

Return of Organization Exempt from Income Tax

2001

Under Section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2001 calendar year, or tax year beginning 2001, and ending 20

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. Please use IRS label or print or type. See specific instructions. ROCKLAND COUNTY YMCA, 35 SOUTH BROADWAY, NYACK, NY 10960. D Employer Identification Number 13-1740513. E Telephone number 845-358-0245. F Accounting method: Cash, Accrual, Other (specify).

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

H and I are not applicable to Section 527 organizations. H (a) Is this a group return for affiliates? Yes No. H (b) If yes enter number of affiliates. H (c) Are all affiliates included? Yes No. H (d) Is this a separate return filed by an organization covered by a group ruling? Yes No. I Enter 4 digit group GEN. M Check if the organization is not required to attach Schedule B (Form 990, 990 EZ, or 990 PF).

G Web site N/A

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

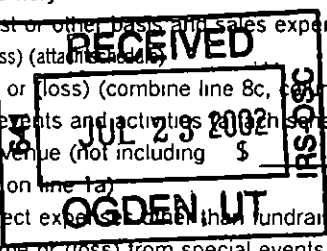
K Check here [] if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 3,589,528

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see instructions)

Table with 21 rows and 4 columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less rental expenses; 6c Net rental income or (loss); 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less cost or other basis and sales expenses; 8c Gain or (loss) (attach schedule); 8d Net gain or (loss) (combine line 8c, columns (A) and (B)); 9 Special events and activities (attach schedule); 9a Gross revenue (not including of contributions reported on line 1a); 9b Less direct expenses (other than fundraising expenses); 9c Net income or (loss) from special events; 10a Gross sales of inventory less returns and allowances; 10b Less cost of goods sold; 10c Gross profit or (loss) from sales of inventory; 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.

PAID BY AUG 12 2002



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Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

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 (att sch) (cash \$ _____ non cash \$ _____)				
23	Specific assistance to individuals (att sch)				
24	Benefits paid to or for members (att sch)				
25	Compensation of officers, directors, etc	83,120		83,120	
26	Other salaries and wages	2,116,690	1,955,723	158,659	2,308
27	Pension plan contributions	99,643	79,863	19,780	
28	Other employee benefits	100,418	97,369	3,049	
29	Payroll taxes	205,608	182,712	22,681	215
30	Professional fundraising fees				
31	Accounting fees	5,850		5,850	
32	Legal fees				
33	Supplies	198,468	190,676	7,792	
34	Telephone	26,314	23,059	3,255	
35	Postage and shipping				
36	Occupancy	131,296	118,459	12,837	
37	Equipment rental and maintenance	62,400	58,437	3,963	
38	Printing and publications				
39	Travel	4,934	4,420	514	
40	Conferences, conventions, and meetings	26,550	19,728	6,822	
41	Interest	51,891	51,891		
42	Depreciation, depletion, etc (attach schedule)	75,514	67,963	7,551	
43	Other expenses not covered above (itemize)				
a	SEE STATEMENT 4	225,312	177,209	16,513	31,590
b	-----				
c	-----				
d	-----				
e	-----				
44	Total functional expenses (add lines 22-43) Organizations completing columns (B) (D), carry these totals to lines 13-15	3,414,008	3,027,509	352,386	34,113

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

What is the organization's primary exempt purpose? TO ADVANCE CHRISTIAN PRINCIPLES

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) & (4) organizations & section 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others)

Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts but optional for others)

a	GENERAL YMCA PROGRAM ACTIVITIES INCLUDING AQUATIC FITNESS, DANCE, CHILDREN'S SERVICES AND IMPROVING THE WELL BEING OF APPROXIMATELY 18,500 INDIVIDUALS IN ROCKLAND COUNTY (Grants and allocations \$ _____)	3,027,509
b	----- (Grants and allocations \$ _____)	
c	----- (Grants and allocations \$ _____)	
d	----- (Grants and allocations \$ _____)	
e	Other program services (Grants and allocations \$ _____)	
f	Total of Program Service Expenses (should equal line 44, column (B), program services)	3,027,509

