

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2000

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

A For the 2000 calendar year, or tax year period beginning 7/01, 2000, and ending 6/30, 2001

B Check if applicable:
☐ Change of address
☐ Change of name
☐ Initial return
☐ Final return
☐ Amended return

C Please use IRS label or print or type See Specific Instructions.
GOLDIE B. FLOBERG CENTER FOR CHILDREN
58 WEST ROCKTON ROAD
ROCKTON, IL 61072

D Employer identification number
36-2167018

E Telephone number
815-624-8431

F Check ☐ if application pending

G Organization type (check only one) ☒ 501(c)(3) (insert no.) ☐ 527 OR ☐ 4947(a)(1)

Note H and I are not applicable to section 527 orgs
H(a) Is this a group return filed for affiliates? ☐ Yes ☒ No
H(b) If "Yes," enter number of affiliates
H(c) Are all affiliates included? ☐ Yes ☐ No (if "No," attach a list See instructions)
H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No
I Enter 4-digit group exemption no. (GEN)
L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ) ☐

J Accounting method ☐ Cash ☒ Accrual ☐ Other (specify)

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

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16)

1 Contributions, gifts, grants, and similar amounts received				
a Direct public support	1a	<u>400,906</u>		
b Indirect public support	1b	<u>74,165</u>		
c Government contributions (grants)	1c			
d Total (add lines 1a through 1c) (cash \$ <u>475,071</u> noncash \$ <u> </u>)	1d		<u>475,071</u>	
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		<u>3,022,391</u>	
3 Membership dues and assessments	3			
4 Interest on savings and temporary cash investments	4		<u>50,038</u>	
5 Dividends and interest from securities	5			
6a Gross rents	6a	<u>700</u>		
b Less rental expenses	6b			
c Net rental income or (loss) (subtract line 6b from line 6a)	6c		<u>700</u>	
7 Other investment income (describe <u> </u>)	7			
8a Gross amount from sales of assets other than inventory	(A) Securities	<u>25,176</u>	8a	<u>12,875</u>
b Less cost or other basis and sales expenses		<u>17,662</u>	8b	
c Gain or (loss) (attach schedule) <u>Statement 1</u>		<u>7,514</u>	8c	<u>12,875</u>
d Net gain or (loss) (combine line 8c, columns (A) and (B))			8d	<u>20,389</u>
9 Special events and activities (attach schedule)				
a Gross revenue (not including \$ <u> </u> of contributions reported on line 1a)	9a			
b Less direct expenses other than fundraising expenses	9b			
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
10a Gross sales of inventory, less returns and allowances	10a			
b Less cost of goods sold	10b			
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11 Other revenue (from Part VII, line 103)	11		<u>42,839</u>	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		<u>3,611,428</u>	
13 Program services (from line 44, column (B))	13		<u>3,593,438</u>	
14 Management and general (from line 44, column (C))	14		<u>163,222</u>	
15 Fundraising (from line 44, column (D))	15		<u>15,894</u>	
16 Payments to affiliates (attach schedule)	16			
17 Total expenses (add lines 16 and 44, column (A))	17		<u>3,772,554</u>	
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		<u>-161,126</u>	
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		<u>2,355,740</u>	
20 Other changes in net assets or fund balances (attach explanation) <u>See Statement 2</u>	20		<u>17,531</u>	
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		<u>2,212,145</u>	

7

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 20.)

