

Form **990**

Department of the Treasury
Internal Revenue Service

EXTENSION(S) ATTACHED
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)

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

OMB No 1545-0047

2001

Open to Public Inspection

A For the 2001 calendar year, or tax year period beginning **JUL 1, 2001** and ending **JUN 30, 2002**

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

SUNRISE COMMUNITY OF POLK COUNTY, INC.

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

9040 SUNSET DRIVE

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

MIAMI, FL 33173

D Employer identification number

65-0714062

E Telephone number

(305) 596-9040

F Accounting method Cash Accrual
 Other (specify) ▶

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

H and **I** are not applicable to section 527 organizations

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

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? **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 GEN ▶ **8670**

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

G Web site ▶ **WWW.SUNRISEGROUP.ORG**

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

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **2,894,743.**

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	51,555.	
	b	Indirect public support	1b	95,268.	
	c	Government contributions (grants)	1c		
	d	Total (add lines 1a through 1c) (cash \$ <u>146,823.</u> noncash \$ _____)	1d	146,823.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	2,739,795.	
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4	25.	
	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			
8a	Gross amount from sale of assets other than inventory	(A) Securities	(B) Other		
8b	Less: cost or other basis and sales expenses	8a	8b	1,415.	
8c	Gain or (loss) (attach schedule)	8c	-1,415.		
8d	Net gain or (loss) (combine line 8c, columns (A) and (B))	STMT 1	8d	-1,415.	
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			
10a	Gross sales of inventory, less returns and allowances	10a			
10b	Less: cost of goods sold	10b			
10c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11	Other revenue (from Part VII, line 103)	11	8,100.		
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	2,893,328.		
Expenses	13	Program services (from line 44, column (B))	13	2,593,437.	
	14	Management and general (from line 44, column (C))	14	215,605.	
	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	2,809,042.	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	84,286.	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	22,027.	
	20	Other changes in net assets or fund balances (attach explanation)	SEE STATEMENT 2	20	-35,103.
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	71,210.	

Revenue
SCANNED
MAR 13 '03

RECEIVED
MAR 13 2003
1200

Part II Statement of Functional Expenses

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) cash \$ _____ noncash \$ _____	22			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc	25	0.	0.	0.
26 Other salaries and wages	26	1,758,183.	1,450,105.	308,078.
27 Pension plan contributions	27			
28 Other employee benefits	28			
29 Payroll taxes	29	314,829.	259,663.	55,166.
30 Professional fundraising fees	30	2,218.		2,218.
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33	142,858.	115,546.	27,312.
34 Telephone	34	36,770.	11,846.	24,924.
35 Postage and shipping	35	7,721.	436.	7,285.
36 Occupancy	36	191,257.	184,308.	6,949.
37 Equipment rental and maintenance	37	20,491.	19,857.	634.
38 Printing and publications	38			
39 Travel	39	25,701.	13,224.	12,477.
40 Conferences, conventions, and meetings	40			
41 Interest	41	20,217.	7,078.	13,139.
42 Depreciation, depletion, etc (attach schedule)	42	30,590.	30,078.	512.
43 Other expenses not covered above (itemize)				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e SEE STATEMENT 3	43e	258,207.	501,296.	-243,089.
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D) carry these totals to lines 13-15	44	2,809,042.	2,593,437.	215,605.

Joint Costs Check if you are following SOP 98-2

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

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

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? **SEE BELOW**

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

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

a THE PURPOSE IS TO PROVIDE HOUSING, SUPERVISION, TRAINING AND THERAPEUTIC, MEDICAL, EDUCATIONAL AND OTHER RELATED SERVICES TO DEVELOPMENTALLY DISABLED INDIVIDUALS IN THE STATE OF FLORIDA.	(Grants and allocations \$ _____)	2,593,437.
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)		2,593,437.