Part IV Balance Sheets (See 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		222,567	45	178,091
	46	Savings and temporary cash investments		1,822	46	162,841
	47a	47a	61,187			
		b	Less allowance for doubtful accounts		47b	
				34,834	47c	61,187
	48a	48a				
		b	Less allowance for doubtful accounts		48b	
					48c	
	49	Grants receivable			49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)			50	
	51a	51a				
		b	Less allowance for doubtful accounts		51b	
					51c	
	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges		12,581	53	17,485
	54	Investments – securities (attach schedule) SEE ST 5 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		212,341	54	85,266
	55a	55a	139,724			
		b	Less accumulated depreciation (attach schedule) STATEMENT 6		55b	
				33,575	55c	54,330
56	Investments – other (attach schedule)			56		
57a	57a	2,304,400				
	b	Less accumulated depreciation (attach schedule) STATEMENT 7		57b		
			1,068,481	57c	1,038,572	
58	Other assets (describe <input type="checkbox"/> SEE STATEMENT 8)		11,890	58	8,229	
59	Total assets (add lines 45 through 58) (must equal line 74)		1,598,091	59	1,606,001	
LIABILITIES	60	Accounts payable and accrued expenses		51,356	60	89,401
	61	Grants payable			61	
	62	Deferred revenue		15,353	62	7,283
	63	Loans from officers, directors, trustees, and key employees (attach schedule)			63	
	64a	Tax exempt bond liabilities (attach schedule)			64a	
		b	Mortgages and other notes payable (attach schedule)		64b	
				669,215	64b	620,215
	65	Other liabilities (describe <input type="checkbox"/> SEE STATEMENT 9)		12,301	65	8,904
66	Total liabilities (add lines 60 through 65)		748,225	66	725,803	
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		582,959	67	632,509
	68	Temporarily restricted		15,519	68	
	69	Permanently restricted		251,388	69	247,689
	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 and column (B) must equal line 21)		849,866	73	880,198
	74	Total liabilities and net assets/fund balances (add lines 66 and 73)		1,598,091	74	1,606,001

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.

BAA

Part VI Other Information (See specific instructions)

Yes No

76	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	76		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	77		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X	
	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	78b	X	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	79		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
	b If 'Yes,' enter the name of the organization <u>N/A</u> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt			
81a	Enter direct or indirect political expenditures See line 81 instructions	81a		0
	b Did the organization file Form 1120-POL for this year?	81b		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
	b If 'Yes,' you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82b		N/A
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
	b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		N/A
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a		N/A
	b Did the organization make only in house lobbying expenditures of \$2,000 or less? If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b		N/A
	c Dues, assessments, and similar amounts from members	85c		N/A
	d Section 162(e) lobbying and political expenditures	85d		N/A
	e Aggregate nondeductible amount of Section 6033(e)(1)(A) dues notices	85e		N/A
	f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		N/A
	g Does the organization elect to pay the Section 6033(e) tax on the amount on line 85f?	85g		N/A
	h If Section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		N/A
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86a		N/A
	b Gross receipts, included on line 12, for public use of club facilities	86b		N/A
87	501(c)(12) organizations Enter a Gross income from members or shareholders	87a		N/A
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b		N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations Sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX	88		X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under Section 4911 <u>0</u> , Section 4912 <u>0</u> , Section 4955 <u>0</u>			
	b 501(c)(3) and 501(c)(4) organizations 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			0
	d Enter Amount of tax on line 89c, above, reimbursed by the organization			0
90a	List the states with which a copy of this return is filed <u>NEW YORK</u>			
	b Number of employees employed in the pay period that includes March 12, 2001 (see instructions)	90b		0
91	The books are in care of <u>THE ORGANIZATION</u> Telephone number <u></u> Located at <u>ADDRESS ON PAGE 1</u> ZIP + 4 <u></u>			
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 <u>92</u>			N/A

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

Note Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a MEMBERSHIP FEES					535,733
b PROGRAM FEES					2,557,052
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	11,959	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property	531110	4,998			
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			1	181,934	
102 Gross profit or (loss) from sales of inventory			3	3,808	
103 Other revenue					
a					
b OTHER REVENUE					7,545
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		4,998		197,701	3,100,330
105 Total (add line 104, columns (B), (D), and (E))					3,303,029