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 \$ _____)	22			
23 Specific assistance to individuals (att sch)	23			
24 Benefits paid to or for members (att sch)	24			
25 Compensation of officers, directors, etc	25 140,872	75,537	65,335	
26 Other salaries and wages	26 2,306,847	2,275,629	31,218	
27 Pension plan contributions	27 50,000	46,800	3,200	
28 Other employee benefits	28 210,617	197,646	12,971	
29 Payroll taxes	29 221,816	207,734	14,082	
30 Professional fundraising fees	30			
31 Accounting fees	31 5,740		5,740	
32 Legal fees	32 254	238	16	
33 Supplies	33 232,413	219,575	4,788	8,050
34 Telephone	34 21,108	15,831	5,277	
35 Postage and shipping	35 17,636	9,700	92	7,844
36 Occupancy	36 148,325	142,887	5,438	
37 Equipment rental and maintenance	37			
38 Printing and publications	38 5,842	4,275	1,567	
39 Travel	39 52,745	52,745		
40 Conferences, conventions, and meetings	40 17,841	17,381	460	
41 Interest	41 29,953	28,036	1,917	
42 Depreciation, depletion, etc (attach schedule)	42 188,060	181,102	6,958	
43 Other expenses (itemize) a DUES/PARTICI	43a 9,863	7,397	2,466	
b OTHER PROFESSIONAL FEES	43b 61,897	60,632	1,265	
c SMALL EQUIPMENT	43c 21,625	21,193	432	
d SPECIAL ASSISTANCE	43d 29,100	29,100		
e	43e			
44 Total functional expenses (add lines 22 thru 43) Organizations completing columns (B)-(D), carry these totals to lines 13 - 15	44 3,772,554	3,593,438	163,222	15,894

Reporting of Joint Costs Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation?► ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____.

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 23.)What is the organization's primary exempt purpose? ► **SVCS TO CHILDREN/ADULTS W/DISABILITIES**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

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

a See Statement 3				
(Grants and allocations \$ _____)				3,593,438
b				
(Grants and allocations \$ _____)				
c				
(Grants and allocations \$ _____)				
d				
(Grants and allocations \$ _____)				
e Other program services (attach schedule)				
(Grants and allocations \$ _____)				
f Total of Program Service Expenses (should equal line 44, column (B), Program services)				3,593,438

Part IV Balance Sheets (See Specific Instructions on page 23)

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	6,226	45	6,294
	46 Savings and temporary cash investments	126,815	46	487,779
	47 a Accounts receivable	47a 149,008		
	b Less allowance for doubtful accounts	47b	118,137	47c 149,008
	48 a Pledges receivable	48a		
	b Less allowance for doubtful accounts	48b		48c
	49 Grants receivable	707,893	49	141,951
	50 Receivables from officers, directors, trustees, and key employees (attach sch)		50	
	51 a Other notes and loans receivable (attach schedule)	51a		
	b Less allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	13,908	53	15,927
	54 Investments - securities (attach schedule) Statement 4 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	654,103	54	688,292
	LIABILITIES	55 a Investments - land, buildings, and equipment basis	55a	
b Less accumulated depreciation (attach schedule)		55b		55c
56 Investments - other (attach schedule) See Statement 5		8,500	56	12,001
57 a Land, buildings, and equipment basis		57a 3,446,778		
b Less accumulated depreciation (attach schedule) Stmt 6		57b 2,182,656	1,110,596	57c 1,264,122
58 Other assets (describe <input checked="" type="checkbox"/> See Statement 7)		193,000	58	193,000
59 Total assets (add lines 45 through 58) (must equal line 74)		2,939,178	59	2,958,374
60 Accounts payable and accrued expenses		310,123	60	377,793
61 Grants payable			61	
62 Deferred revenue			62	8,312
NET ASSETS OR FUND BALANCES	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64 a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)	273,315	64b	360,124
	65 Other liabilities (describe <input type="checkbox"/>)		65	
	66 Total liabilities (add lines 60 through 65)	583,438	66	746,229
	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	1,703,448	67	1,797,183
	68 Temporarily restricted	441,721	68	203,697
	69 Permanently restricted	210,571	69	211,265
	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)	2,355,740	73	2,212,145	
74 Total liabilities and net assets/fund balances (add lines 66 and 73)	2,939,178	74	2,958,374	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

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

a	Total expenses and losses per audited financial statements	a	3,772,554
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify)		
	\$		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	3,772,554
d	Amounts included on line 17, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)		
	\$		
	Add amounts on lines (1) and (2)	d	
e	Total expenses per line 17, Form 990 (line c plus line d)	e	3,772,554

[illegible]

► ☐ Yes ☒ No

Part VI Other Information (See Specific Instructions on page 26.)

