

Form **990-PF**

**Return of Private Foundation**  
or Section 4947(a)(1) Nonexempt Charitable Trust  
Treated as a Private Foundation

OMB No 1545-0052

**2001**

Department of the Treasury  
Internal Revenue Service

Note The organization may be able to use a copy of this return to satisfy state reporting requirements

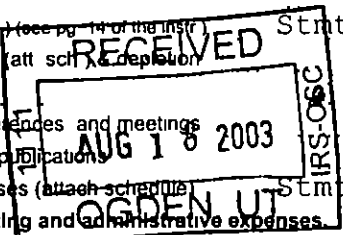
For calendar year 2001, or tax year beginning 12/01/01, and ending 11/30/02

G Check all that apply:  Initial return  Final return  Amended return  Address change  Name change

Use the IRS label otherwise, print or type See Specific Instructions	Name of organization <b>DODD FOUNDATION, INC.</b>		<b>A Employer identification number</b> 59-1939696
	Number and street (or P O box number if mail is not delivered to street address)	Room/suite	<b>B Telephone number (see page 10 of the instructions)</b> 407-259-9830
	3625 MALLIE COURT		<b>C</b> If exemption application is pending, check here <input type="checkbox"/>
	City or town, state and ZIP code MELBOURNE FL 32934		<b>D 1</b> Foreign organizations check here <input type="checkbox"/> <b>2</b> Foreign org meeting the 85% test, check here and attach computation <input type="checkbox"/>
<b>H</b> Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation			<b>E</b> If private foundation status was terminated under section 507(b)(1)(A) check here <input type="checkbox"/>
<b>I</b> Fair market value of all assets at end of year (from Part II, col (c), line 16) <b>\$</b>		<b>J</b> Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)	<b>F</b> If the foundation is in a 60 month termination under section 507(b)(1)(B) check here <input type="checkbox"/>
(Part I, column (d) must be on cash basis)			

Part I Analysis of Revenue and Expenses (The total of amount in col (b), (c) & (d) may not necessarily equal the amounts in column (a) (see pg 10 of the instr))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1	Contributions gifts grants etc received (attach schedule) Check <input checked="" type="checkbox"/> if the foundation is not required to att Sch B	10,400			
2	Distributions from split-interest trusts				
3	Interest on savings and temporary cash investments	1,626	1,626	1,626	
4	Dividends and interest from securities	262	262	262	
5a	Gross rents				
b	(Net rental income or (loss) _____ )				
6a	Net gain or (loss) from sale of assets not on line 10	6,797			
b	Gross sales price for all assets on line 6a <u>6,797</u>				
7	Capital gain net inc (from Part IV, line 2) Stmt 1		6,797		
8	Net short-term capital gain			6,797	
9	Income modifications				
10a	Gross sales less returns and allowances				
b	Less Cost of goods sold				
c	Gross profit or (loss) (att schedule)				
11	Other income (attach schedule)				
12	<b>Total</b> Add lines 1 through 11	19,085	8,685	8,685	
13	Compensation of officers, directors, trustees, etc				
14	Other employee salaries and wages				
15	Pension plans, employee benefits				
16a	Legal fees (attach schedule)				
b	Accounting fees (attach schedule) Stmt 2	350	350	350	
c	Other professional fees (att sch)				
17	Interest				
18	Taxes (att sch) (see pg 14 of the instr) Stmt 3	61	61	61	
19	Depreciation (att sch) & depletion				
20	Occupancy				
21	Travel, conferences and meetings				
22	Printing and publication				
23	Other expenses (attach schedule) Stmt 4	39	39	39	
24	<b>Total operating and administrative expenses.</b> Add lines 13 through 23	450	450	450	
25	Contributions, gifts, grants paid	2,600			2,600
26	<b>Total expenses and disbursements</b> Add lines 24 and 25	3,050	450	450	2,600
27	Subtract line 26 from line 12				
a	Excess of revenue over expenses and disbursements	16,035			
b	Net investment income (if negative, enter -0-)		8,235		
c	Adjusted net income (if negative, enter -0-)			8,235	

