

# Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

**2000**

Open to Public Inspection

**A** For the 2000 calendar year, OR tax year period beginning **JUL 1, 2000** and ending **JUN 30, 2001**

**B** Check if applicable:  
 Change of address  
 Change of name  
 Initial return  
 Final return  
 Amended return (use also for state reporting)

**C** Name of organization: **DELTA CENTER FOR INDEPENDENT LIVING**  
 Number and street (or P O box if mail is not delivered to street address): **5933 HIGHWAY 94 SOUTH**  
 Room/suite: **107**  
 City or town, state or country, and ZIP: **ST. CHARLES, MO 63304**

**D** Employer identification number: **43-1752410**

**E** Telephone number: **(636) 926-8761**

**F** Check  if application pending

**G** Organization type (check only one):  501(c)(3) ( ) (insert no)  527  
 OR  4947(a)(1)

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

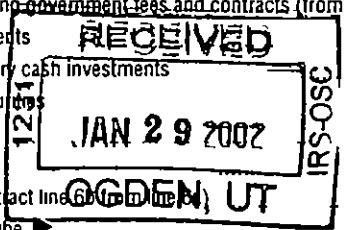
**J** Accounting method:  Cash  Accrual  Other (specify):

**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.

**H** (H and I are not applicable to section 527 orgs)  
**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? **N/A**  Yes  No (If "No," attach a list)  
**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)

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1	Contributions, gifts, grants, and similar amounts received					
	a	Direct public support	1a	60.			
	b	Indirect public support	1b				
	c	Government contributions (grants)	1c	236,293.			
	d	Total (add lines 1a through 1c) (cash \$ 236,353. noncash \$ )	1d	236,353.			
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	26,625.			
	3	Membership dues and assessments	3				
	4	Interest on savings and temporary cash investments	4				
	5	Dividends and interest from securities	5				
	6a	Gross rents	6a				
	6b	Less rental expenses	6b				
	6c	Net rental income or (loss) (subtract line 6b from line 6a)	6c				
7	Other investment income (describe )	7					
Revenue	8a	Gross amount from sale of assets other than inventory	(A) Securities	(B) Other			
	b	Less cost or other basis and sales expenses	8a	8b	2,220.		
	c	Gain or (loss) (attach schedule)	8c	<2,220.>			
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	STMT 1	<2,220.>		
Revenue	9	Special events and activities (attach schedule)					
	a	Gross revenue (not including \$ of contributions reported on line 1a)	9a				
	b	Less direct expenses other than fundraising expenses	9b				
9c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c					
Revenue	10a	Gross sales of inventory, less returns and allowances	10a				
	b	Less cost of goods sold	10b				
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c				
Expenses	11	Other revenue (from Part VII, line 103)	11	2,460.			
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	263,218.			
	13	Program services (from line 44, column (B))	13	218,505.			
	14	Management and general (from line 44 column (C))	14	56,711.			
	15	Fundraising (from line 44, column (D))	15				
	16	Payments to affiliates (attach schedule)	16				
	17	Total expenses (add lines 16 and 44, column (A))	17	275,216.			
	Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	<11,998.>		
		19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	79,772.		
		20	Other changes in net assets or fund balances (attach explanation)	20	0.		
		21	Net assets or fund balances at end of year (combine lines 18, 19 and 20)	21	67,774.		



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<b>Part II Statement of Functional Expenses</b>		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 (attach schedule) cash \$ 4,874. noncash \$	4,874.	4,874.	STATEMENT 3	
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc	42,161.	21,080.	21,081.	0.
26	Other salaries and wages	91,979.	82,208.	9,771.	
27	Pension plan contributions				
28	Other employee benefits	9,927.	7,644.	2,283.	
29	Payroll taxes	9,602.	7,394.	2,208.	
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees				
33	Supplies	9,976.	7,682.	2,294.	
34	Telephone	10,348.	7,968.	2,380.	
35	Postage and shipping				
36	Occupancy	25,418.	19,572.	5,846.	
37	Equipment rental and maintenance	1,478.	1,138.	340.	
38	Printing and publications	2,362.	1,819.	543.	
39	Travel	8,105.	6,241.	1,864.	
40	Conferences, conventions, and meetings				
41	Interest				
42	Depreciation, depletion, etc (attach schedule)	10,765.	8,289.	2,476.	
43	Other expenses (itemize)				
a					
b					
c					
d					
e	SEE STATEMENT 2	48,221.	42,596.	5,625.	
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	275,216.	218,505.	56,711.	0.

