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Return of Organization Exempt From Income Tax

CT# 107482

OMB No 1545-0047

2001

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

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2001 calendar year, OR tax year beginning , and ending

- 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 Civic Ventures		D Employer identification number 94-3274339
	Number and street (or P O box if mail is not delivered to street address) Room/suite		E Telephone number
	425 2nd Street 601		415-430 0141
	City or town State or country ZIP + 4	F Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)	
San Francisco CA 94107			

G Web site

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

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

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes" enter number of affiliates N/A

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 GEN N/A

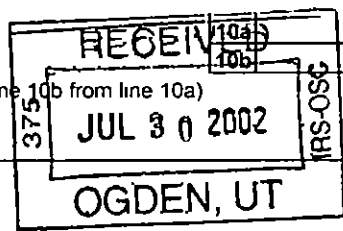
L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 8,945,536

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

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	8,574,324	
	b Indirect public support	1b		
	c Government contributions (grants)	1c	248,809	
	d Total (add lines 1a through 1c) (cash \$ 8,823,133 noncash \$ 0)	1d		8,823,133
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		45,318
	3 Membership dues and assessments	3		
	4 Interest on savings and temporary cash investments	4		65,681
	5 Dividends and interest from securities	5		
R	6a Gross rents	6a		
	b Less rental expenses	6b		
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c		0
v	7 Other investment income (describe)	7		
	8a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
	b Less cost or other basis and sales expenses	8a		
	c Gain or (loss) (attach schedule)	8b		
u	d Net gain or (loss) (combine line 8c, columns (A) and (B))	8c	0	0
	9 Special events and activities (attach schedule)			
	a Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a		
e	b Less direct expenses other than fundraising expenses	9b		
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c		0
	10a Gross sales of inventory, less returns and allowances			
n	b Less cost of goods sold			
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		0
	11 Other revenue (from Part VII, line 103)	11		11,404
Revenue	12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		8,945,536
	13 Program services (from line 44, column (B))	13		1,638,735
	14 Management and general (from line 44, column (C))	14		265,624
	15 Fundraising (from line 44, column (D))	15		22,801
	16 Payments to affiliates (attach schedule)	16		
Expenses	17 Total expenses (add lines 16 and 44, column (A))	17		1,927,160
	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		7,018,376
Net Assets	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		1,996,416
	20 Other changes in net assets or fund balances (attach explanation)	20		230,272
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		9,245,064

(A) Securities	(B) Other
8a	
8b	
0 8c	0



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Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 21.)

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) Schedule 2 (cash \$ 284,985 noncash \$ 0)	284,985	284,985		
23	Specific assistance to individuals (attach schedule)	0	0		
24	Benefits paid to or for members (attach schedule)	0	0		
25	Compensation of officers, directors, etc	162,816	144,254	4,500	14,062
26	Other salaries and wages	450,444	333,482	115,811	1,151
27	Pension plan contributions	33,291	23,589	8,374	1,328
28	Other employee benefits	31,065	24,449	6,030	586
29	Payroll taxes	44,208	33,090	9,962	1,156
30	Professional fundraising fees	0	0	0	0
31	Accounting fees	22,606	0	22,606	0
32	Legal fees	0	0	0	0
33	Supplies	24,722	5,224	19,498	0
34	Telephone	18,202	1,831	16,371	0
35	Postage and shipping	13,378	621	12,757	0
36	Occupancy	61,427	8,700	52,727	0
37	Equipment rental and maintenance	2,971	100	2,871	0
38	Printing and publications	37,251	33,277	3,974	0
39	Travel	143,412	131,320	11,253	839
40	Conferences, conventions, and meetings	137,619	127,661	9,917	41
41	Interest	0	0	0	0
42	Depreciation, depletion, etc (attach schedule) Schedule 3	23,850	0	23,850	0
43	Other expenses not covered above (itemize) a Schedule 4	434,913	486,152	-54,877	3,638
b		0			
c		0			
d		0			
e		0			
f		0			
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	1,927,160	1,638,735	265,624	22,801

Joint Costs Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A, (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 24.)

