

For **990**

Department of the Treasury
Internal Revenue Service

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)

OMB No 1545-0047

2002

Open to Public
Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements

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

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

C Name of organization: **TITUSVILLE SOCCER CLUB, INC**
 Number and street (or P O box if mail is not delivered to street address): **P O BOX 683**
 City or town: **TITUSVILLE** State or country: **FL** ZIP + 4: **32781-0683**

D Employer identification number: **59-2846839**
E Telephone number: _____

F Accounting method: Cash Accrual
 Other (specify) _____

G Web site: _____

J ORGANIZATION TYPE (check only one) 501(c)(3) (insert no) 4947(a)(1) OR 527

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

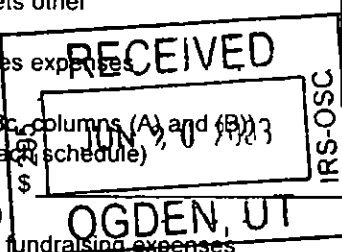
L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12: **101,024**

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

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 Enter 4-digit GEN: _____

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

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 7,164
	b Indirect public support	1b
	c Government contributions (grants)	1c
	d TOTAL (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)	1d 7,164
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2 69,014
	3 Membership dues and assessments	3
	4 Interest on savings and temporary cash investments	4 2,416
	5 Dividends and interest from securities	5
	6a Gross rents	6a
	b Less rental expenses	6b
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c 0
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
	c Gain or (loss) (attach schedule)	8b
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	8c 0
	8d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d 0
	9 Special events and activities (attach schedule)	
	a Gross revenue (not including contributions reported on line 1a) _____ of	9a 22,430
	b Less direct expenses other than fundraising expenses	9b 18,237
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c 4,193	
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 0
	11 Other revenue (from Part VII, line 103)	11
	12 TOTAL REVENUE (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12 82,787
Expenses	13 Program services (from line 44, column (B))	13 47,884
	14 Management and general (from line 44, column (C))	14 13,715
	15 Fundraising (from line 44, column (D))	15 0
	16 Payments to affiliates (attach schedule)	16 11,493
	17 TOTAL EXPENSES (add lines 16 and 44, column (A))	17 73,092
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18 9,695
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19 75,383
	20 Other changes in net assets or fund balances (attach explanation)	20
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21 85,078



SCANNED JUL 02 2003

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 \$ _____)	22	0			
23	Specific assistance to individuals (attach schedule)	23	0			
24	Benefits paid to or for members (attach schedule)	24	0			
25	Compensation of officers, directors, etc	25	0			
26	Other salaries and wages	26	0			
27	Pension plan contributions	27	0			
28	Other employee benefits	28	0			
29	Payroll taxes	29	0			
30	Professional fundraising fees	30	0			
31	Accounting fees	31	604	604		
32	Legal fees	32	0			
33	Supplies	33	32,502	31,165	1,337	
34	Telephone	34	931		931	
35	Postage and shipping	35	34		34	
36	Occupancy	36	1,631		1,631	
37	Equipment rental and maintenance	37	3,119		3,119	
38	Printing and publications	38	4,285		4,285	
39	Travel	39	0			
40	Conferences, conventions, and meetings	40	0			
41	Interest	41	0			
42	Depreciation, depletion, etc (attach schedule)	42	1,875	172	1,703	
43	Other expenses not covered above (itemize) a <u>TAX/LICENSE</u>	43a	71		71	
	b <u>REFEREE FEES</u>	43b	15,791	15,791		
	c <u>COACHING EXPENSE</u>	43c	756	756		
	d _____	43d	0			
	e _____	43e	0			
	f _____	43f	0			
44	TOTAL FUNCTIONAL EXPENSES (add lines 22 through 43) ORGANIZATIONS COMPLETING COLUMNS (B)-(D) CARRY THESE TOTALS TO LINES 13-15	44	61,599	47,884	13,715	0