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 \$ \_\_\_\_\_

<b>Part III Statement of Program Service Accomplishments</b>		Program Service Expenses
What is the organization's primary exempt purpose? <b>PROMOTE GREATER INDEPENDENCE FOR PERSONS WITH DISABILITIES</b>		(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts but optional for others.)
a	ASSIST PERSONS WITH DISABILITIES GAIN INDEPENDENCE THROUGH ADVOCACY, TRAINING, INFORMATION AND REFERRALS	
	(Grants and allocations \$ )	218,505.
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)	218,505.

**Part IV Balance Sheets**

**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	
<b>Assets</b>	45 Cash - non-interest-bearing	40,176.	45	38,359.	
	46 Savings and temporary cash investments		46		
	47 a Accounts receivable	47a 1,300.			
	b Less allowance for doubtful accounts	47b	47c	1,300.	
	48 a Pledges receivable	48a			
	b Less allowance for doubtful accounts	48b	48c		
	49 Grants receivable	9,943.	49		
	50 Receivables from officers, directors, trustees, and key employees		50		
	51 a Other notes and loans receivable	51a			
	b Less allowance for doubtful accounts	51b	51c		
	52 Inventories for sale or use		52		
	53 Prepaid expenses and deferred charges	941.	53	3,803.	
	54 Investments - securities <span style="margin-left: 20px;">▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV</span>		54		
	55 a Investments - land, buildings and equipment basis	55a			
b Less accumulated depreciation	55b	55c			
56 Investments - other		56			
57 a Land, buildings, and equipment basis	57a 61,922.				
b Less accumulated depreciation	57b 31,107.	30,166.	57c	30,815.	
58 Other assets (describe ▶ <u>DEPOSITS</u> )			58	2,600.	
<b>59 Total assets (add lines 45 through 58) (must equal line 74)</b>		<b>83,826.</b>	<b>59</b>	<b>76,877.</b>	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	1,068.	60		
	61 Grants payable		61		
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees		63		
	64 a Tax-exempt bond liabilities		64a		
	b Mortgages and other notes payable		64b		
	65 Other liabilities (describe ▶ <u>SEE STATEMENT 4</u> )	2,986.	65	9,103.	
<b>66 Total liabilities (add lines 60 through 65)</b>		<b>4,054.</b>	<b>66</b>	<b>9,103.</b>	
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67 Unrestricted	45,303.	67	57,410.	
	68 Temporarily restricted	34,469.	68	10,364.	
	69 Permanently restricted		69		
	Organizations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 70 through 74				
	70 Capital stock, trust principal, or current funds		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds		72		
	<b>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)</b>		<b>79,772.</b>	<b>73</b>	<b>67,774.</b>
	<b>74 Total liabilities and net assets / fund balances (add lines 66 and 73)</b>		<b>83,826.</b>	<b>74</b>	<b>76,877.</b>

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 VI Other Information		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 <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		N/A
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? 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 in 85f?	85g		N/A
h	If section 6033(e)(1)(A) dues notice 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 <input type="text" value="0."/> , section 4912 <input type="text" value="0."/> , section 4955 <input type="text" value="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 on line 89c, above, reimbursed by the organization			0.
90 a	List the states with which a copy of this return is filed <input type="text" value="NONE"/>			
b	Number of employees employed in the pay period that includes March 12, 2000	90b		6
91	The books are in care of <input type="text" value="DELTA CENTER FOR INDEPENDENT LIVING"/> Telephone no <input type="text" value="(636) 926-8761"/> Located at <input type="text" value="5933 HIGHWAY 94 SOUTH"/> ZIP code <input type="text" value="63304"/>			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	92		N/A

**Part VII Analysis of Income-Producing Activities**

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a <b>CONSULTING SERVICES</b>					26,625.
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			01	<2,220.>	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a <b>MISCELLANEOUS</b>			01	2,460.	
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D) and (E))		0.		240.	26,625.
105 Total (add line 104, columns (B) (D), and (E))					26,865.