What is the organization's primary exempt purpose?	Program Service Expenses
To promote civic participation of older Americans	(Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others.)
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.)	
a See statement #1 for description of program service accomplishments	
Institutions	
Expenence Corps Expansion and Development (Grants and allocations \$ 284,985)	1,112,825
b	
Infrastructure	
Field Building - Coming of Age Conference (Grants and allocations \$)	271,918
c	
Ideas	
Innovations (Grants and allocations \$)	253,992
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)	1,638,735

Part IV Balance Sheets

(See Specific Instructions on page 24)

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	36,757	45	20,525
46	Savings and temporary cash investments	1,514,043	46	2,228,907
47a	Accounts receivable			
b	Less allowance for doubtful accounts	0	47c	0
48a	Pledges receivable			
b	Less allowance for doubtful accounts	0	48c	0
49	Grants receivable	710,000	49	7,047,194
50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
51a	Other notes and loans receivable (attach schedule)			
b	Less allowance for doubtful accounts	0	51c	0
52	Inventories for sale or use		52	
53	Prepaid expenses and deferred charges	16,213	53	10,612
54	Investments - securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
55a	Investments - land, buildings, and equipment basis			
b	Less accumulated depreciation (attach schedule)	0	55c	0
56	Investments - other (attach schedule)	0	56	0
57a	Land, buildings, and equipment basis	108,787		
b	Less accumulated depreciation (attach schedule) Schedule 3	52,052	57c	56,735
58	Other assets (describe <u>Deposits</u>)	5,822	58	6,008
59	Total assets (add lines 45 through 58) (must equal line 74)	2,336,520	59	9,369,981
Liabilities				
60	Accounts payable and accrued expenses	76,144	60	93,946
61	Grants payable	180,272	61	23,753
62	Deferred revenue	74,514	62	0
63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
64a	Tax-exempt bond liabilities (attach schedule)		64a	
b	Mortgages and other notes payable (attach schedule)		64b	
65	Other liabilities (describe <u>Equipment Lease Payable</u>)	9,174	65	7,218
66	Total liabilities (add lines 60 through 65)	340,104	66	124,917
Net Assets or Fund Balances				
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
67	Unrestricted	186,511	67	304,634
68	Temporarily restricted	1,809,905	68	8,940,430
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	
73	Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	1,996,416	73	9,245,064
74	Total liabilities and net assets/fund balances (add lines 66 and 73)	2,336,520	74	9,369,981

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-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return
(See Specific Instructions, page 26.)

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

a	Total revenue, gains, and other support per audited financial statements	a	8,945,536
b	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify)		
	\$		
	Add amounts on lines (1) thru (4)	b	0
c	Line a minus line b	c	8,945,536
d	Amounts included on line 12, 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	0
e	Total revenue per line 12, Form 990 (line c plus line d)	e	8,945,536

a	Total expenses and losses per audited financial statements	a	1,927,160
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) thru (4)	b	0
c	Line a minus line b	c	1,927,160
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	0
e	Total expenses per line 17, Form 990 (line c plus line d)	e	1,927,160

Part V List of Officers, Directors, Trustees, and Key Employees

(List each one even if not compensated, see Specific Instructions on page 26.)

(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
Gary Walker 425 - 2nd Street, Suite 601, San Francisco, CA 94107	Chair 5 hours/week	0	0	0
Phyllis Moen 425 - 2nd Street, Suite 601, San Francisco, CA 94107	Vice Chair 5 hours/week	0	0	0
John Gardner 425 - 2nd Street, Suite 601, San Francisco, CA 94107	Director 5 hours/week	0	0	0
Bill Berkeley 425 - 2nd Street, Suite 601, San Francisco, CA 94107	Director 5 hours/week	0	0	0
John Rother 425 - 2nd Street, Suite 601, San Francisco, CA 94107	Director 5 hours/week	0	0	0
Kelvin Taketa 425 - 2nd Street, Suite 601, San Francisco, CA 94107	Director 5 hours/week	0	0	0
Michael Bailin 425 - 2nd Street, Suite 601, San Francisco, CA 94107	Director 5 hours/week	0	0	0
Ruth Wooden 425 - 2nd Street, Suite 601, San Francisco, CA 94107	Director 5 hours/week	0	0	0
Jim Gibbs 425 - 2nd Street, Suite 601, San Francisco, CA 94107	Director 5 hours/week	0	0	0
Marc Freedman 425 - 2nd Street, Suite 601, San Francisco, CA 94107	Exe Director/Ex-Offici 40 hours/week	162,816	4,430	0

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?