JOINT COSTS Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes" enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See page 24 of the instructions)	Program Service Expenses (Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others)
What is the organization's primary exempt purpose? <u>YOUTH SOCCER</u>	
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a <u>AREA YOUTH (APPROXIMATELY 600-800 PER SEASON) BENEFIT FROM THE SPORT OF SOCCER THROUGH CAMPS, CLINICS AND TOURNAMENTS</u>	
(Grants and allocations \$ _____)	47,884
b _____	
(Grants and allocations \$ _____)	
c _____	
(Grants and allocations \$ _____)	
d _____	
(Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f TOTAL OF PROGRAM SERVICE EXPENSES (should equal line 44, column (B), Program services)	47,884

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
Assets	45	Cash - non-interest-bearing		68,769	45	78,050
	46	Savings and temporary cash investments			46	
	47 a	Accounts receivable	47a 0			
	b	Less allowance for doubtful accounts	47b 0	0	47c	0
	48 a	Pledges receivable	48a 0			
	b	Less allowance for doubtful accounts	48b 0	0	48c	0
	49	Grants receivable			49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)		0	50	0
	51 a	Other notes and loans receivable (attach schedule)	51a 0			
	b	Less allowance for doubtful accounts	51b 0	0	51c	0
	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges			53	
	54	Investments - securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	54	0
	55 a	Investments - land, buildings, and equipment basis	55a 0			
	b	Less accumulated depreciation (attach schedule)	55b 0	0	55c	0
56	Investments - other (attach schedule)		0	56	0	
57 a	Land, buildings, and equipment basis	57a 35,227				
b	Less accumulated depreciation (attach schedule)	57b 28,489	6,324	57c	6,738	
58	Other assets (describe <input type="checkbox"/> DEPOSITS)		290	58	290	
59	TOTAL ASSETS (add lines 45 through 58) (must equal line 74)		75,383	59	85,078	
Liabilities	60	Accounts payable and accrued expenses			60	
	61	Grants payable			61	
	62	Deferred revenue			62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		0	63	0
	64 a	Tax-exempt bond liabilities (attach schedule)		0	64a	0
	b	Mortgages and other notes payable (attach schedule)		0	64b	0
	65	Other liabilities (describe <input type="checkbox"/>)		0	65	0
66	TOTAL LIABILITIES (add lines 60 through 65)		0	66	0	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
	67	Unrestricted		75,383	67	85,078
	68	Temporarily restricted			68	
	69	Permanently restricted			69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74					
	70	Capital stock, trust principal, or current funds			70	
	71	Paid-in or capital surplus, or land, building, and equipment fund			71	
	72	Retained earnings, endowment, accumulated income, or other funds			72	
	73	TOTAL NET ASSETS OR FUND BALANCES (add lines 67 through 69 OR lines 70 through 72, column (A) MUST equal line 19, column (B) MUST equal line 21)		75,383	73	85,078
	74	TOTAL LIABILITIES AND NET ASSETS / FUND BALANCES (add lines 66 and 73)		75,383	74	85,078

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																																																																																																																																																						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 35%;">a Total revenue, gains and other support per audited financial statements</td> <td style="width: 10%; text-align: center;">▶</td> <td style="width: 5%; text-align: center;">a</td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> </tr> <tr> <td>b Amounts included on line a but not on line 12, Form 990</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>(1) Net unrealized gains on investments \$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>(2) Donated services and use of facilities \$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>(3) Recoveries of prior year grants \$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>(4) Other (specify)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="border-top: 1px solid black;">\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Add amounts on lines (1) through (4)</td> <td style="text-align: center;">▶</td> <td style="text-align: center;">b</td> <td style="text-align: center;">0</td> <td></td> </tr> <tr> <td>c Line a minus line b</td> <td style="text-align: center;">▶</td> <td style="text-align: center;">c</td> <td style="text-align: center;">0</td> <td></td> </tr> <tr> <td>d Amounts included on line 12, Form 990 but not on line a</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>(1) Investment expenses not included on line 6b, Form 990 \$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>(2) Other (specify)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="border-top: 1px solid black;">\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Add amounts on lines (1) and (2)</td> <td style="text-align: center;">▶</td> <td style="text-align: center;">d</td> <td style="text-align: center;">0</td> <td></td> </tr> <tr> <td>e Total revenue per line 12, Form 990 (line c plus line d)</td> <td style="text-align: center;">▶</td> <td style="text-align: center;">e</td> <td style="text-align: center;">0</td> <td></td> </tr> </table>	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					(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	0		c Line a minus line b	▶	c	0		d Amounts included on line 12, Form 990 but not on line a					(1) Investment expenses not included on line 6b, Form 990 \$					(2) Other (specify)					\$					Add amounts on lines (1) and (2)	▶	d	0		e Total revenue per line 12, Form 990 (line c plus line d)	▶	e	0		<table style="width: 100%; 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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
SEE ATTACHED SCHEDULE				