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**

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93A	<b>FEES RECEIVED FOR CONSULTING SERVICES FOR DISABILITY CASES</b>

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities**

(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**

- (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

Accompanying schedules and statements, and to the best of my knowledge and belief, it is true, information of which preparer has any knowledge. (Important: See General Instruction W)

22-02 Nancy Murphy, Exec. Dir.

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Organization Exempt Under Section 501(c)(3)**

OMB No 1545-0047

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

**2000**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information**

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

Name of the organization

**DELTA CENTER FOR INDEPENDENT LIVING**

Employer identification number

**43 1752410**

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

(See instructions List each one If there are none enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

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

**0**

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

(See 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**

<b>Part III. Statements About Activities</b>		Yes	No
<b>1</b>	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 ► \$ _____ 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
<b>2</b>	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:		
<b>a</b>	Sale, exchange, or leasing of property?	2a	X
<b>b</b>	Lending of money or other extension of credit?	2b	X
<b>c</b>	Furnishing of goods, services, or facilities?	2c	X
<b>d</b>	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
<b>e</b>	Transfer of any part of its income or assets? If the answer to any question is "Yes" attach a detailed statement explaining the transactions.	2e	X
<b>3</b>	Does the organization make grants for scholarships, fellowships, student loans, etc.?	3	X
<b>4 a</b>	Do you have a section 403(b) annuity plan for your employees?	4a	X
<b>b</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).)

(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
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	237,773.	196,247.	146,342.	76,190.	656,552.
<b>16</b> Membership fees received					
<b>17</b> 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					
<b>18</b> 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					
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> 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.					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.	5,600.		SEE STATEMENT 6		5,600.
<b>23</b> Total of lines 15 through 22	243,373.	196,247.	146,342.	76,190.	662,152.
<b>24</b> Line 23 minus line 17	243,373.	196,247.	146,342.	76,190.	662,152.
<b>25</b> Enter 1% of line 23	2,434.	1,962.	1,463.	762.	
<b>26</b> Organizations described on lines 10 or 11					
a Enter 2% of amount in column (e), line 24					26a 13,243.
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental 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.					26b 0.
c Total support for section 509(a)(1) test. Enter line 24, column (e).					26c 662,152.
d Add Amounts from column (e) for lines	18 _____	19 _____			
	22 5,600.	26b _____			26d 5,600.
e Public support (line 26c minus line 26d total)					26e 656,552.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 99.1543%
<b>27</b> 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.	(1999) N/A	(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 these differences (the excess amounts) for each year.	(1999) N/A	(1998) _____	(1997) _____	(1996) _____	
c Add Amounts from column (e) for lines	15 _____	16 _____			
	17 _____	20 _____	21 _____		
d Add Line 27a total _____ and line 27b total _____					27c N/A
e Public support (line 27c total minus line 27d total)					27d N/A
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e).					27e N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27f N/A
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27g N/A %
					27h N/A %

**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.)

NONE

**Part V Private School Questionnaire**  
 (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 )		
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 )		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b please explain using an attached statement		
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**

(To be completed ONLY by an eligible organization that filed Form 5768)

N/A

- Check here  If the organization belongs to an affiliated group
- Check here  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	
	N/A		
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>		
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>		
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>		
<b>39</b> Other exempt purpose expenditures	<b>39</b>		
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>		
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table -	} <b>41</b>		
<b>If the amount on line 40 is -</b>			<b>The lobbying nontaxable amount is -</b>
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		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>		
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	<b>43</b>		
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	<b>44</b>		

**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				N/A
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
<b>45</b> Lobbying nontaxable amount					0.
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					0.
<b>47</b> Total lobbying expenditures					0.
<b>48</b> Grassroots nontaxable amount					0.
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					0.
<b>50</b> Grassroots lobbying expenditures					0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

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

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
		0.