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Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)			Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value	(a) Book Value	(b) Book Value	(c) Fair Market Value
A S S E T S	1	Cash-non-interest-bearing			12,757	2,331	
	2	Savings and temporary cash investments					
	3	Accounts receivable ▶					
		Less allowance for doubtful accounts ▶					
	4	Pledges receivable ▶					
		Less allowance for doubtful accounts ▶					
	5	Grants receivable					
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 15 of the instructions)					
	7	Other notes & loans receivable ▶					
		Less allowance for doubtful accounts ▶					
	8	Inventories for sale or use					
	9	Prepaid expenses and deferred charges					
	10a	Investments-U.S. and state government obligations (att schedule)					
	b	Investments-corporate stock (attach schedule) Stmt 5				26,826	
	c	Investments-corporate bonds (attach schedule)					
	11	Investments-land, buildings & equipment basis ▶					
	Less accumulated depreciation ▶						
12	Investments-mortgage loans				23,321		
13	Investments-other (attach schedule) See Stmt 6			20,989			
14	Land, buildings, and equipment basis ▶						
	Less accumulated depreciation ▶						
15	Other assets (describe ▶ See Stmt 7 )			80	80		
16	<b>Total assets</b> (to be completed by all filers-see page 16 of the instructions Also, see page 1, item I)			33,826	52,558	0	
L I A B I L I T I E S	17	Accounts payable and accrued expenses					
	18	Grants payable					
	19	Deferred revenue					
	20	Loans from officers directors, trustees, and other disqualified persons					
	21	Mortgages and other notes payable (att sch )					
	22	Other liabilities (describe ▶ )					
	23	<b>Total liabilities</b> (add lines 17 through 22)			0	0	
N E T A S S E T S O R F U N D B A L A N C E S		<b>Organizations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31</b> ▶ <input type="checkbox"/>					
	24	Unrestricted					
	25	Temporarily restricted					
	26	Permanently restricted					
		<b>Organizations that do not follow SFAS 117, check here and complete lines 27 through 31</b> ▶ <input checked="" type="checkbox"/>					
	27	Capital stock, trust principal, or current funds					
	28	Paid-in or capital surplus or land bldg, and equipment fund					
	29	Retained earnings, accumulated income, endowment, or other funds			33,826	52,558	
30	<b>Total net assets or fund balances</b> (see page 17 of the instructions)			33,826	52,558		
31	<b>Total liabilities and net assets/fund balances</b> (see page 17 of the instructions)			33,826	52,558		

**Part III Analysis of Changes in Net Assets or Fund Balances**

1	Total net assets or fund balances at beginning of year-Part II column (a) line 30 (must agree with end-of-year figure reported on prior year's return)	1	33,826
2	Enter amount from Part I, line 27a	2	16,035
3	Other increases not included in line 2 (itemize) ▶ See Stmt 8	3	2,697
4	Add lines 1, 2, and 3	4	52,558
5	Decreases not included in line 2 (itemize) ▶	5	
6	<b>Total net assets or fund balances at end of year</b> (line 4 minus line 5)-Part II, column (b), line 30	6	52,558

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g. real estate 2 story brick warehouse or common stock 200 shs MLC Co.)		(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo day, yr)	(d) Date sold (mo day, yr)
<b>1a</b> BARCLAY ROSE VILLA PROPERTY SALE		P		
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
<b>a</b> 6,797		0	6,797	
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Col (h) gain minus col (k) but not less than -0-) or Losses (from col (h))	
(l) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j). If any		
<b>a</b> 0	0		6,797	
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
<b>2</b> Capital gain net income or (net capital loss)		{ If gain, also enter in Part I line 7 If (loss), enter -0- in Part I, line 7 }	<b>2</b>	6,797
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions) If (loss), enter -0- in Part I, line 8			}	<b>3</b>

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank

Was the organization liable for the section 4942 tax on the distributable amount of any year in the base period?

