

Short Form

OMB No 1545-1150

Form 990-EZ

Return of Organization Exempt From Income Tax

2002

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2002 calendar year, or tax year beginning 2002, and ending 20

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

Reserve, Inc.
International Child Development Resource Centre
6300 NE 1st Avenue
Ft. Lauderdale, Florida 33334

D Employer identification number

01 0609777

E Telephone number

(24) 766-0760

F Enter 4-digit (GEN)

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

G Accounting method Cash Accrual Other (specify)

I Website: NIA

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

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

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

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 36 of the instructions)

Table with 9 rows for Revenue. Columns include description, sub-rows (5a-7c), and amounts. Total revenue is 180,187.75.

Table with 7 rows for Expenses. Columns include description, sub-rows, and amounts. Total expenses is 105,031.23.

Table with 3 rows for Net Assets. Columns include description and amounts. Net assets at end of year is 15,156.92.

Part II Balance Sheets

Table with 7 rows for Balance Sheets. Columns include description, (A) Beginning of year, and (B) End of year. Net assets at end of year is 15,156.92.

For Paperwork Reduction Act Notice, see the separate instructions

Cat No 106421

Form 990-EZ (2002)

2002

Revenue

Expenses

Net Assets

AC O

Part III Statement of Program Service Accomplishments (See page 39 of the instructions)		Expenses
What is the organization's primary exempt purpose? <i>to use money to establish treatment + research facility for autistic children</i>		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)
28	(Grants \$)	28a
29	(Grants \$)	29a
30	(Grants \$)	30a
31	Other program services (attach schedule) (Grants \$)	31a
32 Total program service expenses (add lines 28a through 31a)		32

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated See page 40 of the instructions)				
(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
<i>Andrew J Wakefield, M.D. 43 Taylor Ave, Kew Gardens Surrey, U.K</i>		- 0 -	- 0 -	- 0 -
<i>Mr Robert Sawyer, Vice President Development 10 Simon Rd. Batsy, UK BA 1-55G</i>		- 0 -	- 0 -	- 0 -
<i>Elizabeth But, J.D. 723 Ashland Wy, Lantana, FL 33461</i>		- 0 -	- 0 -	- 0 -
<i>Jeff Broadstreet M.D. 643 Hurst Rd. NE Palm Bay, Florida 32907</i>		- 0 -	- 0 -	- 0 -

Part V Other Information (Note the attachment requirement in General Instruction V, page 14)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		X
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
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	37a	- 0 -
b	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?		X
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38b	
39	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911, section 4912, 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 4958		
d	Enter Amount of tax on line 40c, above, reimbursed by the organization		
41	List the states with which a copy of this return is filed		<i>Illinois, Florida</i>
42	The books are in care of		<i>Elizabeth But, J.D.</i>
	Located at		<i>723 Ashland W. Lantana, FL</i>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 and enter the amount of tax-exempt interest received or accrued		

Under penalties of perjury, I declare that I have examined this return and believe it is true, correct, and complete. Declaration of preparer (other than officer) is based on information furnished by taxpayer.

Please Sign Here
Elizabeth But
 Signature of officer
SECRETARY / TREASURER
 Type or print name and title

Paid Preparer's Use Only
 Preparer's signature
 Firm's name (or yours if self-employed) address and ZIP + 4