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



FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 1

DESCRIPTION	DATE		METHOD		NET GAIN OR (LOSS)
	ACQUIRED	SOLD	ACQUIRED		
FIXED ASSETS			PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	
	0.	6,976.	0.	4,756.	<2,220.>
TO FM 990, PART I, LN 8		6,976.	0.	4,756.	<2,220.>

FORM 990 OTHER EXPENSES STATEMENT 2

DESCRIPTION	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
ADVERTISING	1,204.	1,204.		
OTHER PERSONNEL	6,134.	4,723.	1,411.	
DUES	1,320.	1,320.		
INSURANCE	2,032.	1,565.	467.	
MISCELLANEOUS	386.		386.	
PRINTING AND POSTAGE	0.			
PROFESSIONAL FEES	11,499.	9,767.	1,732.	
PROGRAM SUPPLIES	0.			
TRAINING	976.	976.		
REPAIR AND MAINTENANCE	7,080.	5,451.	1,629.	
CONTRACT LABOR	17,590.	17,590.		
TOTAL TO FM 990, LN 43	48,221.	42,596.	5,625.	

FORM 990 CASH GRANTS AND ALLOCATIONS STATEMENT 3

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
CLIENT ASSISTANCE	VARIOUS		NONE	4,874.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				4,874.

FORM 990	OTHER LIABILITIES	STATEMENT	4
DESCRIPTION		AMOUNT	
ACCRUED VACATION		4,450.	
ACCRUED SALARIES		4,653.	
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B		9,103.	

FORM 990	PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT	5
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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
MARY GOOCH 16 LE CHATEAUX CT ST CHARLES, MO 63301	BOARD MEMBER MINIMAL	0.	0.	0.
MARTHA JERABEK 7242 WESTFIELD WOODS DR. ST CHARLES, MO 63304	BOARD MEMBER MINIMAL	0.	0.	0.
DAVE KUTCHBACK 1315 N. 5TH ST. CHARLES, MO 63301	TREASURER MINIMAL	0.	0.	0.
ROB KUTCHBACK 1500 WOODBURY DR. ST. CHARLES, MO 63304	BOARD MEMBER MINIMAL	0.	0.	0.
OTIS PITTS 3012 WESTMINISTER DR ST. CHARLES, MO 63301	BOARD MEMBER MINIMAL	0.	0.	0.
DAVE HUESING 1016 OLD COVENTRY ST. CHARLES, MO 63301	VICE PRESIDENT MINIMAL	0.	0.	0.
KATIE RODRIGUEZ BANISTER 945 RAYBURN AVE. ST. CHARLES, MO 63301	PRESIDENT MINIMAL	0.	0.	0.
CHRIS SCHNEIDER 20 BLUFF SPRINGS CT. ST. CHARLES, MO 63303	BOARD MEMBER MINIMAL	0.	0.	0.

DARLA GAMBLE 175 S. MILLCREEK RD SILEX, MO 63377	BOARD MEMBER MINIMAL	0.	0.	0.
NANCY MURPHY 5933 HIGHWAY 94 SOUTH ST. CHARLE, MO 63304	EXECUTIVE DIRECTOR 40+	42,161.	0.	0.
GARY SCHEIDER 1915 SPRINGHILL CT O'FALLON, MO 63366	BOARD MEMBER MINIMAL	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		<u>42,161.</u>	<u>0.</u>	<u>0.</u>

SCHEDULE A	OTHER INCOME			STATEMENT	6
DESCRIPTION	1999 AMOUNT	1998 AMOUNT	1997 AMOUNT	1996 AMOUNT	
CONSULTING FEES	5,600.				
TOTAL TO SCHEDULE A, LINE 22	<u>5,600.</u>				