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
78 a	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?		N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership governing bodies trustees officers, etc., to any other exempt or nonexempt organization?		X
b	If "Yes," enter the name of the organization <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt		
81 a	Enter direct or indirect political expenditures See line 81 instructions		0
b	Did the organization file FORM 1120-POL for this year?		X
82 a	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
83 a	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	
84 a	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?		N/A
85 a	501(c)(4), (5), or (6) organizations Were substantially all dues nondeductible by members?		N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, DO NOT complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		X
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 0
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		85g N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		85h N/A
86 a	501(c)(7) orgs Enter 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 a	501(c)(12) orgs Enter 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
89 a	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		N/A
d	Enter Amount of tax on line 89c, above, reimbursed by the organization		N/A
90 a	List the states with which a copy of this return is filed		NONE
b	Number of employees employed in the pay period that includes March 12, 2002 (See instructions)		90b 0
91	The books are in care of ALL STAR ACCOUNTING Telephone no 321-269-2679 Located at 11 MAIN STREET SUITE 5 TITUSVILLE, FL ZIP + 4 32796		
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	
Note Enter gross amounts unless otherwise indicated					
93 Program service revenue					
a _____					69,014
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					2,416
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					4,193
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0		0	75,623
105 TOTAL (add line 104, columns (B) (D), and (E))					75,623

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	THE ORGANIZATION OFFERS CLINICS, CAMPS AND COMPETITION GAMES RELATED TO SOCCER FOR ALL AREA CHILDREN
101	ALL REVENUE RECEIVED IS REINVESTED BACK INTO THE ORGANIZATION TO PURCHASE SUPPLIES, EQUIPMENT AND UNIFORMS PLAYING FIELDS ARE ALSO MAINTAINED WITH THESE FUNDS

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 from a personal benefit contract?

(b) Did the organization during the year, pay premiums, directly or indirectly from a personal benefit contract?

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

Please Sign Here

Signature of officer: Chale Krishna
Type or print name and title: Chale Krishna, President

Preparer's signature: Sandra J... Date: _____

Paid Preparer's Use Only

Firm's name (or yours if self-employed): ALL STAR ACCOUNTING
address and ZIP + 4: 11 Main Street Suite 5, Titusville, FL

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information - (See separate instructions)

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No. 1545-0047

2002

Name of the organization
TITUSVILLE SOCCER CLUB, INC

Employer identification number
59-2846839

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	NONE			

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	NONE	

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 \$ <u>0</u> (Must equal amounts on line 38, Part VI-A, or line 1 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	1	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?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
3 Does the organization make grants for scholarships, fellowships, student loans, etc ? (See NOTE below)	3	X
4 Do you have a section 403(b) annuity plan for your employees?	4	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		