Yes

No

If "Yes," attach schedule - see Specific Instructions on page 27

Part VI Other Information

(See Specific Instructions on page 27)

Yes or 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	No
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	No
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	No
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	No
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	No
b	If "Yes," enter the name of the organization <u>N/A</u> <u>N/A</u> and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt		
81a	Enter direct or indirect political expenditures See line 81 instructions	81a	0
b	Did the organization file Form 1120-POL for this year?	81b	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	No
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82b	0
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Yes
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	N/A
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	N/A
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b	N/A
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) orgs 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) orgs 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	No
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0</u> , section 4912 <u>0</u> , section 4955 <u>0</u>		0
b	501(c)(3) and 501(c)(4) orgs 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	No
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
d	Enter Amount of tax on line 89c, above, reimbursed by the organization		0
90a	List the states with which a copy of this return is filed <u>California</u>		
b	Number of employees employed in the pay period that includes March 12, 2001 (See instructions)	90b	10
91	The books are in care of <u>Civic Ventures</u> Telephone no <u>415-430 0141</u> Located at <u>425 - 2nd Street, Suite 601, San Francisco, CA</u> ZIP + 4 <u>94107</u>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	92	N/A

Part VII Analysis of Income-Producing Activities

(See Specific Instructions on page 32)

Note	Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(E)
		(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function income
93	Program service revenue					
a	Conference fees					27,175
b	Honoraria					18,143
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			14	65,681	
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					
101	Net income or (loss) from special events					
102	Gross profit or (loss) from sales of inventory					
103	Other revenue a Misc Receipts			01	11,404	
b						
c						
d						
e						
104	Subtotal (add cols (B), (D), and (E))		0		77,085	45,318
105	Total (add line 104, columns (B), (D), and (E))					122,403

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 32)

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	Conferences are related to promotion of civic participation of older Americans. Thus fees from participants and fees received for speaking are related to the organization's mission

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities

(See Specific Instructions on page 33)

(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 33)

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

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

Under penalties of perjury I declare that I have examined this return including accompanying schedules and statements and to the best of my knowledge and belief it is true correct and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here

Signature of officer: *Doug Bealey* Date: 7-22-02
 Type or print name and title: DOUG BEALEY, VICE PRESIDENT, FIN ADMIN

Paid Preparer's Use Only

Preparer's signature: *H. Ouchner* Date: 6/7/2002 Check if self-employed
 Preparer's SSN or PTIN (See Gen Inst W):
 Firm's name (or yours if self-employed): Hydeh Ghaffan Certified Public Accountants
 address and ZIP + 4: 440 Grand Ave, Suite 208, Oakland, CA 94610
 EIN: 94-3228528
 Phone no: 510-834 6542

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

2001

Supplementary Information - (See separate instructions)

Department of the Treasury
Internal Revenue Service

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

Name of the organization
Civic Ventures

Employer identification number
94-3274339

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
Cathy Maupin 605 Naples Street San Francisco, CA 94112	Vice President 40 hours/ week	84,711	4,430	0
Ann Marie Askew 353 Mary Lane, Eugene Eugene, OR 97405	Administrative Director 40 hours/week	67,755	3,898	0
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
None		
Total number of others receiving over \$50,000 for professional services	None	

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

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ _____ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? Form 990, Part V & Sch 5	X	
e Transfer of any part of its income or assets?		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc ? (See Note below)		X
4 Do you have a section 403(b) annuity plan for your employees?	X	
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)(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 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 Schedule 1

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)	1,813,097	1,173,859	774,533	135,000	3,896,489
16 Membership fees received					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	46,958	8,985	5,900	0	61,843
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	58,773	41,370	12,550	120	112,813
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					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
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					0
23 Total of lines 15 through 22	1,918,828	1,224,214	792,983	135,120	4,071,145
24 Line 23 minus line 17	1,871,870	1,215,229	787,083	135,120	4,009,302
25 Enter 1% of line 23	19,188	12,242	7,930	1,351	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				26a 80,186
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	Sch 6				26b 2,397,698
c Total support for section 509(a)(1) test Enter line 24, column (e)					26c 4,009,302
d Add Amounts from column (e) for lines	18 112,813	19 0			26d 2,510,511
	22 0	26b 2,397,698			26e 1,498,791
e Public support (line 26c minus line 26d total)					26f 37.38%
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 N/A				
	(2000)	(1999)	(1998)	(1997)	
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 0	16 0			27c 0
	17 0	20 0	21 0		27d 0
d Add Line 27a total	0				27e 0
e Public support (line 27c total minus line 27d total)					27f 0
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)					27g 0.00%
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27h 0.00%
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					None

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)

N/A

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

Limits on Lobbying Expenditures

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

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

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					0
46 Lobbying ceiling amount (150% of line 45(e))					0
47 Total lobbying expenditures					0
48 Grassroots nontaxable amount					0
49 Grassroots ceiling amount (150% of line 48(e))					0
50 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) (See page 12 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
		0

