

Form **990-EZ****Short Form****Return of Organization Exempt From Income Tax**

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

▶ For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year

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

OMB No 1545-1150

2001**Open to Public Inspection**Department of the Treasury
Internal Revenue ServiceA For the 2001 calendar year, or tax year beginning JANUARY 1, 2001, and ending DECEMBER 31, 2001

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use IRS label or print or type See Specific Instructions.

C Name of organization

CRIME STOPPERS OF PALM BEACH CTY

Number and street (or P.O. box if mail is not delivered to street address)

2400 PGA BOULEVARD

Room/suite

2

City or town, state or country, and ZIP + 4

PALM BEACH GARDENS, FL 33410

D Employer identification number

59 3112742

E Telephone number

()

F Enter 4-digit (GEN) ▶

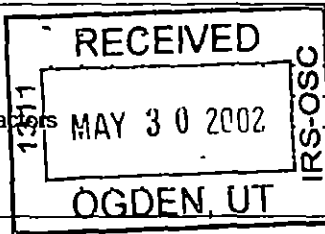
• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

G Accounting method ☒ Cash ☐ Accrual
Other (specify) ▶

I Web site: ▶

J Organization type (check only one)—☒ 501(c) (3) (insert no.) ☐ 4947(a)(1) or ☐ 527H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)K Check ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**L Add lines 5b, 6b, and 7b to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 70,252**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See Specific Instructions on page 35)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	<u>70,252</u>
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	<u>40</u>
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	5c	
	6	Special events and activities (attach schedule)	6	
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
	6b	Less direct expenses other than fundraising expenses	6b	
6c	Net income or (loss) from special events and activities (line 6a less line 6b)	6c		
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c		
8	Other revenue (describe ▶ _____)	8		
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	<u>70,292</u>	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	<u>6485</u>
	15	Printing, publications, postage, and shipping	15	<u>3353</u>
	16	Other expenses (describe ▶ _____)	16	<u>54,902</u>
	17	Total expenses (add lines 10 through 16)	17	<u>64,679</u>
Net Assets	18	Excess or (deficit) for the year (line 9 less line 17)	18	<u>5612</u>
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	<u>11,031</u>
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year (combine lines 18 through 20)	21	<u>16,643</u>

**Part II Balance Sheets**—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ

(See Specific Instructions on page 39)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	<u>11,031</u>	<u>16,643</u>
23 Land and buildings		
24 Other assets (describe ▶ _____)		
25 Total assets	<u>11,031</u>	<u>16,643</u>
26 Total liabilities (describe ▶ _____)		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	<u>11,031</u>	<u>16,643</u>

For Paperwork Reduction Act Notice, see the separate instructions

Cat No 106421

Form 990-EZ (2001)

SCANNED JUN 19 '02

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Part III Statement of Program Service Accomplishments (See Specific Instructions on page 40)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts optional for others)
What is the organization's primary exempt purpose? _____		
Describe what was achieved in carrying out the organization's exempt purposes in a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title		
28	Law Enforcement Activities: Rewards for any information given to aid in the arrest and indictment of felons (Grants \$ _____)	28a 11,200
29	_____ (Grants \$ _____)	29a
30	_____ (Grants \$ _____)	30a
31	Other program services (attach schedule) (Grants \$ _____)	31a
32	Total program service expenses (add lines 28a through 31a)	32 11,200

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See Specific Instructions on page 40)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
John Shwinn 11924 Forest Hill Blvd Wellington, FL 33414	Chairman	0	0	0
Russell O. Anderson 2400 PGA Blvd. Ste. 2 Palm Beach Gardens, FL 33410	Treasurer	0	0	0
Ell Marks 531 Cypress Crossing Wellington, FL	Vice Chairman	0	0	0

Part V Other Information (Note the attachment requirement in General Instruction V, page 14)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but NOT reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		X
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		X
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement)		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions		X
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee OR were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved		X
39	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 9		X
b	Gross receipts, included on line 9, for public use of club facilities		X
40a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		X
b	501(c)(3) and (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 an explanation		X
c	Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958		X
d	Enter Amount of tax on line 40c, above, reimbursed by the organization		X
41	List the states with which a copy of this return is filed		X
42	The books are in care of Russell O. Anderson Located at 2400 PGA Blvd. Ste. 2 Palm Beach Gardens, FL ZIP + 4 33410 Telephone no 561 687-5184		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		X

I have prepared this return, including accompanying schedules and statements, and to the best of my knowledge and belief, the information is true and correct, and I am not aware of any information that would cause this return to be inaccurate.