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 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)
	SEE STATEMENT 13

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions)

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

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions)

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

Note If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions)

Under penalties of perjury I declare that I have examined this return 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 officer) is based on all information of which preparer has any knowledge

7/15/02

Date

CEO/President

Part III Statements About Activities (See 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 ▶ \$ _____ N/A _____ (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		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes' attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
e Transfer of any part of its income or assets?		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below)		X
4 Do you have a section 403(b) annuity plan for your employees?		X

SEE FORM 990, PART V

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 instructions)

- The organization is not a private foundation because it is (please check only **One** applicable box)
- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
 - 6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)
 - 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
 - 8 A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
 - 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ▶ _____
 - 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV A)
 - 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV A)
 - 11b A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV A)
 - 12 An organization that normally receives **(1) more than 33-1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc, functions - subject to certain exceptions, and **(2) no more than 33-1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV A)
 - 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in **(1)** lines 5 through 12 above, or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations (See instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See 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) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28)	186,110	143,707	128,213	124,601	582,631
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable etc. purpose	3,234,786	2,823,764	2,625,456	2,597,992	11,281,998
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	18,342	15,686	9,019	6,990	50,037
19 Net income from unrelated business activities not included in line 18	26,852	24,388	29,513	26,818	107,571
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. SEE STMT 14	4,668	6,477	5,712	28,337	45,194
23 Total of lines 15 through 22	3,470,758	3,014,022	2,797,913	2,784,738	12,067,431
24 Line 23 minus line 17	235,972	190,258	172,457	186,746	785,433
25 Enter 1% of line 23	34,708	30,140	27,979	27,847	

26 Organizations described on lines 10 or 11 a Enter 2% of amount in column (e), line 24 **N/A**

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 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts

c Total support for Section 509(a)(1) test. Enter line 24, column (e)

d Add Amounts from column (e) for lines 18 _____ 19 _____
22 _____ 26b _____

e Public support (line 26c minus line 26d total)

f Public support percentage (line 26e (numerator) divided by line 26c (denominator))

26a	
26b	
26c	
26d	
26e	
26f	%

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

(2000) _____ 0 (1999) _____ 0 (1998) _____ 0 (1997) _____ 0

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

(2000) _____ 0 (1999) _____ 0 (1998) _____ 0 (1997) _____ 0

c Add Amounts from column (e) for lines 15 _____ 582,631 16 _____
17 _____ 11,281,998 20 _____ 21 _____

d Add Line 27a total _____ 0 and line 27b total _____ 0

e Public support (line 27c total minus line 27d total)

f Total support for section 509(a)(2) test. Enter amount from line 23, column (e) **27f** | 12,067,431

g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) **27g** | 98.32 %

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) **27h** | 0.41 %

27c	11,864,629
27d	0
27e	11,864,629
27g	98.32 %
27h	0.41 %

28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, 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 instructions)
 (To be completed Only by schools that checked the box on line 6 in Part IV)

N/A

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe, if 'No,' please explain (If you need more space, attach a separate statement) ----- ----- -----		
32a	Does the organization maintain the following a Records indicating the racial composition of the student body, faculty, and administrative staff?		
32b	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
32c	c Copies of all catalogues brochures announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
32d	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) ----- -----		
33a	Does the organization discriminate by race in any way with respect to a Students rights or privileges?		
33b	b Admissions policies?		
33c	c Employment of faculty or administrative staff?		
33d	d Scholarships or other financial assistance?		
33e	e Educational policies?		
33f	f Use of facilities?		
33g	g Athletic programs?		
33h	h Other extracurricular activities? If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement) ----- ----- -----		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
34b	Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b, please explain using an attached statement		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If 'No,' attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions)
 (To be completed **Only** by an eligible organization that filed Form 5768)

N/A

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

Limits on Lobbying Expenditures

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

		(a) Affiliated group totals	(b) To be completed for all electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount Enter the amount from the following table –			
If the amount on line 40 is –	The lobbying nontaxable amount is –		
Not over \$500,000	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36 Enter 0 if line 42 is more than line 36	43		
44 Subtract line 41 from line 38 Enter 0 if line 41 is more than line 38	44		
Caution If there is an amount on either line 43 or line 44, you must file Form 4720			