FYE 6/30/2001

Asset #	Property Description	Date In Service	Book Cost	Book Sec 179 Exp c	Book Sal Value	Book Prior Deprec	Book Current Depreciation	Book End Depreciation	Book Net Book Value	Book Method	Book Period	
<b>GROUP FURNITURE AND EQUIPMENT</b>												
1	STACKING CHAIRS	4/17/97	119 96	0 00	0 00	38 00	12 00	50 00	69 96	S/L	100	
2	STACKING CHAIRS - 6	5/04/97	179 94	0 00	0 00	56 99	17 99	74 98	104 96	S/L	100	
3	FOLDING TABLE - 4	5/10/97	299 96	0 00	0 00	95 00	30 00	125 00	174 96	S/L	100	
4	2 DRAWER LATERAL FILE	5/11/97	209 00	0 00	0 00	66 18	20 90	87 08	121 92	S/L	100	
5	CHERRY DESK	5/16/97	659 00	0 00	0 00	205 94	65 90	271 84	387 16	S/L	100	
6	2 CHERRY BOOKCASES	5/16/97	378 00	0 00	0 00	118 12	37 80	155 92	222 08	S/L	100	
7	KINBAL BOOKCASE	5/16/97	129 00	0 00	0 00	40 31	12 90	53 21	75 79	S/L	100	
8	MARBLE CONFERENCE TABLE	5/16/97	159 00	0 00	0 00	49 69	15 90	65 59	93 41	S/L	100	
9	5 MAROON LEATHER CHAIRS	5/16/97	645 00	0 00	0 00	201 55	64 50	266 05	378 95	S/L	100	
10	DESK AND CREDENZA	5/16/97	759 00	0 00	0 00	237 19	75 90	313 09	445 91	S/L	100	
11	FILE CABINET	5/16/97	299 00	0 00	0 00	93 44	29 90	123 34	175 66	S/L	100	
12	EXTENSION ARM	5/16/97	103 96	0 00	0 00	32 49	10 40	42 89	61 07	S/L	100	
13	COMPUTER WORKTABLE	5/16/97	188 00	0 00	0 00	58 75	18 80	77 55	110 45	S/L	100	
14	CORNER DESK UNIT	5/16/97	149 00	0 00	0 00	46 56	14 90	61 46	87 54	S/L	100	
15	10 black leather chairs	5/21/97	1,189 50	0 00	0 00	371 75	118 95	490 70	698 80	S/L	100	
16	2 folding tables	5/21/97	149 98	0 00	0 00	46 88	15 00	61 88	88 10	S/L	100	
17	neoh copier	5/27/97	4,757 00	0 00	0 00	2,973 13	951 40	3,924 53	832 47	S/L	50	
18	2 desk chairs	5/28/97	298 00	0 00	0 00	93 12	29 80	122 92	175 08	S/L	100	
19	telephone system	6/09/97	2,716 01	0 00	0 00	806 58	271 60	1,078 18	1,637 83	S/L	100	
20	okifax	5/30/97	500 00	0 00	0 00	308 33	100 00	408 33	91 67	S/L	50	
21	hp 6lks printer	6/03/97	505 00	0 00	0 00	311 42	101 00	412 42	92 58	S/L	50	
22	ingem D-166	6/03/97	1,784 50	0 00	0 00	1,100 44	356 90	1,457 34	327 16	S/L	50	
23	Ether net hub	6/03/97	89 00	0 00	0 00	54 88	17 80	72 68	16 32	S/L	50	