Prepared by _____ Date 5-23-02

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information—(See separate instructions)

OMB No 1545-0047

2001

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

Name of the organization

CRIME STOPPERS OF PALM BEACH COUNTY

Employer identification number

59 2112742

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

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

NONE

Part II

Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation

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

NONE

Part III Statements About Activities (See page 2 of the instructions)

- 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 ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities

- 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)

a Sale, exchange, or leasing of property?

b Lending of money or other extension of credit?

c Furnishing of goods, services, or facilities?

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

e Transfer of any part of its income or assets?

- 3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below)

- 4 Do you have a section 403(b) annuity plan for your employees?

Note: Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 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)
- 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)(v-i) (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 6 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) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	56,738	46,393	48,894	51,895	203,920
16 Membership fees received	0	0	0	0	0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc. purpose	0	0	0	0	0
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	40	96	195	112	443
19 Net income from unrelated business activities not included in line 18	0	0	0	0	0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	0	0	0	0	0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.	0	0	0	0	0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.	0	0	0	0	0
23 Total of lines 15 through 22	56,778	46,489	49,089	52,007	204,363
24 Line 23 minus line 17	56,778	46,489	49,089	52,007	204,363
25 Enter 1% of line 23	568	465	491	520	
26 Organizations described on lines 10 or 11 a Enter 2% of amount in column (e), line 24 ▶					26a 4087
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶					26b 4233
c Total support for section 509(a)(1) test. Enter line 24, column (e) ▶					26c 204,363
d Add Amounts from column (e) for lines 18 443 19 0					26d 443
22 0 26b 4233					26e 199,687
e Public support (line 26c minus line 26d total) ▶					26f 97.71 %
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶					
27 Organizations described on line 12 a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year.					
(2000) N/A (1999) N/A (1998) N/A (1997) N/A					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year.					
(2000) (1999) (1998) (1997)					
c Add Amounts from column (e) for lines 15 16 17 20 21					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 from line 23, column (e) ▶ [27f]					27g %
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶					27h %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶					
28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.	N/A				

Part V Private School Questionnaire (See page 7 of the instructions.)(To be completed ONLY by schools that checked the box on line 6 in Part IV) *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)		
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 9 of the instructions)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

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

Limits on Lobbying Expenditures

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

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

Caution. If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below
 See the instructions for lines 45 through 50 on page 11 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots 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 12 of the instructions)

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

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

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

Yes	No	Amount

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

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

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

(i) Cash

(ii) Other assets

- b Other transactions**

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

(ii) Purchases of assets from a noncharitable exempt organization

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

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

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

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

[illegible]

- 52a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶

☐ Yes ☐ No

- b If "Yes," complete the following schedule**

[illegible]

Name CRIME STOPPERS OF PALM BEACH CITY FEIN 59-2112742
 Address 3400 PGA BLVD. STE. 2
PALM BEACH GARDENS, FL 33410
 Form 990EZ Schedule _____ Line _____ Year 2001

FORM 990EZ - Page 1 Expenses - Line 16

Travel	\$ 6452
Conferences + Conventions	1130
Rewards	11,700
Dues	595
Awards Reception	1150
Plaques + Certificates	1174
Insurance	1689
Advertising	9662
Furnishing Expenses	9383
Storage	2340
Computer Expense	1558
Office Equipment	8569
TOTAL OTHER EXPENSES	\$ 51,902

SCHEDULE A - Page 3 Part IVA - Line 26B

Name of Donor	1997-2000 Total Contribution	2000 of Total Support	Excess
	\$ 5657	\$ 4087	\$ 11570
	\$ 6750	4087	2663
TOTALS	\$ 12,407	\$ 8174	\$ 4233