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

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2001

Name of organization

Civic Ventures

Employer identification number

94-3274339

Organization type (check one)

Filers of

Section

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the General rule or a Special rule (Note Only a section 501(c)(7), (8), or (10) organization can check box(es) for both the General rule and a Special rule - see instructions)

General Rule -

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

Special Rules -

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc , purposes, but these contributions did not aggregate to more than \$1,000 (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc , purpose Do not complete any of the Parts unless the General rule applies to this organization because it received nonexclusively religious, charitable, etc , contributions of \$5,000 or more during the year) \$ _____

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

Name of organization
Civic Ventures

Employer identification number
94-3274339

Part I Contributors (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 1,050,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> Complete Part II if there is a noncash contribution)
2		\$ 250,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> Complete Part II if there is a noncash contribution)
3		\$ 20,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> Complete Part II if there is a noncash contribution)
4		\$ 10,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> Complete Part II if there is a noncash contribution)
5		\$ 40,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> Complete Part II if there is a noncash contribution)
6		\$ 25,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> Complete Part II if there is a noncash contribution)

Name of organization Civic Ventures	Employer identification number 94-3274339
--	--

Part I Contributors (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>7</u>		\$ <u>364,399</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> Complete Part II if there is a noncash contribution)
<u>8</u>		\$ <u>6,818,161</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> Complete Part II if there is a noncash contribution)
<u>9</u>		\$ <u>100,000</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> Complete Part II if there is a noncash contribution)
<u>10</u>		\$ <u>12,000</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> Complete Part II if there is a noncash contribution)
<u>11</u>		\$ <u>25,000</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> Complete Part II if there is a noncash contribution)
<u>12</u>		\$ <u>47,500</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> Complete Part II if there is a noncash contribution)

Name of organization
Civic Ventures

Employer identification number
94-3274339

Part I Contributors (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13		\$ 144,275	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> Complete Part II if there is a noncash contribution)
14		\$ 5,239	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> Complete Part II if there is a noncash contribution)
15		\$ 100,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> Complete Part II if there is a noncash contribution)
	name, address and ZIP + 4	Aggregate contributions	Type of contribution Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> Complete Part II if there is a noncash contribution)
	Name, address and ZIP + 4	Aggregate contributions	Type of contribution Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> Complete Part II if there is a noncash contribution)
	Name, address and ZIP + 4	Aggregate contributions	Type of contribution Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> Complete Part II if there is a noncash contribution)

Civic Ventures
EIN 94-3274339
Year Ended December 31, 2001
Schedules Attached to 2001 Form 990

Schedule 6 - Schedule A, part IV-A, line 26b - Sum of excess contributions

NOT OPEN FOR PUBLIC INSPECTION

2000	1999	1998	1997	Line 26a	Total Less Line 26a
575,000	300,000	225,000	125,000	(80,186)	1,144,814
250,000	270,000	50,000	10,000	(80,186)	499,814
0	200,000	100,000	0	(80,186)	219,814
50,000	75,000	25,000	0	(80,186)	69,814
135,500	93,000	22,000	0	(80,186)	170,314
75,000	75,000	0	0	(80,186)	69,814
303,500	0	0	0	(80,186)	223,314
					<u><u>2,397,698</u></u>

Civic Ventures
 EIN 94-3274339
 Year Ended December 31, 2001
 Schedules Attached to 2001 Form 990

Schedule 1 - Part I, line 20 - Other changes in net assets and fund balances

Adjustment to beginning net assets to incorporate activities of groups considered fiduciary in error for accounting purposes in the past. Prior year's activities of these groups were excluded from Civic Venture's income and expenses. However, the organization concluded that operations of these groups are under the direction of Civic Venture and has tremendous impact on the organization's program activities and thus should be included as a part of the organization's income and expenses. The impact of this change in accounting was increase in net assets of \$230,272 and retroactive changes in support schedule.