24	4 Back UPS Pro 240	6/03/97	740 00	0 00	0 00	456 32	148 00	604 32	135 68	S/L	50	
25	Kensington trackball	6/03/97	95 00	0 00	0 00	58 58	19 00	77 58	17 42	S/L	50	
26	2- 14" syncmaster	6/03/97	470 00	0 00	0 00	289 84	94 00	383 84	86 16	S/L	50	
27	sidwinder joystick	6/03/97	35 00	0 00	0 00	21 58	7 00	28 58	6 42	S/L	50	
28	Norton antivirus	6/03/97	272 00	0 00	0 00	167 72	54 40	222 12	49 88	S/L	50	
29	3-ethernet cards	6/03/97	382 98	0 00	0 00	236 17	76 60	312 77	70 21	S/L	50	
30	office 97 software	6/03/97	1,215 00	0 00	0 00	749 25	243 00	992 25	222 75	S/L	50	
31	post net software	6/03/97	40 00	0 00	0 00	24 67	8 00	32 67	7 33	S/L	50	
32	MOCIL database	6/03/97	1,200 00	0 00	0 00	740 00	240 00	980 00	220 00	S/L	50	
33	2 - ingem D-166	6/03/97	3,568 00	0 00	0 00	2,200 68	713 60	2,914 28	653 72	S/L	50	
34	17" Syncmaster monitor	6/03/97	545 00	0 00	0 00	336 08	109 00	445 08	99 92	S/L	50	
35	Canon Printer	6/03/97	486 00	0 00	0 00	299 70	97 20	396 90	89 10	S/L	50	
36	Cherry workstation	6/05/97	600 00	0 00	0 00	185 00	60 00	245 00	355 00	S/L	100	
37	Fujitsu laptop	6/10/97	1,623 95	0 00	0 00	1,023 64	331 99	1,355 63	304 32	S/L	50	
38	Porta printer plus	6/14/97	85 00	0 00	0 00	52 42	17 00	69 42	15 58	S/L	50	
39	Canon printer	6/14/97	218 00	0 00	0 00	134 44	43 60	178 04	39 96	S/L	50	
40	set of filing tiers	6/17/97	214 00	0 00	0 00	65 09	21 40	86 49	127 51	S/L	100	
41	Bretford binder carousel	6/17/97	635 62	0 00	0 00	173 94	63 56	237 50	398 12	S/L	100	
42	Bouchure holder wall	6/17/97	635 82	0 00	0 00	193 39	63 58	256 97	378 85	S/L	100	
43	green leather loveseat	6/18/97	749 99	0 00	0 00	228 12	75 00	303 12	446 87	S/L	100	
44	TV with remote 6162323	6/18/97	336 50	0 00	0 00	102 35	33 65	136 00	200 50	S/L	100	
45	VCR u22527049	6/18/97	141 95	0 00	0 00	43 18	14 20	57 38	84 57	S/L	100	
46	equipment stand	6/18/97	68 95	0 00	0 00	20 98	6 90	27 88	41 07	S/L	100	
47	green leather chair	6/18/97	429 99	0 00	0 00	130 79	43 00	173 79	256 20	S/L	100	
48	green leather sofa	6/18/97	779 99	0 00	0 00	237 25	78 00	315 25	464 74	S/L	100	
49	Hon workstation drawers	6/26/97	814 00	0 00	0 00	247 59	81 40	328 99	485 01	S/L	100	