	N/A	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
78 a 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	N/A	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
b If "Yes," enter the name of the organization N/A and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt			
81 a Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81	81a	0	
b Did the organization file Form 1120-POL for this year?	81b		X
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	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 for reporting in Part III.)	82b	N/A	
83 a 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	
84 a 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?	85b	N/A	
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year			
c Dues, assessments, and similar amounts from members	85c	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 in 85f?	85g	N/A	
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 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
89 a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 0 , section 4912 0 , section 4955 0			
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 in 89c, above, reimbursed by the organization			0
90 a List the states with which a copy of this return is filed ILLINOIS			
b Number of employees employed in the pay period that includes March 12, 2000 (See instructions)	90b	158	
91 The books are in care of NANCY SWAIN Telephone no 815/624-8431 Located at 58 WEST ROCKTON ROAD, ROCKTON, IL ZIP code 61072			
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here N/A and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A			

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 30.)

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 CILA RENTAL INCOME					23,840
b SUPPORTED EMP INCOME					8,139
c PRIVATE PAY INCOME					99,890
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					2,890,522
94 Membership dues and assessments					
95 Interest on savings & temporary cash investments			14	50,038	
96 Dividends and interest from securities			14		
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property			16	700	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain/loss from sales of assets other than inventory			18	20,389	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a REIMBURSEMENT FE					42,839
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				71,127	3,065,230
105 Total (add line 104, columns (B), (D), and (E)).					3,136,357

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 Specific Instructions on page 31.)

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 9

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 31.)

(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 Specific Instructions on page 31.)

(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 knowledge.

Date

2/14/02

Type or print name and title

DAN J PENNELL CEO

Date

Check box

Preparer's SSN or PTIN

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

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

OMB No 1545-0047

2000

Department of the Treasury
Internal Revenue Service

Supplementary Information – (See separate Instructions.)

► **Must be completed by the above organizations and attached to their Form 990 or 990-EZ.**

Name of the organization

GOLDIE B. FLOBERG CENTER FOR CHILDREN

Employer identification number

36-2167018

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions List each one If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
KARI TAYLOR	REG NURSE			
JANESVILLE, WI	48	69,120	1,382	0
JENNA SODERBERG	REG NURSE			
ROCKFORD, IL	57	74,856	1,497	0
WENDY KAWALEC	LIC PRAC NURSE			
MACHESNEY PARK IL	56	57,780	1,156	0
Total number of other employees paid over \$50,000 ►		0		

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 1 of the instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services ►		0

Part III Statements About Activities

- | | | Yes | No |
|--|----|-----|----|
| 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum?
If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ <u>N/A</u>
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities. | 1 | | X |
| 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its 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: | | | |
| a Sale, exchange, or leasing of property? | 2a | X | |
| b Lending of money or other extension of credit? | 2b | | X |
| c Furnishing of goods, services, or facilities? | 2c | | X |
| d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? See Form 990, Part V | 2d | X | |
| e Transfer of any part of its income or assets? See Statement 10
If the answer to any question is "Yes," attach a detailed statement explaining the transactions. | 2e | | X |
| 3 Does the organization make grants for scholarships, fellowships, student loans, etc.? | 3 | | X |
| 4a Do you have a section 403(b) annuity plan for your employees? | 4a | | X |
| b Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See page 2 of the instructions.) | | | |

Part IV Reason for Non-Private Foundation Status (See pages 2 through 5 of the instructions.)The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

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

Provide the following information about the supported organizations. (See page 5 of the instructions.)