Total Excess to Schedule A (Form 990EZ)
 Page 3 Part IVA Line 26B

\$ 4233

CRIME STOPPERS OF PALM BEACH COUNTY
SCHEDULE OF DONATIONS > 500

	7-11 CANNISTEI	SUGAR CANE	CHEVRON	CELLULAR ONE	EMBASSY SUITES	PB CRIME WATCH	ESTATE OF SEEGER	ANONOM LEWIS	PB ECONOMIC COUNCIL
1990	0	1000				500			0
1991	0	1000							0
1992	0								0
1993		1000						2000	
1990-1993	0	3000				500		2000	0
1994		1000	500	525		1000		500	
LESS 1990	0	-1000							
1991-1994	0	3000	500	525		1500		2500	0
1995			700						
LESS 1991	0	-1000				-500			0
1992-1995	0	2000	1200	525		1000	5000	2500	0
1996					840				
LESS 1992	0								0
1993-1996	0	2000	1200	525	840	1000	5000	2500	0
1997		500	1700			2000		500	
LESS 1993		-1000						-2000	
1994-1997	0	1500	2900	525	840	3000	5000	1000	0
1998	2532		2250			1000			500
LESS 1994		-1000	-500	-525		-1000		-500	
1995-1998	2532	500	4650	0	840	3000	5000	500	500
1999	2325		1500						
LESS 1995			-700						
1996-1999	4857	500	5450	0	840	3000	5000	500	500
2000		500	2250						500
LESS 1996					-840		-5000		
1997-2000	4857	1000	7700	0	0	3000	0	500	1000
2001	800		750						500
LESS 1997	0	-500	-1700			-2000	0	-500	0
	5657	500	6750			1000		0	1500

UNITED VENDING	S POE	TROPICAL PIANO	CH 2 FL RESTUAR	BELLSOUTH	ECKERD CORP	GULFSTR ROOFING	CHERRY SPENCER	GENRING FOUND	TARGET VENDING
3352	0	1000		1000	500	1000			1664
3352	0	1000		2500	500	1000			1345
4482			500		3000			500	937
7834	0	1000	500	-1000	3500	1000			3946
2657					1000				
10491	0	1000	500	-500	4500	1000		500	-1664
					1500		500		2282
10491	0	1000	500	-500	6000	1000	500	500	-1345
									937
-3352	0	-1000		-500	-500	-1000			-937
7139	0	0	500	0	5500	0	500	500	0
0	500		0						
-4482			-500		-3000			-500	
2657	500		0		2500		500	0	
					1000				
-2657					-1000				
0	500	0	0	0	2500	0	500	0	0
					1000		500		
					-1500		-500		
0	500	0	0	0	2000	0	500	0	0
0	500				2000	0	500		

ARTHUR TREACHER	PB CHAM COMMER	WINN DIXIE	JOAN OF ARC	FPL	DELTA SPORT	COASTLINE VENDING	AT & T	REPUBLIC SECURITY	FOE AERIE
3775	1000	1000	0	1000					
1070				1000	750	617			
1035	1000					2737			
5880	2000	1000	0	2000	750	3354			
		1000				1702			
5880	2000	2000	0	2000	750	5056			
						2927	500		
-3775	-1000	-1000	0	-1000					
2105	1000	1000	0	1000	750	7983	500		
		1000		500		752			
-1070				-1000	-750	-617			
1035	1000	2000	0	500	0	8118	500		
		1000					500		
-1035	-1000					-2737			
0	0	3000	0	500	0	5381	1000		
				500		1648	500		
		-1000				-1702			
		2000		1000		5327	1500		
			800				750	950	
						-2927	-500		
0	0	2000	800	1000	0	2400	1750	950	0
				1000			750	500	1060
		-1000		-500		-752			
0	0	1000	800	1500	0	1648	2500	1450	1060
				1000					
		-1000					-500		
		0	800	2500	0	1648	2000	1450	1060

ARM DISTR TOTALS

_____	31015
2375	5425
	-6200
2375	30240