Yes  No

If "Yes," the organization does not qualify under section 4940(e). Do not complete this part.

**1** Enter the appropriate amount in each column for each year, see page 18 of the instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2000	1,849		
1999	1,600		
1998			
1997	1,500		
1996			

<b>2</b> Total of line 1, column (d)	<b>2</b>	
<b>3</b> Average distribution ratio for the 5-year base period-divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	<b>3</b>	
<b>4</b> Enter the net value of noncharitable-use assets for 2001 from Part X, line 5	<b>4</b>	
<b>5</b> Multiply line 4 by line 3	<b>5</b>	
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)	<b>6</b>	82
<b>7</b> Add lines 5 and 6	<b>7</b>	82
<b>8</b> Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions on page 18.	<b>8</b>	2,600

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948-see page 18 of the instructions)**

<b>1a</b>	Exempt operating foundations described in section 4940(d)(2) check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling letter (attach copy of ruling letter if necessary-see instructions)		
<b>b</b>	Domestic organizations that meet the section 4940(e) requirements in Part V check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1	82
<b>c</b>	All other domestic organizations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I line 12 col (b)		
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2	0
<b>3</b>	Add lines 1 and 2	3	82
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4	0
<b>5</b>	<b>Tax based on Investment Income</b> Subtract line 4 from line 3 If zero or less enter -0-	5	82
<b>6</b>	Credits/Payments		
<b>a</b>	2001 estimated tax payments and 2000 overpayment credited to 2001	6a	100
<b>b</b>	Exempt foreign organizations-tax withheld at source	6b	
<b>c</b>	Tax paid with application for extension of time to file (Form 8868)	6c	
<b>d</b>	Backup withholding erroneously withheld	6d	
<b>7</b>	Total credits and payments Add lines 6a through 6d	7	100
<b>8</b>	Enter any penalty for underpayment of estimated tax Check here <input type="checkbox"/> if Form 2220 is attached	8	
<b>9</b>	<b>Tax due</b> If the total of lines 5 and 8 is more than line 7, enter amount owed	9	
<b>10</b>	<b>Overpayment</b> If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	18
<b>11</b>	Enter the amount of line 10 to be Credited to 2002 estimated tax <input type="checkbox"/> Refunded <input checked="" type="checkbox"/>	11	18

**Part VII-A Statements Regarding Activities**

	Yes	No
<b>1a</b> During the tax year, did the organization attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the organization in connection with the activities		X
<b>c</b> Did the organization file Form 1120-POL for this year?		X
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the organization <input type="checkbox"/> \$ _____ (2) On organization managers <input type="checkbox"/> \$ _____		
<b>e</b> Enter the reimbursement (if any) paid by the organization during the year for political expenditure tax imposed on organization managers <input type="checkbox"/> \$ _____		
<b>2</b> Has the organization engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities		X
<b>3</b> Has the organization made any changes not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
<b>4a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b> If "Yes," has it filed a tax return on Form 990-T for this year?		
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T		X
<b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either ● By language in the governing instrument or ● By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
<b>7</b> Did the organization have at least \$5 000 in assets at any time during the year? If "Yes " complete Part II col (c) and Part XV	X	
<b>8a</b> Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) <input type="checkbox"/> FL		
<b>b</b> If the answer is "Yes" to line 7, has the organization furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," att explanation	X	
<b>9</b> Is the organization claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2001 or the taxable year beginning in 2001 (see instructions for Part XIV on page 25)? If "Yes," complete Part XIV		X
<b>10</b> Did any persons become substantial contributors during the tax year? If "Yes " att a sch listing their names & addr		X
<b>11</b> Did the org comply with the public inspection requirements for its annual returns & exemption application? Web site address <input type="checkbox"/>	X	
<b>12</b> The books are in care of <input type="checkbox"/> W. STANLEY DODD, JR. Located at <input type="checkbox"/> 3625 MALLIE CT. MELBOURNE, FL		
Telephone no <input type="checkbox"/> <del>407</del> 321-259-9830 ZIP + 4 <input type="checkbox"/> 32934		
<b>13</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 -Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year <input type="checkbox"/>		