Part IV Balance Sheets

Note			(A)		(B)	
Where required, attached schedules and amounts within the description column should be for end-of-year amounts only			Beginning of year		End of year	
Assets	45	Cash - non-interest-bearing	1,866.	45	2,628.	
	46	Savings and temporary cash investments		46		
	47 a	Accounts receivable	47a 356,047.			
	b	Less allowance for doubtful accounts	47b 22,700.	349,232.	47c	333,347.
	48 a	Pledges receivable	48a			
	b	Less allowance for doubtful accounts	48b		48c	
	49	Grants receivable			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		565.	53	676.
	54	Investments - securities			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 295,101.				
b	Less accumulated depreciation	57b 164,520.	155,416.	57c	130,581.	
58	Other assets (describe <input type="checkbox"/> Cost <input type="checkbox"/> FMV SEE STATEMENT 4)		5,155.	58	5,345.	
59	Total assets (add lines 45 through 58) (must equal line 74)		512,234.	59	472,577.	
Liabilities	60	Accounts payable and accrued expenses	215,907.	60	247,075.	
	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 STMT 5		238,864.	64b	141,760.
65	Other liabilities (describe SEE STATEMENT 6)		35,436.	65	12,532.	
66	Total liabilities (add lines 60 through 65)		490,207.	66	401,367.	
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	22,027.	67	71,210.	
	68	Temporarily restricted		68		
	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)		22,027.	73	71,210.	
74	Total liabilities and net assets / fund balances (add lines 66 and 73)		512,234.	74	472,577.	

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

Table with 5 rows (a-e) and 2 columns. Row a: Total revenue, gains, and other support per audited financial statements: 2,893,328. Row 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). Row c: Line a minus line b: 2,893,328. Row 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). Row e: Total revenue per line 12, Form 990 (line c plus line d): 2,893,328.

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

Table with 5 rows (a-e) and 2 columns. Row a: Total expenses and losses per audited financial statements: 2,809,042. Row 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). Row c: Line a minus line b: 2,809,042. Row 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). Row e: Total expenses per line 17, Form 990 (line c plus line d): 2,809,042.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated)

Table with 5 columns: (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. Rows include: CONNIE CROWTHER, DIRECTOR, 2 HOURS, 0.00, 0.00, 0.00; LAURA HAWLEY, DIRECTOR, 2 HOURS, 0.00, 0.00, 0.00; DOROTHY ADSIDE, DIRECTOR, 2 HOURS, 0.00, 0.00, 0.00; STEVEN WEINGER, DIRECTOR, 2 HOURS, 0.00, 0.00, 0.00; LESLIE W. LEECH, JR, PRESIDENT, AS REQUIRED, 0.00, 0.00, 0.00; JAMES G. WEEKS, PHD, SECRETARY/TREASURER, AS REQUIRED, 0.00, 0.00, 0.00.

20-781-10 10/07/21

Part VI Other Information		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		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		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		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?	X	
b	If "Yes," enter the name of the organization SEE STATEMENT 8 and check whether it is <input checked="" type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt.		
81 a	Enter direct or indirect political expenditures See line 81 instructions 81a 0.		
b	Did the organization file Form 1120-POL for this year?		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?		X
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III) 82b N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A		
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? 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 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? N/A		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? 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		X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0.</u> , section 4912 <u>0.</u> , section 4955 <u>0.</u>		
b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		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 FLORIDA		
b	Number of employees employed in the pay period that includes March 12, 2001 90b 95		

91 The books are in care of **JAMES G. WEEKS, VP FINANCIAL SVC** Telephone no **305-596-9040**
 Located at **9040 SUNSET DRIVE, SUITE 70B, MIAMI, FLORIDA** ZIP + 4 **33173**

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here
 and enter the amount of tax exempt interest received or accrued during the tax year 92 0.

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) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a STATE OF FLORIDA					2,713,939.
b GRANT REVENUE					25,856.
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	25.	
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			18	-1,415.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a THRIFT SHOP SALES			03	7,714.	
b MISCELLANEOUS REVENUE			03	196.	
c REVENUE FROM VENDING					
d MACHINE			03	190.	
e					
104 Subtotal (add columns (B), (D), and (E))		0.		6,710.	2,739,795.
105 Total (add line 104, columns (B), (D), and (E))					2,746,505.

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, 93B& 93C	PROVIDES RESIDENTIAL (24 HOUR PATIENT CARE) SERVICES FOR SEVERE DEVELOPMENTALLY DISABLED INDIVIDUALS. THESE SERVICES INCLUDE HOUSING, TRAINING AND THERAPEUTIC, SUPERVISION, MEDICAL, EDUCATIONAL AND OTHER RELATED SERVICES.

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

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums, directly or indirectly, on a policy?
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a policy?

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

Please Sign Here

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.