4 -Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
 See the instructions for lines 45 through 50)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4 -Year Averaging Period				
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI A) (See instructions)

N/A

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

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

Yes	No	Amount

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

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No 1545 0047

2001

Name of Organization

ROCKLAND COUNTY YMCA

Employer Identification Number

13-1740513

Organization type (check one)

Filers of

Form 990 or 990 EZ

Section

- 501(c)(3) (enter number) organization
 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
 527 political organization

Form 990 PF

- 501(c)(3) exempt private foundation
 4947(a)(1) nonexempt charitable trust treated as a private foundation
 501(c)(3) taxable private foundation

Check if your organization is covered by the **general rule** or a **special rule** (Note Only a Section 501(c)(7), (8), or (10) organization can check box(es) for both the general rule and a special rule — see instructions)

General Rule —

- For organizations filing Form 990, 990 EZ, or 990 PF that received, during the year, \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II)

Special Rules —

- For a Section 501(c)(3) organization filing Form 990, or Form 990 EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II)
- For a Section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990 EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III)
- For a Section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990 EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000 (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose Do not complete any of the Parts unless the general rule applies to this organization because it received nonexclusively religious, charitable, etc , contributions of \$5,000 or more during the year) ▶ \$ _____

Caution Organizations that are not covered by the general rule and/or the special rules do not file Schedule B (Form 990 990 EZ or 990 PF) but **must** check the box in the heading of their Form 990 Form 990 EZ, or on line 1 of their Form 990 PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990 EZ, or 990 PF)

BAA

Schedule B (Form 990, 990 EZ, or 990-PF) (2001)

Name of Organization

Employer Identification Number

ROCKLAND COUNTY YMCA

13-1740513

Part I Contributors (see instructions)

(a) Number	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	----- ----- -----	\$ 30,858	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)

Name of Organization

ROCKLAND COUNTY YMCA

Employer Identification Number

13-1740513

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year (Complete cols (a) through (e) and the following line entry)

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year (enter this information once - see instructions) ▶ \$

(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

06/30/2002

Page 1

ROCKLAND COUNTY YMCA -06/30/02

Balance Sheet

Fund 1*Branches 01-09*Period 6 JUN

Assets

1-011-6110	CASH	44,180 85
1-011-6115	CASH ADVANCE	0 00
1-011-6120	CASH -PAYROLL	3,475 39
1-011-6125	ADVANCE PAYROLL	0 00
1-011-6130	CASH - SAVINGS	15,000 00
1-011-6140	CASH -MORTGAGE	1,175 95
1-011-6150	PETTY CASH	2,225 00
1-011-6320	ACCRUED INCOME RECEIVABLE	6,643 00
1-011-6450	EXCHANGE ACCOUNT	0 00
1-011-6850	INTRA-Y- TRANSFERS	0 00

Total Assets 72,700 19

=====

Liabilities

1-011-7100	ACCOUNTS PAYABLE NATIONAL	-1,370 00
1-011-7110	ACCOUNTS PAYABLE	57,077 21
1-011-7310	FICA PAYABLE	0 00
1-011-7310 1	SOC SEC PAYABLE	0 00
1-011-7310 2	MEDICARE PAYABLE	0 00
1-011-7311	NYS TAX PAYABLE	0 00
1-011-7312	NY DISABILITY PAYABLE	0 00
1-011-7313	W/C PAYABLE	3,341 43
1-011-7314	SUI PAYABLE	1,997 68
1-011-7315	FED W/H PAYBLE	0 00
1-011-7316	GARNISH PAYABLE	0 00
1-011-7317	CAMPAIGN W/H	0 00
1-011-7320	ANNUITY PAYABLE	0 00
1-011-7321	HEALTH INS /ER	0 00
1-011-7321 1	LIFE INS/ER	0 00
1-011-7322	RETIREMENT PAYABLE	0 00
1-011-7322 1	RETIREMENT-TAX DEFERRED	0 00
1-011-7323	HEALTH INS /EE	584 53
1-011-7330	UNITED WAY PAYABLE	0 00
1-011-7340	MICELLANEOUS TAXES	0 00
1-011-7400	DEFERRED REVENUE	0 00
1-011-7510	TRANSFERS	0 00
1-011-7550	LOAN FROM PROVIDENT	0 00
1-011-7551	LOAN	0 00
1-011-7600	CLEARING ACCT	0 00
1-021-7600	CLEARING ACCOUNT	0 00