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

- 14
- ☐
- An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) **Use cash method of accounting****Note** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	295,886	259,532	273,458	293,259	1,122,135
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose	2,933,568	3,127,446	2,885,590	2,848,294	11,794,898
18 Gross income from interest, dividends, amounts received from payments on securities (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	47,278	51,729	54,680	56,079	209,766
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a sch. Do not include gain or (loss) from sale of capital assets.					
23 Total of lines 15 through 22	3,276,732	3,438,707	3,213,728	3,197,632	13,126,799
24 Line 23 minus line 17	343,164	311,261	328,138	349,338	1,331,901
25 Enter 1% of line 23	32,767	34,387	32,137	31,976	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				26a 26,638
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a government unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts. See Statement 11.					26b 48,843
c Total support for section 509(a)(1) test. Enter line 24, column (e).					26c 1,331,901
d Add: Amounts from column (e) for lines 18 209,766 19 48,843					26d 258,609
e Public support (line 26c minus line 26d total)					26e 1,073,292
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 80.58%
27 Organizations described on line 12	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year. N/A				
(1999) (1998) (1997) (1996)					
b For any amount included in line 17 that was received from a nondisqualified person, attach a list 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.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of all these differences (the excess amounts) for each year.					
(1999) (1998) (1997) (1996)					
c Add: Amounts from column (e) for lines 15 16 17 20					27c
d Add: Line 27a total and line 27b total					27d
e Public support (line 27c total minus line 27d total)					27e
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e).					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h %

28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See page 5 of the instructions.) See Statement 12

Part V**Private School Questionnaire** (See page 5 of the instructions.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

- 29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?
- 30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?
- 31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?
- If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement.)

- 32 Does the organization maintain the following

- a Records indicating the racial composition of the student body, faculty, and administrative staff?
- b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
- c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
- d Copies of all material used by the organization or on its behalf to solicit contributions?

If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.)

- 33 Does the organization discriminate by race in any way with respect to

- a Students' rights or privileges?
- b Admissions policies?
- c Employment of faculty or administrative staff?
- d Scholarships or other financial assistance?
- e Educational policies?
- f Use of facilities?
- g Athletic programs?
- h Other extracurricular activities?

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

- 34a Does the organization receive any financial aid or assistance from a governmental agency?

- b Has the organization's right to such aid ever been revoked or suspended?

If you answered "Yes" to either 34a or b, please explain using an attached statement

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

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 7 of the instructions)
(To be completed ONLY by an eligible organization that filed Form 5768)

N/A

Check here ☐ **a** if the organization belongs to an affiliated groupCheck here ☐ **b** if you checked "a" above 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 -		
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 on page 9 of the instructions)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities
(For reporting only by organizations that did not complete Part VI-A) (See page 9 of the 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 or 990-EZ)

Schedule of Contributors

OMB No 1545-0047

2000

Department of the Treasury
Internal Revenue Service

**Supplementary Information for line 1d of Form 990 or
line 1 of Form 990-EZ (see instructions)**

Name of organization

GOLDIE B FLOBERG CENTER FOR CHILDREN

Employer identification number

36-2167018

Organization type (check one) - Section

☒ 501(c)(3) ◀ (enter number), ☐ 527 or

☐ 4947(a)(1) nonexempt charitable trust

A Section 501(c)(7), (8), or (10) organizations - Check this box if the organization had **no** charitable contributors who contributed more than \$1,000 during the year (But see **General rule** below) ▶ ☐

Enter here the total gifts received during the year for a religious, charitable, etc., purpose ▶ \$

Note: This form is generally not open to public inspection except for section 527 organizations

KFA For Paperwork Reduction Act Notice, see page 1 of the instructions for Form 990 and Form 990-EZ. **Schedule B (Form 990 or 990-EZ) (2000)**

