See a Social Security Number? Say Something!
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# Short Form

## Return of Organization Exempt From Income Tax

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

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

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

### 2001

**Open to Public Inspection**

### A. For the 2001 calendar year, or tax year beginning and ending

<table>
<thead>
<tr>
<th>B. Check if applicable</th>
<th>C. Name of organization</th>
<th>D. Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address change</td>
<td>Canary Coalition, Inc.</td>
<td>91-20886609</td>
</tr>
<tr>
<td>Name change</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Initial return</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Final return</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amended return</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Application pending</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### E. Telephone number

828-586-4620

### G. Accounting method

- [X] Cash
- [ ] Accrual

### I. Web site

[TBD]

### J. Organization type (check only one)

- [ ] 501(c) (3) (Insert no)
- [ ] 4947(a)(1) or
- [ ] 527

### K. Check [X] if the organization's gross receipts are normally not more than $25,000

The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return

### L. Add lines 5b, 6b, and 7b to line 9 to determine gross receipts if $100,000 or more, file Form 990 instead of Form 990-EZ

**$ 0**

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

<table>
<thead>
<tr>
<th>Revenue (See Specific Instructions on page 35)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Contributions, gifts, grants, and similar amounts received</td>
</tr>
<tr>
<td>2. Program service revenue including government fees and contracts</td>
</tr>
<tr>
<td>3. Membership dues and assessments</td>
</tr>
<tr>
<td>4. Investment income</td>
</tr>
<tr>
<td>5a. Gross amount from sale of assets other than inventory</td>
</tr>
<tr>
<td>5b. Less cost or other basis and sales expenses</td>
</tr>
<tr>
<td>5c. Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)</td>
</tr>
<tr>
<td>6. Special events and activities (attach schedule)</td>
</tr>
<tr>
<td>a. Gross revenue (not including $ of contributions reported on line 1)</td>
</tr>
<tr>
<td>b. Less direct expenses other than fundraising expenses</td>
</tr>
<tr>
<td>c. Net income or (loss) from special events and activities (line 6a less line 6b)</td>
</tr>
<tr>
<td>7a. Gross sales of inventory, less returns and allowances</td>
</tr>
<tr>
<td>7b. Less cost of goods sold</td>
</tr>
<tr>
<td>7c. Gross profit or (loss) from sales of inventory (line 7a less line 7b)</td>
</tr>
<tr>
<td>8. Other revenue (describe)</td>
</tr>
<tr>
<td>9. Total revenue (add lines 1, 2, 3, 4, 5a, 6a, 7a, 7b, and 8)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expenses (See Specific Instructions on page 39)</th>
</tr>
</thead>
<tbody>
<tr>
<td>E. 10. Grants and similar amounts paid (attach schedule)</td>
</tr>
<tr>
<td>11. Benefits paid to or for members</td>
</tr>
<tr>
<td>12. Salaries, other compensation, and employee benefits</td>
</tr>
<tr>
<td>13. Professional fees and other payments to independent contractors</td>
</tr>
<tr>
<td>14. Occupancy, rent, utilities, and maintenance</td>
</tr>
<tr>
<td>15. Printing, publications, postage, and shipping</td>
</tr>
<tr>
<td>16. Other expenses (describe)</td>
</tr>
<tr>
<td>17. Total expenses (add lines 10 through 16)</td>
</tr>
</tbody>
</table>

**- Net 18. Excess or (deficit) for the year (line 9 less line 17)**

**- As-19. Net assets or fund balances at beginning of year (from line 27, column (A))**

**must agree with end-of-year figure reported on prior year's return**

**- sets 20. Other changes in net assets or fund balances (attach explanation)**

**- 21. Net assets or fund balances at end of year (combine lines 18 through 20)**

### Part II. Balance Sheets

(See Specific Instructions on page 39)