06/30/2002

Page 2

ROCKLAND COUNTY YMCA -06/30/02

Balance Sheet

Fund 1*Branches 01-09*Period 6 JUN

1-041-7600	CLEARING ACCOUNT	0 00
1-051-7600	CLEARING ACCOUNT	0 00
1-061-7600	CLEARING ACCOUNT	0 00
1-091-7600	CLEARING ACCOUNT	0 00

Total Liabilities 61,630 85

Fund Balance

1-011-8000	FUND BALANCE	67,031 04
1-021-8000	FUND BALANCE	0 00
1-031-8000	FUND BALANCE	0 00
1-041-8000	FUND BALANCE	0 00
1-051-8000	FUND BALANCE	0 00
1-061-8000	FUND BALANCE	0 00
1-091-8000	FUND BALANCE	0 00

Total Fund Balance	67,031 04
Income Over Expenses	-55,961 70
Adjusted Fund Balance	11,069 34

Total Liab and Fund Balance 72,700 19

=====

CLIENT 2000-3

ROCKLAND COUNTY YMCA

13-1740513

6/04/02

10 46AM

STATEMENT 1
FORM 990, PART I, LINE 9
NET INCOME (LOSS) FROM SPECIAL EVENTS

<u>SPECIAL EVENTS</u>	<u>GROSS RECEIPTS</u>	<u>LESS CONTRI-BUTIONS</u>	<u>GROSS REVENUE</u>	<u>LESS DIRECT EXPENSES</u>	<u>NET INCOME (LOSS)</u>
COMMITTEE	208,453	0	208,453	26,519	181,934
TOTALS	<u>\$ 208,453</u>	<u>\$ 0</u>	<u>\$ 208,453</u>	<u>\$ 26,519</u>	<u>\$ 181,934</u>

STATEMENT 2
FORM 990, PART I, LINE 10
GROSS PROFIT (LOSS) FROM SALES OF INVENTORY

SWIM & DANCE SUPPLIES	\$ 5,931
GROSS SALES	<u>\$ 5,931</u>
LESS RETURNS & ALLOWANCES	0
NET SALES	<u>\$ 5,931</u>
LESS COST OF GOODS SOLD	2,123
GROSS PROFIT FROM SALES OF INVENTORY	<u>\$ 3,808</u>

STATEMENT 3
FORM 990, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

UNREALIZED LOSS ON INVESTMENTS	\$ -7,161
TOTAL	<u>\$ -7,161</u>

STATEMENT 4
FORM 990, PART II, LINE 43
OTHER EXPENSES

	(A) <u>TOTAL</u>	(B) <u>PROGRAM SERVICES</u>	(C) <u>MANAGEMENT & GENERAL</u>	(D) <u>FUNDRAISING</u>
ADVERTISING	13,458	13,458		
ALOCATED TO RENT	-109,385	-96,259	-13,126	
CAMPAIGN COSTS	1,064	1,064		
CONTRACTUL WORKERS	67,695	36,105		31,590
FINANCING	21,221	20,926	295	
INSURANCE	38,051	34,566	3,485	
MISCELLANEOUS	6,371	3,932	2,439	
NATIONAL MEMBERSHIP	60,240	58,163	2,077	
PROFESSIONAL FEES	14,842	4,156	10,686	
PUBLIC POLICY MEMBERSHIP	1,594		1,594	
REAL ESTATE TAXES	13,284	13,284		
REPAIRS & MAINTENANCE	96,852	87,789	9,063	
STATE FEES AND TAXES	25	25		
TOTAL	<u>\$ 225,312</u>	<u>\$ 177,209</u>	<u>\$ 16,513</u>	<u>\$ 31,590</u>