Schedule 2 - Part II, line 22 - Grants to Others

Grantee name and address	Amount	Purpose of grant
Big Brothers of Greater Indianapolis 300 E Fall Creek Parkway N Dr, #400 Indianapolis, IN 46205	8,333	Support of Experience Corps project
Area Agency on Aging 1366 E Thomas Road, #108 Phoenix, AZ 85014	3,125	Support of Experience Corps project
Center for Documentary Studies 1317 W Pettigrew Street Durham, NC 27705	41,907	Support of Experience Corps project
John Hopkins University 2024 East Monument Street, Ste 2-700 Baltimore, MD 21205	100,460	Support of Experience Corps project
Generations, Inc 59 Temple Place, Ste 200 Boston, MA 02111	31,180	Support of Experience Corps project
Volunteers of America - Minnesota 5905 Golden Valley Road, Suite 110 Minneapolis, MN 55422-4490	23,561	Support of Experience Corps project
United Neighborhood Houses 70 West 36th Street, 5th Floor New York, NY 10018	21,086	Support of Experience Corps project
Metropolitan Family Services 230 NE 2nd Avenue, #2 Hillsboro, OR 97124	34,390	Support of Experience Corps project
YMCA of Greater Kansas City 3100 Broadway, #930 Kansas City, MO 64111	8,037	Support of Experience Corps project
Temple University Grants and Contracts Dept wachman Hall, 10th FL 1803 N Broad Street Philadelphia, PA 19122	12,906	Support of Experience Corps project
	<u>284,985</u>	

Civic Ventures promotes innovative ideas for engaging older Americans in service to their communities.

1. Institutions: Civic Ventures creates more compelling opportunities for older Americans to serve their communities.

Experience Corps® Expansion and Development

Civic Ventures serves as the central office for this signature program that operates in 15 cities throughout the country. The program provides schools and youth-serving organizations with a critical mass of caring older adults to improve academic performance and development of young people. Civic Ventures coordinates regular phone conference calls, annual project director trainings, and a newsletter and electronic bulletin board, allowing the network of sites to share vital information and support each other. Civic Ventures helps to establish or refine standards for the projects, informs expansion and identifies potential new sites, offers additional training and professional development opportunities, and provides a national voice for Experience Corps.

2. Infrastructure: Civic Ventures promotes policies that enable older Americans to become involved in strengthening communities.

Field Building - Coming of Age Conference

In Nov. 2001, Civic Ventures convened its third annual conference in San Jose, Calif. Conference participants had the opportunity to discover first hand the most up-to-date information about the developing field of civic engagement by older Americans. The national conference also inspired a fall 2001 regional forum on Boston.

3. Ideas Civic Ventures works to improve knowledge about and public awareness of efforts involving older Americans in service.

Innovations. This ongoing documentary series profiles the work of creative organizations that engage older Americans in new and compelling ways to revitalize their communities. In 2001, Civic Ventures published:

The Art of Medicine - the story of a free medical clinic and one social entrepreneur, "retired" physician and clinic co-founder Bill Schwartz.

Lessons for Life: Experience Corps - a tale of local heroes, women and men from economically blighted inner-city areas foregoing conventional retirement to devote 15 hours or more each week to children in need. Experience Corps members become additional "aunts" and "uncles" to the children, and a second family to each other.

Civic Ventures
 EIN 94-3274339
 Year Ended December 31, 2001
 Schedules Attached to 2001 Form 990

Schedule 3 - Part II, line 42 and Part IV, line 57 - Fixed assets and depreciation

Description	Method/ Life	Cost or Basis	Prior Depreciation	Current Depreciation	Accumulated Depreciation
Computer equipment	SL/3 years	51,797	12,586	12,577	25,163
Office equipment	SL/5 years	31,891	11,307	6,379	17,686
Leasehold improvements	SL/5 years	25,082	4,309	4,894	9,203
		<u>108,770</u>	<u>28,202</u>	<u>23,850</u>	<u>52,052</u>

Schedule 4 - Part II, line 43 - Other expenses

(A) Total	(B) Program services	(C) Mgmt & general	(D) Fundraising
Consultants - programs	324,346	324,346	0
Consultants - mgmt & gen	59,853	15,000	44,853
Participant living allowances	24,423	24,423	0
Publications & subscriptions	14,295	71	14,224
Insurance	4,333	0	4,333
Misc expenses	7,663	1,587	6,076
Shared costs allocated	0	120,725	(124,363)
<u>Total other expenses</u>	<u>434,913</u>	<u>486,152</u>	<u>(54,877)</u>

Schedule 5 - Schedule A, Part III, 2d - Reimbursement of expenses to directors, officers and key employees.

The Executive Director received reimbursement of \$55,313 for travel related expenses to attend board meetings and appear at conferences

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return

OMB No 1545-1709

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 Civic Ventures	Employer identification number 94-3274339
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 425 Second Street, Suite 601	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions San Francisco, CA 94107	

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 8/15/2002 to file the exempt organization return for the organization named above. The extension is for the organization's return for calendar year 2001 tax year beginning _____ and ending _____

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 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 H. O. ... Title Certified Public Accountant Date 4/25/2002
 For Paperwork Reduction Act Notice, see Instruction (HTA) Form 8868 (12-2000)