N/A

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies

		Yes	No
<b>1a</b>	During the year did the organization (either directly or indirectly)		
(1)	Engage in the sale or exchange, or leasing of property with a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(5)	Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(6)	Agree to pay money or property to a government official? ( <b>Exception</b> Check "No" if the organization agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days )	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>b</b>	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 19 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here	▶ <input type="checkbox"/> N/A	
<b>c</b>	Did the organization engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2001?	▶ <input type="checkbox"/> N/A	
<b>2</b>	Taxes on failure to distribute income (section 4942) (does not apply for years the organization was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))		
<b>a</b>	At the end of tax year 2001, did the organization have any undistributed income (lines 6d and 6e Part XIII) for tax year(s) beginning before 2001? If "Yes" list the years ▶ 20 , 19 , 19 , 19	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>b</b>	Are there any years listed in 2a for which the organization is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed answer "No" and attach statement-see page 19 of the instructions )	▶ <input type="checkbox"/> N/A	
<b>c</b>	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ 20 , 19 , 19 , 19		
<b>3a</b>	Did the organization hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>b</b>	If "Yes," did it have excess business holdings in 2001 as a result of (1) any purchase by the organization or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the organization had excess business holdings in 2001 )	▶ <input type="checkbox"/> N/A	
<b>4a</b>	Did the organization invest during the year any amount in a manner that would jeopardize its charitable purposes?		X
<b>b</b>	Did the organization make any investment in a prior year (but after December 31 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2001?		X
<b>5a</b>	During the year did the organization pay or incur any amount to		
(1)	Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2)	Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly any voter registration drive?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4)	Provide a grant to an organization other than a charitable, etc. organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(5)	Provide for any purpose other than religious charitable scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>b</b>	If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see page 20 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here	▶ <input type="checkbox"/> N/A	
<b>c</b>	If the answer is "Yes" to question 5a(4), does the organization claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d)	▶ <input type="checkbox"/> N/A	
<b>6a</b>	Did the organization during the year, receive any funds, directly or indirectly to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>b</b>	Did the organization, during the year, pay premiums directly or indirectly, on a personal benefit contract? If you answered "Yes" to 6b, also file Form 8870		X

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

**1 List all officers, directors, trustees, foundation managers and their compensation (see page 20 of the instructions)**

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contrib to employee benefit plans and deferred compensation	(e) Expense account other allowances
PHILLIP H. DODD 617 KENYON DR RED LYON, PE	PRESIDENT	0	0	0
THOMAS M. HAYES 2574 KINGSMILL AVE MELBOURNE	VICE-PRES	0	0	0
CAROLYN DODD 3625 MALLIE CT MELBOURNE	TREAS-SECRET	0	0	0

**2 Compensation of five highest-paid employees (other than those included on line 1-see page 21 of the instructions) If 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 and deferred compensation	(e) Expense account other allowances
None				

Total number of other employees paid over \$50,000 ▶

**3 Five highest-paid independent contractors for professional services-(see page 21 of the instructions) If none, enter "NONE "**

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

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

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1 N/A	
2	
3	
4	

**Part IX-B Summary of Program-Related Investments (see page 21 of the instructions)**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 N/A	
2	
All other program related investments See page 22 of the instructions	
3	
<b>Total</b> Add lines 1 through 3 <span style="float: right;">▶</span>	

**Part X Minimum Investment Return (All domestic foundations must complete this part Foreign foundations, see page 22 of the instructions)**