Signature of officer: *[Signature]* Date: *2/2/02*

Paid Preparer's Use Only

Preparer's signature: *[Signature]*

Firm's name (or yours if self-employed), address, and ZIP + 4: GRANT THORNTON LLP, 2700 SOUTH COMMERCE PARKWAY, WESTON, FL 33331-3630

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

2001

Supplementary Information-(See separate instructions.)

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

Department of the Treasury
Internal Revenue Service

Name of the organization **SUNRISE COMMUNITY OF POLK COUNTY, INC.** Employer identification number **65 0714062**

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
<u>MARY ELLEN BATE</u> ----- 9040 SUNSET DRIVE, 70B MIAMI, FL 33173	DIRECTOR 40 HOURS	54,054.		

Total number of other employees paid over \$50,000 ▶	1			

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
<u>NONE</u> -----		

Total number of others receiving over \$50,000 for professional services ▶	0	

Part III Statements About Activities (See page 2 of the instructions) Yes No

<p>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)</p> <p>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</p>	1		X
<p>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)</p> <p>a Sale, exchange, or leasing of property?</p> <p>b Lending of money or other extension of credit?</p> <p>c Furnishing of goods, services, or facilities?</p> <p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p> <p>e Transfer of any part of its income or assets?</p>	2a		X
	2b		X
	2c		X
	2d		X
	2e		X
<p>3 Does the organization make grants for scholarships, fellowships, student loans, etc ? (See Note below)</p>	3		X
<p>4 Do you have a section 403(b) annuity plan for your employees?</p>	4	X	
<p>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</p>			

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

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 26.)	235,736.	106,432.	133,101.	78,941.	554,210.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	2,644,688.	2,680,095.	1,721,251.	950,659.	7,996,693.
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					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.	2,150.	688.	SEE STATEMENT 7		2,838.
23 Total of lines 15 through 22	2,882,574.	2,787,215.	1,854,352.	1,029,600.	8,553,741.
24 Line 23 minus line 17	237,886.	107,120.	133,101.	78,941.	557,048.
25 Enter 1% of line 23	28,826.	27,872.	18,544.	10,296.	

26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24	26a	N/A
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.		26b	N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e)		26c	N/A
d Add: Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____		26d	N/A
e Public support (line 26c minus line 26d total)		26e	N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		26f	N/A %

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)	68,067.	(1999)	0.	(1998)	0.	(1997)	0.
--------	---------	--------	----	--------	----	--------	----

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:

(2000)	0.	(1999)	0.	(1998)	0.	(1997)	0.
--------	----	--------	----	--------	----	--------	----

c Add: Amounts from column (e) for lines 15 _____ 554,210. 16 _____ 17 _____ 7,996,693. 20 _____ 21 _____		27c	8,550,903.
d Add: Line 27a total _____ 68,067. and line 27b total _____ 0.		27d	68,067.
e Public support (line 27c total minus line 27d total)		27e	8,482,836.
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)	27f	8,553,741.	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g	99.1711%	
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h	.0000%	

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)

N/A

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

		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.)		
<hr/> <hr/> <hr/>			
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
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.)	32d	
<hr/> <hr/> <hr/>			
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	33h	
<hr/> <hr/> <hr/>			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
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.	34b	
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	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions) N/A
 (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
		N/A	
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				N/A
	(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	Yes	No	Amount
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)			0.

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

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

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

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 N/A

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52 a 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 N/A

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Sunrise Community of Polk County, Inc
EIN 65-0714062
FORM 990, PAGE 3, PART IV, LINE 55
FYE 06/30/02

PROPERTY & EQUIPMENT

	COST	ACCUMULATED DEPRECIATION	BOOK VALUE
FURNITURE AND EQUIPMENT	\$ 47,909	\$ (25,145)	\$ 22,764
COMPUTERS	\$ 15,199	\$ (9,903)	\$ 5,296
LEASEHOLD IMPROVEMENTS	\$ 93,687	\$ (23,473)	\$ 70,214
TRANSPORTATION AND EQUIPMENT	\$ 138,306	\$ (105,999)	\$ 32,307
TOTAL	<u>\$ 295,101</u>	<u>\$ (164,520)</u>	<u>\$ 130,581</u>