Name of organization

Employer identification number

GOLDIE B. FLOBERG CENTER FOR CHILDREN

36-2167018

Part I Contributors

(a) No	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>		\$ <u>10,500</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
<u>2</u>		\$ <u>67,218</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
<u>3</u>		\$ <u>22,050</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
<u>4</u>		\$ <u>12,000</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
			Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
			Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)

Name of organization

Employer identification number

GOLDIE B. FLOBERG CENTER FOR CHILDREN

36-2167018

Part II Noncash Property

(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
—	_____ _____ _____	\$ _____	_____
(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
—	_____ _____ _____	\$ _____	_____
(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
—	_____ _____ _____	\$ _____	_____
(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
—	_____ _____ _____	\$ _____	_____
(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
—	_____ _____ _____	\$ _____	_____
(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
—	_____ _____ _____	\$ _____	_____
(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
—	_____ _____ _____	\$ _____	_____

KFA

Schedule B (Form 990 or 990-EZ) (2000)

Name of organization

Employer identification number

GOLDIE B FLOBERG CENTER FOR CHILDREN

36-2167018

Part III Section 501(c)(7), (8), or (10) organizations that received more than \$1,000 in charitable gifts during the year-

• Enter the total gifts that were from contributors who gave \$1,000 or less during the year for a religious, charitable, etc., purpose (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 code		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and zip code		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and zip code		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and zip code		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and zip code		Relationship of transferor to transferee

GOLDIE B. FLOBERG CENTER FOR CHILDREN

36-2167018

Statement 11
Schedule A, Part IV-A, Line 26b
Excess Contributors

Not Open To Public Inspection

Contributor	1999	1998	1997	1996	Total
	\$ 11,500	\$ 10,000	\$ 11,500	\$ 21,000	\$ 54,000
	10,500	10,500	10,500	10,500	42,000
	8,691	8,607	7,763	7,696	32,757
				Total	\$ 128,757
				Line 26a x 3	-79,914
				Excess Contributions	\$ 48,843

Statement 12
Schedule A, Part IV-A, Line 28
Unusual Grants

Not Open To Public Inspection

Name of Contributor
Description of Grant. EXTRAORDINARY GIFT
Date of Grant: 1/23/1997
Amount of Grant. \$ 250,000

Name of Contributor
Description of Grant. EXTRAORDINARY GIFT
Date of Grant: 5/20/1998
Amount of Grant \$ 28,000

Name of Contributor
Description of Grant: CHARITABLE REMAINDER
Date of Grant 4/23/1997
Amount of Grant: \$ 183,190

GOLDIE B. FLOBERG CENTER FOR CHILDREN

36-2167018

Statement 1
Form 990, Part I, Line 8
Net Gain (Loss) from Noninventory Sales

Publicly Traded Securities

Gross sales price:	25,176	
Cost or other basis:	17,662	
Gain (Loss)		\$ 7,514

Other Assets:

Description:	1987 VAN	
Date Acquired:	6/30/87	
How Acquired:	Purchased	
Date Sold:	2/07/01	
To Whom Sold:	D Pennell	
Gross sales price:	100	
Cost or other basis:	0	
Expenses of sale:	0	
Depreciation	0	
Gain (Loss)		\$ 100

Description:	TRADE IN OF FULLY DEPR JEEP CHEROKEE	
Date Acquired:	7/31/97	
How Acquired:	Purchased	
Date Sold:	8/18/00	
To Whom Sold:	Zimbrick Volkswagen	
Gross sales price	12,775	
Cost or other basis	0	
Expenses of sale:	0	
Depreciation	0	
Gain (Loss)		12,775

Gain (Loss) from other assets		12,875
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Total Gain (Loss)		\$ 20,389
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Statement 2
Form 990, Part I, Line 20
Other Changes in Net Assets or Fund Balances

UNREALIZED GAIN ON INVESTMENTS	\$ 17,531
Total	\$ 17,531

GOLDIE B. FLOBERG CENTER FOR CHILDREN

36-2167018

Statement 3
Form 990, Part III, Line a
Statement of Program Service Accomplishments