CLIENT 2000-3

ROCKLAND COUNTY YMCA

13-1740513

5/17/02

01 08PM

STATEMENT 5
FORM 990, PART IV, LINE 54
INVESTMENTS - SECURITIES

<u>OTHER PUBLICLY TRADED SECURITIES</u>	<u>VALUATION METHOD</u>	<u>AMOUNT</u>
MUTUAL FUNDS	MARKET VALUE	\$ 33,940
	TOTAL	\$ 33,940
<u>U S GOVERNMENT OBLIGATIONS</u>	<u>VALUATION METHOD</u>	<u>AMOUNT</u>
GOVERNMENT BONDS	MARKET VALUE	51,326
	TOTAL	\$ 51,326
TOTAL INVESTMENTS - SECURITIES		<u>\$ 85,266</u>

STATEMENT 6
FORM 990, PART IV, LINE 55B
INVESTMENTS - LAND, BUILDINGS, AND EQUIPMENT

<u>CATEGORY</u>	<u>BASIS</u>	<u>ACCUM DEPREC</u>	<u>BOOK VALUE</u>
BUILDINGS	\$ 139,724	\$ 85,394	\$ 54,330
TOTAL	<u>\$ 139,724</u>	<u>\$ 85,394</u>	<u>\$ 54,330</u>

STATEMENT 7
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT

<u>CATEGORY</u>	<u>BASIS</u>	<u>ACCUM DEPREC</u>	<u>BOOK VALUE</u>
SEE ATTACHED SCHEDULE	\$ 2,304,400	\$ 1,265,828	\$ 1,038,572
TOTAL	<u>\$ 2,304,400</u>	<u>\$ 1,265,828</u>	<u>\$ 1,038,572</u>

STATEMENT 8
FORM 990, PART IV, LINE 58
OTHER ASSETS

ACCRUED INT RECEIVABLE	\$ 684
MORTGAGE CLOSING COSTS NET	7,545
TOTAL	<u>\$ 8,229</u>

CLIENT 2000-3

ROCKLAND COUNTY YMCA

13-1740513

5/17/02

01 08PM

**STATEMENT 9
FORM 990, PART IV, LINE 65
OTHER LIABILITIES**

COMPENSATED ABSENCES	\$ 3,314
DEPOSITS	5,590
TOTAL	<u>\$ 8,904</u>

**STATEMENT 10
FORM 990, PART IV-A, LINE B(4)
OTHER AMOUNTS**

RENTAL EXP	\$ 109,385
TOTAL	<u>\$ 109,385</u>

**STATEMENT 11
FORM 990, PART IV-B, LINE B(4)
OTHER AMOUNTS**

RENTAL EXPENSES	\$ 109,385
TOTAL	<u>\$ 109,385</u>

**STATEMENT 12
FORM 990, PART V
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
BARBARA FOLKEMER SUFFERN, NY	EXECUTIVE DIREC 35	\$ 83,120	\$ 9,701	\$ 0
SEE ATTACHED LIST	NONE	0	0	0
TOTAL		<u>\$ 83,120</u>	<u>\$ 9,701</u>	<u>\$ 0</u>

**STATEMENT 13
FORM 990, PART VIII
RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES**

LINE #	EXPLANATION OF ACTIVITIES
93	THE SPIRITUAL, MENTAL, SOCIAL AND PHYSICAL WELL BEING OF INDIVIDUAL IS IMPROVED BY THES SUPPORT AND MAIN TENANCE OF LECTURE ROOMS, MTG ROOMS AND PROVIDING PROGRAMS SUCH AS AQUATIC, FITNESS, DANCE, AND OPERATION OF DAY CARE CENTERS AND NURSERY

STATEMENT 13 (CONTINUED)
FORM 990, PART VIII
RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE # _____ EXPLANATION OF ACTIVITIES _____
103 INCOME IS REIMBURSEMENT OF PROGRAM EXPENDITURES

STATEMENT 14
SCHEDULE A, PART IV-A, LINE 22
OTHER INCOME

DESCRIPTION	(A) 2000	(B) 1999	(C) 1998	(D) 1997	(E) TOTAL
OTHER	\$ 4,668	\$ 6,477	\$ 5,712	\$ 28,337	\$ 45,194
TOTAL	<u>\$ 4,668</u>	<u>\$ 6,477</u>	<u>\$ 5,712</u>	<u>\$ 28,337</u>	<u>\$ 45,194</u>