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc purposes		
a Average monthly fair market value of securities		1a
b Average of monthly cash balances		1b
c Fair market value of all other assets (see page 22 of the instructions)		1c
d <b>Total</b> (add lines 1a b, and c)		1d
e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	
2 Acquisition indebtedness applicable to line 1 assets		2
3 Subtract line 2 from line 1d		3
4 Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see page 23 of the instructions)		4
5 <b>Net value of noncharitable-use assets</b> Subtract line 4 from line 3 Enter here and on Part V, line 4		5
6 <b>Minimum investment return</b> Enter 5% of line 5		6

**Part XI Distributable Amount (see page 23 of the instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here  and do not complete this part)**

1 Minimum investment return from Part X, line 6		1
2a Tax on investment income for 2001 from Part VI, line 5	2a 82	
b Income tax for 2001 (This does not include the tax from Part VI)	2b	
c Add lines 2a and 2b		2c 82
3 Distributable amount before adjustments Subtract line 2c from line 1		3 -82
4a Recoveries of amounts treated as qualifying distributions	4a	
b Income distributions from section 4947(a)(2) trusts	4b	
c Add lines 4a and 4b		4c
5 Add lines 3 and 4c		5 -82
6 Deduction from distributable amount (see page 23 of the instructions)		6
7 <b>Distributable amount</b> as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1		7 -82

**Part XII Qualifying Distributions (see page 23 of the instructions)**

1 Amounts paid (including administrative expenses) to accomplish charitable etc , purposes		
a Expenses, contributions, gifts, etc -total from Part I, column (d) line 26		1a 2,600
b Program-related investments-Total from Part IX-B		1b
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable etc , purposes		2
3 Amounts set aside for specific charitable projects that satisfy the		
a Suitability test (prior IRS approval required)		3a
b Cash distribution test (attach the required schedule)		3b
4 <b>Qualifying distributions</b> Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4		4 2,600
5 Organizations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see page 24 of the instructions)		5 82
6 <b>Adjusted qualifying distributions</b> Subtract line 5 from line 4		6 2,518

**Note** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

**Part XIII Undistributed Income** (see page 24 of the instructions)

	(a) Corpus	(b) Years prior to 2000	(c) 2000	(d) 2001
1 Distributable amount for 2001 from Part XI, line 7				-82
2 Undistributed income, if any, as of the end of 2000				
a Enter amount for 2000 only				
b Total for prior years 19__ , 19__ 19__				
3 Excess distributions carryover, if any to 2001				
a From 1996				
b From 1997		1,500		
c From 1998				
d From 1999		1,600		
e From 2000		1,851		
f Total of lines 3a through e		4,951		
4 Qualifying distributions for 2001 from Part XII, line 4 ▶ \$ 2,600				
a Applied to 2000, but not more than line 2a				
b Applied to undistributed income of prior years (Election required-see page 24 of the instructions)				
c Treated as distributions out of corpus (Election required-see page 24 of the instructions)				
d Applied to 2001 distributable amount				-82
e Remaining amount distributed out of corpus		2,682		
5 Excess distributions carryover applied to 2001 (If an amount appears in column (d), the same amount must be shown in column (a) )				
6 Enter the net total of each column as indicated below				
a Corpus Add lines 3f, 4c and 4e Subtract line 5	7,633			
b Prior years' undistributed income Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b Taxable amount-see page 25 of the instructions				
e Undistributed income for 2000 Subtract line 4a from line 2a Taxable amount-see page 25 of the instructions				
f Undistributed income for 2001 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2002				
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(E) or 4942(g)(3) (see page 25 of the instructions)				
8 Excess distributions carryover from 1996 not applied on line 5 or line 7 (see page 25 of the instructions)				
9 Excess distributions carryover to 2002 Subtract lines 7 and 8 from line 6a		7,633		
10 Analysis of line 9				
a Excess from 1997		1,500		
b Excess from 1998				
c Excess from 1999		1,600		
d Excess from 2000		1,851		
e Excess from 2001		2,682		



