130	MALABAR REMODEL	12/31/03	51,679	0c	0	0	0	0	51,679	Memo	0.0
	LAND & BUILDINGS		1,511,524	0c	0	0	0	0	1,511,524		
Group: MACHINERY											
7	JACK, FLOOR	1/01/90	150	0	0	0	0	0	150	Memo	0.0
12	WELDER, ALUM., TIG	1/01/92	150	0	0	0	0	0	150	Memo	0.0
13	DRILL PRES. 14"	1/01/93	329	0	0	0	0	0	329	Memo	0.0
23	ROUTER	1/01/95	274	0	0	0	0	0	274	Memo	0.0
24	DRILL PRESS	1/01/96	150	0	0	0	0	0	150	Memo	0.0

Tax Asset Detail 1/01/03 - 12/31/03

FYE: 12/31/2003

Asset *	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Sec 168(k) Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
Group: MACHINERY (continued)											
25	GERBER SIGN MACHINE	1/01/96	2,200	0	0	0	0	0	2,200	Memo	0.0
26	SEARS CORDLESS DRILL	1/01/97	200	0	0	0	0	0	200	Memo	0.0
27	VARIABLE SAW	1/01/97	100	0	0	0	0	0	100	Memo	0.0
29	POWERWASHER	3/03/98	1,000	0	0	0	0	0	1,000	Memo	0.0
30	SPRINKLER PUMP	6/30/98	278	0	0	0	0	0	278	Memo	0.0
32	BLACK MAX AIR COMP	3/18/99	250	0	0	0	0	0	250	Memo	0.0
33	PORTABLE MIG WELDER	6/11/99	100	0	0	0	0	0	100	Memo	0.0
34	TABLE SAW MODEL 72	6/15/99	230	0	0	0	0	0	230	Memo	0.0
35	CAROLINA ENGINE LIFT	6/22/99	150	0	0	0	0	0	150	Memo	0.0
36	TRANSMISSION LIFT	6/18/99	150	0	0	0	0	0	150	Memo	0.0
37	FUEL INJECTOR TESTER	10/07/99	260	0	0	0	0	0	260	Memo	0.0
38	18V HAMMER/DRILL	9/13/99	280	0	0	0	0	0	280	Memo	0.0
41	COMPRESSOR	2/10/00	1,175	0	0	0	0	0	1,175	Memo	0.0
43	SAW, HITACHI, B600A	1/01/87	1,399	0	0	0	0	0	1,399	Memo	0.0
45	BAND SAW, JB S-14	1/01/87	275	0	0	0	0	0	275	Memo	0.0
46	BALER, W/ STRAPPER	1/01/88	225	0	0	0	0	0	225	Memo	0.0
49	SAW, RADIAL	1/01/91	250	0	0	0	0	0	250	Memo	0.0
50	GENERATOR, 100KW	1/01/92	300	0	0	0	0	0	300	Memo	0.0
74	10 FT LADDER	3/20/00	229	0	0	0	0	0	229	Memo	0.0
109	COMPRESSOR	4/05/01	1,576	0	0	0	0	0	1,576	Memo	0.0
120	PORTABLE SAW	3/22/02	582	0	0	0	0	0	582	Memo	0.0
131	ECHO POWER	4/08/03	349	0c	0	0	0	0	349	Memo	0.0
132	CASH REGISTER	9/02/03	106	0c	0	0	0	0	106	Memo	0.0
137	3 TON A/C	5/29/03	1,766	0c	0	0	0	0	1,766	Memo	0.0
	MACHINERY		14,483	0c	0	0	0	0	14,483		
Group: METAL BUILDINGS											
78	STORAGE #1	1/01/95	2,600	0	0	0	0	0	2,600	Memo	0.0
79	STORAGE #2	1/01/95	2,600	0	0	0	0	0	2,600	Memo	0.0
80	TS #2 SECURITY	1/01/95	1,560	0	0	0	0	0	1,560	Memo	0.0
	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	0.0
8	CANON COPIER	1/14/98	630	0	0	0	0	0	630	Memo	0.0
9	CASH REGISTER	10/05/98	150	0	0	0	0	0	150	Memo	0.0
10	BROTHER FAX	12/01/98	130	0	0	0	0	0	130	Memo	0.0
72	LOCK BOX	1/17/00	150	0	0	0	0	0	150	Memo	0.0
75	COMPUTER (JANETS)	7/22/00	450	0	0	0	0	0	450	Memo	0.0
108	EPSON PRINTER	3/22/01	242	0	0	0	0	0	242	Memo	0.0
110	CREDIT CARD TERMINALS	8/23/01	584	0	0	0	0	0	584	Memo	0.0
111	CHAIN SAW	9/26/01	288	0	0	0	0	0	288	Memo	0.0
112	CANON PC	10/02/01	349	0	0	0	0	0	349	Memo	0.0
113	CASH REGISTER	12/17/01	159	0	0	0	0	0	159	Memo	0.0