<u>Description</u>	<u>Grants and Allocations</u>	<u>Program Service Expenses</u>
RESIDENTIAL LIVING FOR 55 CHILDREN, TRAINING PROGRAMS DIRECTED TO GAIN INDEPENDENCE AND SELF-SUFFICIENCY FOR COMMUNITY LIVING	\$ 0	2,445,908
COMMUNITY BASED LIVING FOR 24 ADULTS, TRAINING PROGRAMS DIRECTED TO DEVELOP JOB SKILLS, INDEPENDENCE, COMMUNITY UTILIZATION AND SOCIALIZATION. THE CENTER MAINTAINS ONE APARTMENT BUILDING AND THREE HOUSES TO PROVIDE A QUALITY LIVING ENVIRONMENT AND ASSURE LONG TERM RESIDENTIAL AND FINANCIAL SECURITY FOR 14 CILA CLIENTS.	0	1,147,530
	<u>\$ 0</u>	<u>3,593,438</u>

Statement 4
Form 990, Part IV, Line 54
Investments - Securities

<u>Other Securities</u>	<u>Valuation Method</u>	<u>Amount</u>	<u>Total</u>
KEMPER INCOME AND CAPITAL PRESERVATIO	Market Value	\$ 566,548	
			\$ 566,548
<u>U.S. Government Obligations</u>	<u>Valuation Method</u>	<u>Amount</u>	<u>Total</u>
KEMPER U S GOVT SECURITIES	Market Value	\$ 22,795	
U S GOVT SECURITIES	Market Value	98,949	
			\$ 121,744
	Total		<u>\$ 688,292</u>

GOLDIE B. FLOBERG CENTER FOR CHILDREN

36-2167018

Statement 5
Form 990, Part IV, Line 56
Investments - Other

Description of Investment	Valuation Method	Book Value
DONATED ART	Cost	\$ 8,500
CERTIFICATE OF DEPOSIT	Market Value	3,501
	Total	<u>\$ 12,001</u>

Statement 6
Form 990, Part IV, Line 57
Land, Buildings, and Equipment

Asset	Basis	Accum Deprec.	Book Value
Automobiles / transportation equip.	\$ 399,219	265,561	133,658
Machinery and equipment	492,286	419,849	72,437
Buildings	2,392,576	1,415,114	977,462
Improvements	93,697	82,132	11,565
Land	69,000		69,000
Total	<u>\$ 3,446,778</u>	<u>2,182,656</u>	<u>1,264,122</u>

Statement 7
Form 990, Part IV, Line 58
Other Assets

	Ending
ASSETS HELD IN TRUST	\$ 193,000
Total	<u>\$ 193,000</u>

Statement 8
Form 990, Part V
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title & avg. Hrs/wk devoted	Comp	Employee Ben. Contrib.	Expense Account/ Other
DAN PENNELL ROSCOE, IL 61073	PRESIDENT, CEO 40+	\$ 89,865	1,797	0
SUSAN MC DONALD 602 YALE BRIDGE ROAD ROCKTON, IL 61072	BOARD DIRECTOR 0	0	0	0

GOLDIE B. FLOBERG CENTER FOR CHILDREN

36-2167018

Statement 8 (continued)