**Part XIV Private Operating Foundations** (see page 25 of the instructions and Part VII-A, question 9)

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2001, enter the date of the ruling N/A

**b** Check box to indicate whether the organization is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

	Tax year		Prior 3 years		(e) Total
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
<b>b</b> 85% of line 2a					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon					
<b>a</b> "Assets" alternative test-enter					
<b>(1)</b> Value of all assets					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test-Enter 2/3 of min. investment return shown in Part X, line 6 for each year listed					
<b>c</b> "Support" alternative test-enter					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> Gross investment income					

**Part XV Supplementary Information** (Complete this part only if the organization had \$5,000 or more in assets at any time during the year-see page 26 of the instructions.)

**1 Information Regarding Foundation Managers**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2) )  
N/A

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest  
N/A

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs**

Check here  if the organization only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the organization makes gifts, grants, etc. (see page 26 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

**a** The name, address, and telephone number of the person to whom applications should be addressed  
W. STANLEY DODD, JR., 3625 MALLIE CT. MELBOURNE, FL 32934 (407)259-9830

**b** The form in which applications should be submitted and information and materials they should include  
See Stmt 9

**c** Any submission deadlines  
See Stmt 10

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors  
See Stmt 11

**Part XV Supplementary Information (continued)****3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<b>a</b> Paid during the year AMERICAN RED CROSS			CHARITY	575
BOY SCOUTS OF AMERICA			CHARITY	250
DAVE THOMAS ADOPTION			CHARITY	550
DOCTORS WITHOUT BORDERS			CHARITY	325
HABITAT FOR HUMANITY			CHARITY	250
OPERATION SMILE			CHARITY	250
THE SALVATION ARMY			CHARITY	400
<b>Total</b>			▶ <b>3a</b>	<b>2,600</b>
<b>b</b> Approved for future payment N/A				
<b>Total</b>			▶ <b>3b</b>	



Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

- 1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code... a Transfers from the reporting organization to a noncharitable exempt organization of (1) Cash (2) Other assets b Other Transactions (1) Sales of assets to a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (4) Reimbursement arrangements (5) Loans or loan guarantees (6) 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...

Table with 3 columns: Question label, Yes, No. Rows include 1a(1), 1a(2), 1b(1), 1b(2), 1b(3), 1b(4), 1b(5), 1b(6), and 1c.

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

- 2a 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? b If "Yes," complete the following schedule

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

Under penalties of perjury, I declare that I have examined this return including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. Declaration of preparer (other than taxpayer or filer) if one has been prepared. Signature of officer or trustee. Preparer's signature: Fred E. Zeln. Firm's name (or yours if self-employed), address and ZIP code: Taylor & Griffith, 7300 N. Kendall Dr, Miami, FL 33156.

**Statement 1 - Form 990-PF, Part I, Line 6a - Sale of Assets**

Desc	Date		Sale Price	How	Whom Sold	Net G/L
	Acquired	Sold		Rec'd		
BARCLAY ROSE VILLA PROPERTY SALE				Purchase		
			\$ 6,797	\$	\$	\$ 6,797
Total			\$ 6,797	\$ 0	\$ 0	\$ 6,797

**Statement 2 - Form 990-PF, Part I, Line 16b - Accounting Fees**

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
ACCOUNTING	\$ 350	\$ 350	\$ 350	\$
Total	\$ 350	\$ 350	\$ 350	\$ 0

**Statement 3 - Form 990-PF, Part I, Line 18 - Taxes**

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
ANNUAL REPORT	\$ 61	\$ 61	\$ 61	\$
Total	\$ 61	\$ 61	\$ 61	\$ 0

**Statement 4 - Form 990-PF, Part I, Line 23 - Other Expenses**

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
Expenses	\$	\$	\$	\$
PUBLICATION COST	39	39	39	
Total	\$ 39	\$ 39	\$ 39	\$ 0