FYE 6/30/2001

Asset Group	Property Description	Date In Service	Book Cost	Book Sec 179 Exp	Book Sal Value	Book Prior Deprec	Book Current Depreciation	Book End Depreciation	Book Net Book Value	Book Method	Book Period
<b>FURNITURE AND EQUIPMENT (continued)</b>											
50	ingem D-166	6/24/97	1,790.00	0.00	0.00	1,088.92	358.00	1,446.92	343.08	S/L	50
51	2 - hp scanjet	6/24/97	1,560.00	0.00	0.00	949.00	312.00	1,261.00	299.00	S/L	50
52	Canon printer	6/24/97	218.00	0.00	0.00	132.62	43.60	176.22	41.78	S/L	50
53	Time clock	6/29/97	274.99	0.00	0.00	83.64	27.50	111.14	163.85	S/L	100
54	hp laser printer	6/30/97	317.50	0.00	0.00	193.15	63.50	256.65	60.85	S/L	50
55	• laptop	5/31/98	1,550.00	0.00	0.00	930.00	310.00	1,240.00	310.00	S/L	50
56	3 IBM computers	6/30/98	4,839.06	0.00	0.00	2,903.44	967.81	3,871.25	967.81	S/L	50
57	chair for ILS	6/30/98	130.00	0.00	0.00	78.00	26.00	104.00	26.00	S/L	50
58	2 - ramps	2/28/98	664.15	0.00	0.00	398.49	132.83	531.32	132.83	S/L	50
59	• undeterminable equip from py audit	6/30/98	290.86	0.00	0.00	214.51	58.17	272.68	18.18	S/L	50
60	• internet hub	10/05/98	150.83	0.00	0.00	52.79	30.17	82.96	67.87	S/L	50
61	overhead projector	12/08/98	429.11	0.00	0.00	135.88	85.82	221.70	207.41	S/L	50
62	minichest 4 drawer	12/08/98	29.99	0.00	0.00	9.50	6.00	15.50	14.49	S/L	50
63	ILS lateral file	1/06/99	299.99	0.00	0.00	90.00	60.00	150.00	149.99	S/L	50
64	4 drawer lateral file	5/06/99	159.99	0.00	0.00	37.33	32.00	69.33	90.66	S/L	50
65	2 drawer lateral file	5/06/99	76.00	0.00	0.00	50.51	15.20	65.71	10.29	S/L	50
66	liture organizer	5/06/99	49.99	0.00	0.00	11.67	10.00	21.67	28.32	S/L	50
67	board chairs	6/30/99	639.70	0.00	0.00	127.94	127.94	255.88	383.82	S/L	50
68	office chairs	6/30/99	129.89	0.00	0.00	25.98	25.98	51.96	77.93	S/L	50
69	phone system upgrade	5/10/99	3,949.50	0.00	0.00	921.55	789.90	1,711.45	2,238.05	S/L	50
70	• 2 - IBM P2/400 computers	8/20/99	3,590.00	0.00	0.00	598.33	718.00	1,316.33	2,273.67	S/L	50
71	Toshiba laptop	8/20/99	1,440.00	0.00	0.00	240.00	288.00	528.00	912.00	S/L	50
72	OFFICE PRO WORKSTATION(DE	1/18/01	3,327.50	0.00c	0.00	0.00	277.29	277.29	3,050.21	S/L	50
73	HP LAPTOP	6/25/01	1,649.48	0.00c	0.00	0.00	0.00	0.00	1,649.48	S/L	50
74	COMPUTER SERVER AND INST.	12/28/00	8,656.19	0.00c	0.00	0.00	865.62	865.62	7,790.57	S/L	50
<b>FURNITURE AND EQUIPMENT</b>			68,898.27	0.00c	0.00	25,098.76	10,764.65	35,863.41	33,034.86		
*Less Dispositions			6,976.44	0.00	0.00	3,424.52	0.00	4,756.23	2,220.21		
<b>Net FURNITURE AND EQUIPMENT</b>			61,921.83	0.00c	0.00	21,674.24	10,764.65	31,107.18	30,814.65		
<b>Grand Total</b>			68,898.27	0.00c	0.00	25,098.76	10,764.65	35,863.41	33,034.86		
<b>Less Dispositions</b>			6,976.44	0.00	0.00	3,424.52	0.00	4,756.23	2,220.21		
<b>Net Grand Total</b>			61,921.83	0.00c	0.00	21,674.24	10,764.65	31,107.18	30,814.65		

# 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	Name of Exempt Organization <b>DELTA CENTER FOR INDEPENDENT LIVING</b>	Employer identification number <b>43-1752410</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P O box, see instructions <b>5933 HIGHWAY 94 SOUTH, NO. 107</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>ST. CHARLES, MO 63304</b>	

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

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

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ if this is for the whole group, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until FEBRUARY 15, 2002 to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning JUL 1, 2000, and ending JUN 30, 2001

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

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

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

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

### Signature and Verification

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

Signature ▶ Tracy M. Lemmey Title ▶ CPA Date ▶ 11/15/01

LHA For Paperwork Reduction Act Notice, see instruction