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 <input type="checkbox"/> A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)								
6 <input type="checkbox"/> A school Section 170(b)(1)(A)(ii) (Also complete Part V)								
7 <input type="checkbox"/> A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)								
8 <input type="checkbox"/> A Federal state, or local government or governmental unit Section 170(b)(1)(A)(v)								
9 <input type="checkbox"/> 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 <input type="checkbox"/> 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)								
11 a <input checked="" type="checkbox"/> 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)								
11 b <input type="checkbox"/> A community trust Section 170(b)(1)(A)(vi) (Also complete the SUPPORT SCHEDULE in Part IV-A)								
12 <input type="checkbox"/> 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 <input type="checkbox"/> 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)								
<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:70%; text-align:center;">(a) Name(s) of supported organization(s)</th> <th style="width:30%; text-align:center;">(b) Line number from above</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"> </td> <td> </td> </tr> <tr> <td style="height: 20px;"> </td> <td> </td> </tr> <tr> <td style="height: 20px;"> </td> <td> </td> </tr> </tbody> </table>	(a) Name(s) of supported organization(s)	(b) Line number from above						
(a) Name(s) of supported organization(s)	(b) Line number from above							
14 <input type="checkbox"/> 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)	5,630	5,955	4,525	5,210	21,320
16 Membership fees received					0
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	75,899	68,020	70,802	66,954	281,675
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	2,457	1,796	141	3,876	8,270
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					0
23 Total of lines 15 through 22	83,986	75,771	75,468	76,040	311,265
24 Line 23 minus line 17	8,087	7,751	4,666	9,086	29,590
25 Enter 1% of line 23	840	758	755	760	

26 ORGANIZATIONS DESCRIBED ON LINES 10 OR 11	a Enter 2% of amount in column (e), line 24		26a	592
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	29,590
d Add: Amounts from column (e) for lines	18	19	26d	8,270
	22	26b	26e	21,320
e Public support (line 26c minus line 26d total)			26f	72.05%
f PUBLIC SUPPORT PERCENTAGE (LINE 26E (NUMERATOR) DIVIDED BY LINE 26C (DENOMINATOR))				

27 ORGANIZATIONS DESCRIBED ON LINE 12	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from each "disqualified person." DO NOT FILE THIS LIST WITH YOUR RETURN. Enter the sum of such amounts for each year.						
(2001)	<u>N/A</u>	(2000)	<u>N/A</u>	(1999)	<u>N/A</u>	(1998)	<u>N/A</u>
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)	<u>N/A</u>	(2000)	<u>N/A</u>	(1999)	<u>N/A</u>	(1998)	<u>N/A</u>
c Add: Amounts from column (e) for lines	15	16	27c	0			
	17	20	27d	0			
d Add: Line 27a total	0		27e	0			
e Public support (line 27c total minus line 27d total)			27f	0			
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e).			27g	0.00%			
g PUBLIC SUPPORT PERCENTAGE (LINE 27E (NUMERATOR) DIVIDED BY LINE 27F (DENOMINATOR))			27h	0.00%			
h INVESTMENT INCOME PERCENTAGE (LINE 18, COLUMN (E) (NUMERATOR) DIVIDED BY LINE 27F (DENOMINATOR))							

28 UNUSUAL GRANTS For an organization described in line 10, 11, or 12 that received any unusual grants during 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)

- 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)

	Yes	No
29		
30		
31		

- 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)

32a		
32b		
32c		
32d		

- 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?

N/A

33a		
33b		
33c		
33d		
33e		
33f		
33g		
33h		

If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)

- 34 a 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

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34a		
34b		

- 35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation

35		
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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		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	0
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	0
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	41	0
42	Grassroots nontaxable amount (enter 25% of line 41)	42	0
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	0
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	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)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
45	N/A				0
46	N/A				0
47	N/A				0
48	N/A				0
49	N/A				0
50	N/A				0

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
		0

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

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

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

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

(i) Cash

(ii) Other assets

b Other transactions

(i) Sales or exchanges of assets with a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

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

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

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

Table with 4 columns: (a) Line no, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions and sharing arrangements. Contains handwritten 'N/A' in the center.

52 a 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

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Contains handwritten 'N/A' in the center.