**Statement 5 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments**

Description	Beginning of Year	End of Year	Basis of Valuation	Fair Market Value
STOCKS	\$	\$ 26,826	Market	\$ 26,826
Total	\$ 0	\$ 26,826		\$ 26,826

**Statement 6 - Form 990-PF, Part II, Line 13 - Other Investments**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>	<u>Basis of Valuation</u>	<u>Fair Market Value</u>
BARCLAY-ROSE VILLA	\$ 20,989	\$		\$
Total	\$ 20,989	\$ 0		\$ 0

**Statement 7 - Form 990-PF, Part II, Line 15 - Other Assets**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>	<u>Fair Market Value</u>
DUE FROM STANLEY DODD	\$ 80	\$ 80	\$
Total	\$ 80	\$ 80	\$ 0

**Statement 8 - Form 990-PF, Part III, Line 3 - Other Increases**

<u>Description</u>	<u>Amount</u>
BALANCE SHEET ADJUSTMENT	\$ 2,697
Total	\$ 2,697

**Statement 9 - Form 990-PF, Part XV, Line 2b - Application Format and Required Contents**

LETTER

**Statement 10 - Form 990-PF, Part XV, Line 2c - Submission Deadlines**

NO

**Statement 11 - Form 990-PF, Part XV, Line 2d - Award Restrictions or Limitations**

NO

Form **8868**

(December 2000)

Department of the Treasury

Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ File a separate application for each return

● If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

● If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form)

Note. Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Form 8868

## Part I Automatic 3-Month Extension of Time- Only submit original (no copies needed)

Note Form 990-T corporations requesting an automatic 6-month extension-check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization <b>DODD FOUNDATION, INC.</b>	Employer identification number <b>59-1939696</b>
	Number, street, and room or suite no If a P O box, see instructions <b>3625 MALLIE COURT</b>	
	City, town or post office, state, and ZIP code For a foreign address, see instructions <b>MELBOURNE FL 32934</b>	

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

<input 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 checked="" 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 7/15/03 to file the exempt organization return for the organization named above The extension is for the organization's return for  calendar year \_\_\_\_\_ or  tax year beginning 12/01/01, and ending 11/30/02

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$ \_\_\_\_\_

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

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

### Signature and Verification

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

Signature ▶ Fred E. [Signature] CPA Date ▶ 3/15/03

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

Form with fields: Type or print, Name of Exempt Organization (DODD FOUNDATION, INC), Employer Identification number (59-1939696), Number, street, and room or suite no (3625 MALLIE COURT), City, town or post office, state, and ZIP code (MELBOURNE FL 32934)

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

Form with checkboxes for Form 990, Form 990-EZ, Form 990-T (sec 401(a) or 408(a) trust), Form 990-T (trust other than above), Form 1041-A, Form 4720, Form 5227, Form 6069, Form 8870

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 10/15/03
5 For calendar year ... or other tax year beginning 12/01/01 and ending 11/30/02
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: WAITING ON 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 \$ 100.00
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made ... \$
c Balance Due Subtract line 8b from line 8a Include your payment with this form, or, it required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ 100.00

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 Fred F Taylor Title COA Date 7/17/03

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
We have not approved this application to file We are not granting an extension
We cannot consider this application
Other

W S DODD, JR OR CAROLYN D DODD 3606
PH 321-259-9830 Date July 9, 2003 63-4/630 FL 1629
3625 MALLIE COURT MELBOURNE, FL 32934-8358
Pay to the U.S. Department of Treasury \$ 100.00
Order of One hundred and no/100 Dollars
Bank of America Bank of America Advantage
ACH R/T 063100277
For Odd Foundation, Inc. Carolyn D. Dodd

Director
Alternate Mailing Address returned to an address different from the above

Name TAYLOR
Number 7300
City or town MIAMI