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

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	NET GAIN OR (LOSS)
DISPOSAL FIXED ASSET			PURCHASED	
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC
	0.	2,359.	0.	944.
TO FM 990, PART I, LN 8		2,359.	0.	944.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 2

DESCRIPTION	AMOUNT
THE SUNRISE GROUP HAS ESTABLISHED A CASH MANAGEMENT POLICY TO RECORD RELATED-PARTY CASH TRANSACTIONS AND NET ASSET TRANSFERS TO FACILITATE OPTIMUM CASH FLOW FLEXIBILITY AND CONTROL. DURING THE YEAR ENDED JUNE 30, 2002, THE ORGANIZATION RECEIVED NET ASSETS FROM OTHER RELATED NON-FOR-PROFIT CORPORATIONS, WHICH WERE USED PRIMARILY FOR OPERATIONS.	5,849.
PRIOR PERIOD ADJUSTMENT	-40,952.
TOTAL TO FORM 990, PART I, LINE 20	-35,103.

FORM 990 OTHER EXPENSES STATEMENT 3

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
ADVERTISING	3,517.	211.	3,306.	
BAD DEBT	42,594.		42,594.	
CONSULTANTS AND				

SMALL APPLIANCES AND FURNITURE	22,780.	22,780.	
STAFF DEVELOPMENT AND TRAINING	13,789.	5,701.	8,088.
TRANSPORTATION	70,528.	66,291.	4,237.
UTILITIES	73,738.	72,524.	1,214.
MANAGEMENT FEE	199,843.		199,843.
ADMINISTRATIVE ALLOCATION TO RELATED ENTITIES	-261,225.	293,354.	-554,579.
TOTAL TO FM 990, LN 43	258,207.	501,296.	-243,089.

FORM 990	OTHER ASSETS	STATEMENT	4
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DESCRIPTION	AMOUNT
DEPOSITS	5,345.
RECEIVABLE - BARNETT BANK	0.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	5,345.

FORM 990

OTHER NOTES AND LOANS PAYABLE

STATEMENT 5

LENDER'S NAME	TERMS OF REPAYMENT
COMMUNITY BANK	TERM LOAN, INT ONLY FOR 60 DAYS, THEN P&I FOR 58 MONTHS. DUE ON DEMAND

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
08/01/98	08/01/03	0.	10.50%

SECURITY PROVIDED BY BORROWER	PURPOSE OF LOAN
SECURED BY A/R AND PERSONAL PROPERTY	

RELATIONSHIP OF LENDER

NONE

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
	0.	106,264.

LENDER'S NAME	TERMS OF REPAYMENT
FIRST NATIONAL BANK OF SOUTH MIAMI	48 MONTHS @ \$463

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
06/04/01	06/04/05	19,120.	7.50%

SECURITY PROVIDED BY BORROWER	PURPOSE OF LOAN
TRANSPORTATION EQUIPMENT	

RELATIONSHIP OF LENDER

LENDER'S NAME TERMS OF REPAYMENT
 FORD CREDIT 48 MONTHS @ \$886

<u>DATE OF NOTE</u>	<u>MATURITY DATE</u>	<u>ORIGINAL LOAN AMOUNT</u>	<u>INTEREST RATE</u>
05/22/00	05/22/04	37,820.	5.90%

SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN
 SECURED BY A/R

RELATIONSHIP OF LENDER
 NONE

<u>DESCRIPTION OF CONSIDERATION</u>	<u>FMV OF CONSIDERATION</u>	<u>BALANCE DUE</u>
	0.	20,640.
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B		141,760.

FORM 990 OTHER LIABILITIES STATEMENT 6

<u>DESCRIPTION</u>	<u>AMOUNT</u>
BANK OVERDRAFT	6,398.
CAPITAL LEASE - CURRENT	6,134.
CAPTIAL LEASES	0.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	12,532.