<table>
<thead>
<tr>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>22. Cash, savings, and investments</td>
<td>22</td>
</tr>
<tr>
<td>23. Land and buildings</td>
<td>23</td>
</tr>
<tr>
<td>24. Other assets (describe)</td>
<td>24</td>
</tr>
<tr>
<td>25. Total assets</td>
<td>25</td>
</tr>
<tr>
<td>26. Total liabilities (describe)</td>
<td>26</td>
</tr>
<tr>
<td>27. Net assets or fund balances (line 27 of column (B) must agree with line 21)</td>
<td>27</td>
</tr>
</tbody>
</table>

For Paperwork Reduction Act Notice, see the separate instructions
Part III Statement of Program Service Accomplishments (See Specific Instructions on page 40)

What is the organization's primary exempt purpose?

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

28

(Grants $ )

28a

29

(Grants $ )

29a

30

(Grants $ )

30a

31 Other program services (attach schedule)

(Grants $ )

31a

32 Total program service expenses (add lines 26a through 31a)

0

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See Specific Instructions on page 40)

(A) Name and address

(B) Title and average hours per week devoted to position

(C) Compensation (if not paid, enter -0-)

(D) Contributions to employee benefit plans & deferred compensation

(E) Expense account and other allowances

Part V Other Information (Note the attachment requirement in General Instruction V, page 14)

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.

34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conforming copy of the changes.

35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but NOT reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.

a Did the organization have unrelated business gross income of $1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?

b If "Yes," has it filed a tax return on Form 990-T for this year?

36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement)

37a Enter amount of political expenditures, direct or indirect, as described in the instructions

37b Did the organization file Form 1120-POL for this year?

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee OR were any such loans made in a prior year and still unpaid at the start of the period covered by this return?

b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved

39 501(c)(7) organizations Enter a initiation fees and capital contributions included on line 9

b Gross receipts, included on line 9, for public use of club facilities

40a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911, section 4912, section 4913, section 4955

b 501(c)3 and 4 organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation

c Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955 and 4956

d Enter Amount of tax on line 42c, above, reimbursed by the organization

41 List the states with which a copy of this return is filed

42 The books are in care of

Telephone no ( )

ZIP + 4

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

43

Please Sign Here

Signature of officer

Diana Kirk, Accounting and Membership Director

Date 7-23-02

Type or print name and title

Preparer's signature

John T. Overbay, CPA

Date 7-2-02

Check if self-employed

Preparer's SSN or PTIN (See Gen. Inst. W)

EIN 56-1880189

Phone no 828-586-1110

Form 990-EZ (2001)
Application for Extension of Time To File an Exempt Organization Return

Form 8868
(December 2000)
Department of the Treasury
Internal Revenue Service

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

<table>
<thead>
<tr>
<th>Name of Exempt Organization</th>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Canary Coalition, Inc</td>
<td>91-2089609</td>
</tr>
</tbody>
</table>

File by the due date for filing your return. See instructions

<table>
<thead>
<tr>
<th>Number, street, and room or suite no</th>
<th>If a P.O. box, see instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>P.O. Box 1556</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, town or post office, state, and ZIP code</th>
<th>For a foreign address, see instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Whittier, NC 2879</td>
<td></td>
</tr>
</tbody>
</table>

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

- [X] Form 990
- [ ] Form 990-BL
- [ ] Form 990-EZ
- [ ] Form 990-PF
- [ ] Form 990-T (corporation)
- [ ] Form 990-T (sec 401(a) or 408(a) trust)
- [ ] Form 990-T (trust other than above)
- [ ] Form 1041-A
- [ ] Form 4720
- [ ] Form 5227
- [ ] Form 6069
- [ ] 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) 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:

- [X] calendar year 2001
- [ ] tax year beginning _____________________________ and ending _____________________________

2. If this tax year is 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.

3c. 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: John Doe
Title: CPA
Date: 5/3/2001

For Paperwork Reduction Act Notice, see Instruction (HTA)

Form 8868 (12-2000)