Form 990, Part V

List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title & avg. Hrs/wk devoted	Comp.	Employee Ben Pln Contrib.	Expense Account/ Other
NANCY SWAIN ROSCOE, IL 61073	V P FINANCE 40+	\$ 51,007	1,020	0
MRS. GEORGANNE C EGGERS 3307 LANDSTROM ROAD ROCKFORD, IL 61107	BOARD DIRECTOR 0	0	0	0
MRS. NANCY KALCHBRENNER 3702 FAIRWAY PLACE ROCKFORD, IL 61107	BOARD CHAIRMAN 0	0	0	0
MERRITT J. MOTT 2429 CLINTON ROAD ROCKFORD, IL 61103	BOARD DIRECTOR 0	0	0	0
MRS MARGO NORBERG 32 WESTMINSTER TERRACE CAPE ELIZABETH, ME 04107-1154	BOARD DIRECTOR 0	0	0	0
GEORGE PALMER 311 WEST UNION ROCKTON, IL 61072	BOARD DIRECTOR 0	0	0	0
EDWARD RIGGS TELLING III 744 REGAN STREET ROCKFORD, IL 61107	BOARD DIRECTOR 0	0	0	0
MATTHEW J. SUBY 815 OVERLOOK ROAD ROCKFORD, IL 61107	BOARD TREASURER 0	0	0	0
RICHARD K. VAN EVERA 11676 INVERWAY BELVIDERE, IL 61108-1720	BOARD DIRECTOR 0	0	0	0
DAVID A SCHERTZ 8863 SUNNYSIDE BYRON, IL 61010	BOARD DIRECTOR 0	0	0	0
BONNIE P MOORE 12524 GREENSVIEW CIRCLE ROSCOE, IL 61073	VICE CHAIRMAN 0	0	0	0

GOLDIE B. FLOBERG CENTER FOR CHILDREN

36-2167018

Statement 8 (continued)

Form 990, Part V

List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title & avg Hrs/wk devoted	Comp.	Employee Ben. Pln Contrib.	Expense Account/ Other
JEFF DI BENEDETTO 505 CALVIN PARK SOUTH ROCKFORD, IL 61108-1715	BOARD DIRECTOR 0	\$ 0	0	0
DEBORAH GARDNER 11575 ABERDEEN ROAD BELVIDERE, IL 61008	SECRETARY 0	0	0	0
DUKE N. SIMS 8484 KIOWA CROSSING ROSCOE, IL 61073	BOARD DIRECTOR 0	0	0	0
Total		\$ 140,872	2,817	0

Statement 9

Form 990, Part VIII

Relationship of Activities to the Accomplishment of Exempt Purposes

Line #	Explanation of Activities
93C, G	REPRESENT PAYMENTS TO OFFSET COSTS ARISING FROM SERVICES TO CHILDREN WITH DISABILITIES WHICH IS THE EXEMPT PURPOSE OF THE GOLDIE B FLOBERG CENTER FOR CHILDREN.
103A	REPRESENT PAYMENTS TO OFFSET COSTS ARISING FROM SERVICES TO CHILDREN WITH DISABILITIES WHICH IS THE EXEMPT PURPOSE OF THE GOLDIE B FLOBERG CENTER FOR CHILDREN.
93A, B	REPRESENT PAYMENTS TO OFFSET COSTS ARISING FROM SERVICES TO ADULTS WITH DISABILITIES WHICH IS THE EXEMPT PURPOSE OF THEGOLDIE B. FLOBERG CENTER FOR CHILDREN.

Statement 10

Schedule A, Part III, Line 2

Transactions with Trustees, Directors, Etc.

A FULLY DEPRECIATED 1987 VAN WAS PURCHASED BY D PENNELL FOR \$100.

**Application for Extension of Time to File an
Exempt Organization Return**

OMB No 1545-1709

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		Employer Identification Number
	GOLDIE B. FLOBERG CENTER FOR CHILDREN		36-2167018
	Number, Street, and Room or Suite Number If a P.O. Box, see instructions		
	58 WEST ROCKTON ROAD		
City, Town or Post Office For a foreign address, see instructions		State	ZIP Code
ROCKTON, IL 61072			

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 2/15, 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 _____ or

▶ ☒ tax year beginning 7/01, 20 00, and ending 6/30, 20 01

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 ▶ 

Title ▶ CPA

Date ▶ 11/14/01

KFA For Paperwork Reduction Act Notice, see instructions

Form **8868** (12-2000)

COPY