Tax Asset Detail 1/01/03 - 12/31/03

FYE: 12/31/2003

Asset *	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Sec 168(k) Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
Group: OFFICE EQUIPMENT (continued)											
	OFFICE EQUIPMENT		4,131	0c	0	0	0	0	4,131		
	*Less: Dispositions		999	0	0	0	0	0	999		
	Net OFFICE EQUIPMENT		3,132	0c	0	0	0	0	3,132		
Group: TRAILERS											
14	SCANNER	10/30/00	130	0	0	0	0	0	130	Memo	0.0
15	'89 AEROSTAR	4/04/00	2,500	0	0	0	0	0	2,500	Memo	0.0
66	TRAILER	1/01/95	350	0	0	0	0	0	350	Memo	0.0
67	TRAILER, SCRAP METAL	1/01/95	500	0	0	0	0	0	500	Memo	0.0
68	TRAILER	1/01/97	50	0	0	0	0	0	50	Memo	0.0
69	SEMI TRAILER	6/30/98	300	0	0	0	0	0	300	Memo	0.0
	TRAILERS		3,830	0c	0	0	0	0	3,830		
Group: VEHICLES											
16	1978 SEMI GMC TRACTOR, WHI	1/01/97	2,900	0	0	0	0	0	2,900	Memo	0.0
17	BOG FRPMT EMD: PADER #1	1/01/97	950	0	0	0	0	0	950	Memo	0.0
18	1987 WHITE GMC FLATBED	1/01/97	674	0	0	0	0	0	674	Memo	0.0
51 *	1978 CHEVROLET ALUM VAN	1/01/84	6,200	0	0	0	0	0	6,200	Memo	0.0
60	'90 F350 KING CAB	1/26/99	500	0	0	0	0	0	500	Memo	0.0
70	2 ISUZU TRUCKS	8/30/00	38,915	0	0	0	0	0	38,915	Memo	0.0
71	SCHOOL BUS	12/27/00	4,700	0	0	0	0	0	4,700	Memo	0.0
121 *	'89 FORD TRUCK F-700	3/26/02	13,000	0	0	0	0	0	13,000	Memo	0.0
124 *	1995 CHEVY CAVALIER	7/31/02	2,500	0	0	0	0	0	2,500	Memo	0.0
125 *	1982 TOYOTA CRESSIDA	11/04/02	1,500	0	0	0	0	0	1,500	Memo	0.0
133	1995 CHEVY LUMINA	10/08/03	3,100	0c	0	0	0	0	3,100	Memo	0.0
134	1987 CHEVY VAN	7/30/03	1,200	0c	0	0	0	0	1,200	Memo	0.0
135	1990 JEEP CHEROKEE	8/01/03	1,200	0c	0	0	0	0	1,200	Memo	0.0
136	1995 CAVALIER	6/19/03	1,800	0c	0	0	0	0	1,800	Memo	0.0
	VEHICLES		79,139	0c	0	0	0	0	79,139		
	*Less: Dispositions		23,200	0	0	0	0	0	23,200		
	Net VEHICLES		55,939	0c	0	0	0	0	55,939		
	Grand Total		1,624,167	0c	0	0	0	0	1,624,167		
	Less: Dispositions		24,299	0	0	0	0	0	24,299		
	Net Grand Total		1,599,868	0c	0	0	0	0	1,599,868		