Depreciation and Amortization

(Including Information on Listed Property)

(Rev. March 2002)
Department of the Treasury
Internal Revenue Service (99)

See separate instructions Attach to your tax return

Name(s) shown on return TITUSVILLE SOCCER CLUB, INC	Business or activity to which this form relates	Identifying number 59-2846839
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Part I Election To Expense Certain Tangible Property Under Section 179

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

1 Maximum amount See page 2 of the instructions for a higher limit for certain businesses	1	24,000
2 Total cost of section 179 property placed in service (see page 2 of the instructions)	2	0
3 Threshold cost of section 179 property before reduction in limitation	3	200,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	0
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see page 2 of the instructions	5	24,000

(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6	0	0
7 Listed property Enter the amount from line 29	7	0
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7		8 0
9 Tentative deduction Enter the smaller of line 5 or line 8		9 0
10 Carryover of disallowed deduction from line 13 of your 2001 Form 4562		10 0
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)		11 0
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11		12 0
13 Carryover of disallowed deduction to 2003 Add lines 9 and 10, less line 12	13	0

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

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

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see page 3 of the instructions)	14	687
15 Property subject to section 168(f)(1) election (see page 4 of the instructions)	15	
16 Other depreciation (including ACRS) (see page 4 of the instructions)	16	0

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

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2002	17	959
18 If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2002 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation <small>(business/investment)</small>	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						0
b 5-year property						0
c 7-year property		See	Attached	Schedule		229
d 10-year property						0
e 15-year property						0
f 20-year property						0
g 25-year property			25 yrs		S/L	0
h Residential rental property			27 5 yrs	MM	S/L	0
i Nonresidential real property			27 5 yrs	MM	S/L	0
			39 yrs	MM	S/L	0

Section C - Assets Placed in Service During 2002 Tax Year Using the Alternative Depreciation System

20 a Class life						0
b 12-year			12 yrs		S/L	0
c 40-year			40 yrs	MM	S/L	0

Part IV Summary (see page 6 of the instructions)

21 Listed property Enter amount from line 28	21	0
22 Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instructions	22	1,875
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Item No	Description of Property	Date Placed in Service	Cost or Other Basis	Code	Bus Use %	Less Sec 179 Deduction	Less 30% Special Allowance	Recovery Basis	Recovery Period (years)	Method	Convention Code	Prior Accum Deprec	2002 Current Deprec	2002 Accum Deprec
GDS 7 year property (Line 19c)														
4	SNOWCONE MACHINE	1/1/2002	1,039	D	100 00%		312	727	7	200DB	HY		104	416
5	PRETZEL MACHINE	8/1/2002	1,250	D	100 00%		375	875	7	200DB	HY		125	500
			<u>2,289</u>				<u>0</u>	<u>687</u>	<u>1,602</u>				<u>229</u>	<u>916</u>
MACRS deductions for prior years (Line 17)														
1	LAP TOP COMPUTER	4/19/1999	1,490	C	100 00%		0	1,490	5	200DB	HY	1,061	172	1,233
2	GOALS	6/23/2000	3,400	D	100 00%		0	3,400	7	200DB	HY	1,319	595	1,914
3	GOLF CART	8/31/2001	600	D	100 00%		0	600	5	200DB	HY	120	192	312
			<u>5,490</u>				<u>0</u>	<u>0</u>	<u>5,490</u>			<u>2,500</u>	<u>959</u>	<u>3,459</u>
	Totals		<u>7,779</u>				<u>687</u>	<u>7,092</u>				<u>2,500</u>	<u>1,188</u>	<u>4,375</u>