Rockland County YMCA

13-1740513

12/31/01

990, Part V, Board of Directors

Berkowitz	George	123 Piermont Avenue	S Nyack, N Y 10960
Berry	George	7 Salisbury Place	S Nyack, N Y 10960
Capuano	Carl	Prov Sav 400 Rella Blvd	Suffern, N Y 10901
Carmichael	Phil	301 River Road	Grandview, N Y 10960
Christopher	Linda	328 Broadway	U Nyack, N Y 10960
Colgan	John	42 Main Street	Nyack, N Y 10960
Coons	Kim	6 Van Houten	U Nyack, N Y 10960
Gaber	Dennis	715 Route 304	Bardonia, N Y 10954
Grant	Ed	114 Locust Dnve	U Nyack, N Y 10960
Hellman	Howard	71 High Avenue	Nyack, N Y 10960
Jacobs	Max	220 Willow Tree Rd	Monsey, N Y 10952
Kelly	Jean	101 Gedney St	Nyack, N Y 10960
Kelly	Steve	488 Strawtown Rd	W Nyack, N Y 10994
Krebs Dr	Genevieve	12A N Airmont Road	Suffern, N Y 10901
Mahoney	Thomas	71 High Avenue	Nyack, N Y 10960
Marrn	Neil	59 Campbell Avenue	Suffern, N Y 10901
Mascioli	Suzanne	279 Piermont Ave	S Nyack, N Y 10960
Penn	William	17 Jennifer Lane	Hartsdale, N Y 10530
Pound	James	#1 East Lane	Suffern, N Y 10901
Sampson	Chrs	Town of Ram 237 Rt 59	Suffern, N Y 10901
Saunders	Deborah	13 Gillis Avenue	Nyack, N Y 10960
Schiffino	Paul	6 Henry Court	Suffern, N Y 10901
Simpson	John	417 Maple Avenue	U Nyack, N Y 10960
Sweet	William	18 Dutchess Drive	Orangeburg, NY 10962
Vandervoort	Lydia	212 Foss Drive	U Nyack, N Y 10960
Williamson	Denis	8 Edgebrook Lane	Monsey, N Y 10952
Yonskle	Mark	965 Sierra Vista Lane	Valley Cott N Y 10989

* All Board Members are Part Time and uncompensated.

ROCKLAND COUNTY YOUNG MEN'S CHRISTIAN ASSOCIATION
13-1740513
12/31/2001

FORM 990, PART IV, LINE 57 - LAND, BUILDING, AND EQUIPMENT

12/31/01

LAND	158,213
BUILDINGS & IMPROVEMENTS	1,633,759
FURNITURE & EQUIPMENT	512,428
TOTAL ASSETS	<u>2,304,400</u>
ACCUMULATED DEPRECIATION	<u>(1,265,828)</u>
NET BOOK VALUE	<u><u>1,038,572</u></u>

FORM 990, PART IV, LINE 64b - MORTGAGES AND OTHER NOTES PAYABLE

LENDER	PROVIDENT BANK
DATE OF LOAN	9/1994
PURPOSE	BUILDING RENOVATIONS
SECURITY PROVIDED	BUILDING
TERMS	10 YEARS
INTEREST RATE	8%
ORIGINAL AMOUNT	980,000
BALANCE	620,215

Application for Extension of Time to File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

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

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

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

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

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization ROCKLAND COUNTY YMCA	Employer Identification Number 13-1740513
	Number Street, and Room or Suite Number If a P.O. Box see instructions 35 SOUTH BROADWAY	
	City Town or Post Office For a foreign address see instructions NYACK, NY 10960	State ZIP Code

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 (Section 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, 20 02, to file the exempt organization return for the organization named above The extension is for the organization's return for

- ▶ calendar year 20 01 or
- ▶ tax year beginning _____, 20 _____, and ending _____, 20 _____

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 \$ 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 return including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete and that I am authorized to prepare this form

Signature ▶ [Signature] Title ▶ [Signature] Date ▶ 5/3/02

BAA For Paperwork Reduction Act Notice, see instructions