SCHEDULE A OTHER INCOME STATEMENT 7

<u>DESCRIPTION</u>	<u>2000 AMOUNT</u>	<u>1999 AMOUNT</u>	<u>1998 AMOUNT</u>	<u>1997 AMOUNT</u>
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SUNRISE COMMUNITY OF POLK COUNTY, INC
EIN 65-0714062
FORM 990, PART VI, LINE 80b

<u>ORGANIZATION'S NAME</u>	<u>EXEMPT</u>	<u>NONEXEMPT</u>
CAPE CORAL HOME, INC	X	
EASTERN PANHANDLE TRAINING CENTER FOR THE HANDICAPPED, INC	X	
REGIONAL PROPERTIES, INC	X	
RESOURCES FOR INDEPENDENCE OF VIRGINIA, INC	X	
RESOURCES FOR INDEPENDENCE, INC	X	
SUNRISE 2000, INC	X	
SUNRISE COMMUNITY FOUNDATION, INC	X	
SUNRISE COMMUNITY OF GEORGIA, INC	X	
SUNRISE COMMUNITY OF MARYLAND, INC	X	
SUNRISE COMMUNITY OF NEW MEXICO, INC	X	
SUNRISE COMMUNITY OF NORTH CAROLINA, INC	X	
SUNRISE COMMUNITY OF SOUTHWEST FLORIDA, INC	X	
SUNRISE COMMUNITY OF TENNESSEE, INC	X	
SUNRISE COMMUNITY OF WEST VIRGINIA, INC	X	
SUNRISE COMMUNITY PROMOTIONS, INC	X	
SUNRISE COMMUNITY SERVICES, INC	X	
SUNRISE COMMUNITY, INC	X	
SUNRISE NORTHEAST, INC	X	
SUNRISE OPPORTUNITIES, INC	X	
SUNRISE UNITED CEREBRAL PALSY OF EAST TENNESSEE, INC	X	
TECH OF COLLIER COUNTY, INC	X	
THE HAVEN CENTER	X	
THE PHINEAS CORPORATION	X	
UNITED CEREBRAL PALSY ASSOCIATION OF GREATER HARTFORD, INC	X	
UNITED CEREBRAL PALSY OF KENTUCKY, INC	X	
UNITED CEREBRAL PALSY OF SARASOTA-MANATEE, INC	X	
UNITED CEREBRAL PALSY OF SAVANNAH & THE GOLDEN ISLES, INC	X	
UNITED CEREBRAL PALSY OF SOUTHWEST FLORIDA, INC	X	
UNITED CEREBRAL PALSY OF TALLAHASSEE, INC	X	

Application for Extension of Time To File an Exempt Organization Return

▶ 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 SUNRISE COMMUNITY OF POLK COUNTY, INC.	Employer identification number 65-0714062
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 9040 SUNSET DRIVE, NO. 70B	
	City, town or post office, state and ZIP code For a foreign address see instructions MIAMI, FL 33173	

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 18, 2003 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, 2001 and ending JUN 30, 2002

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 ▶ Cheryl A Rawson Title ▶ As Agent Date ▶ 10/31/02
LHA For Paperwork Reduction Act Notice, see instruction Form 8868 (12 2000)

• If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box **X**

Note Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.		
Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization SUNRISE COMMUNITY OF POLK COUNTY, INC.	Employer identification number 65-0714062
	Number, street, and room or suite no. If a P O box, see instructions 9040 SUNSET DRIVE, NO. 70B	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions MIAMI, FL 33173	

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

- Form 990
 Form 990-EZ
 Form 990-T (sec 401(a) or 408(a) trust)
 Form 1041 A
 Form 5227
 Form 8870
 Form 990-BL
 Form 990-PF
 Form 990-T (trust other than above)
 Form 4720
 Form 6069

STOP Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- If the organization does not have an office or place of business in the United States, check this box **X**
 • 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 **X**. 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 is for

4 I request an additional 3 month extension of time until MAY 15, 2003
 5 For calendar year _____, or other tax year beginning JUL 1, 2001 and ending JUN 30, 2002
 6 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period
 7 State in detail why you need the extension _____

8a 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, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____
 c **Balance Due** Subtract line 8b from line 8a. 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 Cheyl A Lawson Title As Agent Date 1/29/03

Notice to Applicant - To Be Completed by the IRS

- We have approved this application. Please attach this form to the organization's return.
 We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
 We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period.
 We cannot consider this application because it was filed after the due date of the return for which an extension was requested.
 Other _____

Director _____ By _____ Date _____

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3 month extension returned to an address different than the one entered above.

Type or print 123832 07-18-01	Name GRANT THORNTON LLP
	Number and street (include suite, room, or apt no.) Or a P O box number 2700 SOUTH COMMERCE PARKWAY, SUITE 300
	City or town, province or state, and country (including postal or ZIP code) WESTON, FL 33331-3630