2002 TITUSVILLE SOCCER CLUB INC - BOARD OF DIRECTORS

<u>NAME</u>	<u>ADDRESS</u>	<u>TITLE</u>	<u>COMP.</u>	<u>CONTRIB TO BENEFIT PLAN</u>	<u>EXP ACCT</u>
Gayle Krsingha	4080 Alpine Ln Titusville, FL	President	\$ -0-	\$ -0-	\$ -0-
Brad Postlethwaite	75 N Hilltop Ave Titusville, FL	Vice Pres	-0-	-0-	-0-
Betty Thorstenson	3481 Dunn St Mims, FL	Secretary	-0-	-0-	-0-
Joan Bayless	1754 Poincianna Titusville, FL	Treasurer	-0-	-0-	-0-
Lynette Hagerty	950 Lois Lane Titusville, FL	Registrar	-0-	-0-	-0-
Mike Stevens	848 Trailwood Ave Titusville, FL	Head Coach	-0-	-0-	-0-
Randy Kirby	4220 Hickory Lake Ct Titusville, FL	Head Referee	-0-	-0-	-0-
Monty Thorstenson	3481 Dunn St Mims, FL	Comp Dir	-0-	-0-	-0-
Dean Breaux	7150 Holly Ave Cocoa, FL	Rec Director	-0-	-0-	-0-
Stephen Huff	2533 Christopher Dr Titusville, FL	Sponsor Dir	-0-	-0-	-0-
Jamie Connors	1900 Smith Dr Titusville, FL	Equip Dir	-0-	-0-	-0-
Jim Rovillo	3325 Melody Ln Titusville, FL	Field Dir	-0-	-0-	-0-
Kathleen Rowan	3635 Southridge Dr Titusville FL	Concess Dir	-0-	-0-	-0-
Rae Lynn Bartlett	760 Mimosa Dr Titusville, FL	Fundraiser	-0-	-0-	-0-
Kathy Glenn	3705 Buttonwood Dr Titusville FL	U5/U6 Dir	-0-	-0-	-0-
Renee Jones	1699 N Carpenter Rd Titusville, FL	U10 Dir	-0-	-0-	-0-
Kate Marple	1840 Ford Rd Titusville FL	U8 Dir	-0-	-0-	-0-
Jeff Urbano	2032 Meyer Dr Titusville, FL	U12-U16 Dir	-0-	-0-	-0-

TITUSVILLE SOCCER CLUB INC. 59-2846839

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

File a separate application for each return

- * If you are filing for an AUTOMATIC 3-MONTH EXTENSION, COMPLETE ONLY PART I and check this box
 - * If you are filing for an ADDITIONAL (NOT AUTOMATIC) 3-MONTH EXTENSION, COMPLETE ONLY PART II (on page 2 of this form)
- NOTE DO NOT COMPLETE PART II UNLESS YOU HAVE ALREADY BEEN GRANTED AN AUTOMATIC 3-MONTH EXTENSION ON A PREVIOUSLY FILED FORM 8868**

PART I AUTOMATIC 3-MONTH EXTENSION OF TIME - Only submit original (no copies needed)

NOTE FORM 990-T CORPORATIONS requesting an automatic 6-month extension - check this box and complete Part I only
 All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

TYPE OR PRINT	Name of Exempt Organization TITUSVILLE SOCCER CLUB, INC	EMPLOYER IDENTIFICATION NUMBER 59-2846839
	Number, street, and room or suite no. If a P O box, see instructions P O BOX 683	
File by the due date for filing your return. See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions TITUSVILLE, FL 32781-0683	

CHECK TYPE OF RETURN TO BE FILED (file a separate application for each return)

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- * If the organization does NOT have an office or place of business in the United States, check this box
- * If this is for a GROUP RETURN, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the WHOLE group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-month, for 990-T CORPORATION) extension of time until 8/15/2003 to file the exempt organization return for the organization named above. The extension is for the organization's return for calendar year 2002 or tax year beginning _____, and ending _____

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

3 a 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 \$ _____ 0

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____ 0

c BALANCE DUE Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ _____ 0

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	Title ACCOUNTANT	Date 5/14/2003	
For Paperwork Reduction Act Notice, see Instruction	(HTA)	Form 8868 (12-2000)	