Form **990**

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)

Open to Public

Department of the Treasury ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service

Inspection

OMB No. 1545-0047

A For	the 20	04 calendar year, or tax year beginning 07/01, 2004, a	nd ending	06/30/2005
	k if applicable		DLE	D Employer identification number
	Address change	use IRS TENNESSEE, INC		62-0815931
	Name change	Number and street (or P.O. box if mail is not delivered to street address) Roo	m/suite	E Telephone number
	Initial retum	type.		
\square	Final return	See Specific 2120 CRESTMOOR ROAD		(615)383-3887
	Amended return	Instruc- City or town, state or country, and ZIP + 4		F Accounting method: Cash X Accrual
	Application pending	tions. NASHVILLE, TN 37215		Other (specify)
			l are not app	licable to section 527 organizations.
		trusts must attach a completed Schedule A (Form 990 or 990-EZ).	s this a group	return for affiliates? Yes X No
G W	ebsite:	WWW.NKFMDTN.ORG H(b)	f "Yes," enter	number of affiliates
J Or	ganizatio		Are all affiliates	
K Ch	eck here	I lif the organization's gross receipts are normally not more than \$25,000. The \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		a list. See instructions.)
or	ganizatior			ered by a group ruling? Yes X No
in	the mail,	it should file a return without financial data. Some states require a complete return.	Group Exempt	tion Number
		M (Check 🕨	if the organization is not required
L G	oss rece	ipts: Add lines 6b, 8b, 9b, and 10b to line 12 868, 210 .	to attach Sch.	B (Form 990, 990-EZ, or 990-PF).
Part	Re	venue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of	the instruc	ctions.)
	1 (Contributions, gifts, grants, and similar amounts received: STMT 1		Oxfort
	аг	Direct public support	89,910.	
	i	ndirect public support	6,311.	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	ı		11,597.	요. 소 ·
		Total (add lines 1a through 1c) (cash \$ noncash \$)	1d 207,818.
		Program service revenue including government fees and contracts (from Part VII, line 93)		2 480.
	t	Membership dues and assessments		3
		nterest on savings and temporary cash investments		1 1
	F	Dividends and interest from securities		5 2,070.
		Gross rents		3 -3
		_ess: rental expenses6b		
		Net rental income or (loss) (subtract line 6b from line 6a)		6c
ne	ł	Other investment income (describe)	7
Revenue	8 a	Gross amount from sales of assets other (A) Securities (B) Other		89-30 ⁴ 3 - 12 - 21-30 ⁴ 3
Re	1	than inventory		
	1 -	Less: cost or other basis and sales expenses 8b		
	C	Gain or (loss) (attach schedule)		
	i	Net gain or (loss) (combine line 8c, columns (A) and (B))		8d
	9	Special events and activities (attach schedule). If any amount is from gaming, check here		
	1	Gross revenue (not including \$ 141,050. of		
			53,605.	
			78,186.	
	1	Net income or (loss) from special events (subtract line 9b from line 9a)		9c 375,419.
	10 a	Gross sales of inventory, less returns and allowances 10a		\$40.00 m
	1	Less: cost of goods sold		\$6.00 \$6.00
		Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a	a)	10c
	1	Other revenue (from Part VII, line 103)		1
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)		12 590,024.
		Program services (from line 44, column (B))		
es	1	Management and general (from line 44, column (C))		I a a I
ens	1	Fundraising (from line 44, column (D))		
Expenses		Payments to affiliates (attach schedule)		
,		Total expenses (add lines 16 and 44, column (A))		
Ŋ.		Excess or (deficit) for the year (subtract line 17 from line 12)		
Net Assets	1	Net assets or fund balances at beginning of year (from line 73, column (A))		
As		Other changes in net assets or fund balances (attach explanation)		
Net		Net assets or fund balances at end of year (combine lines 18, 19, and 20)		
		Act and Panerwork Reduction Act Notice see the separate instructions		50m 990 (2004)

Pa	rt II Statement of Functional Exp			ions must complete column 4947(a)(1) nonexempt charit			
	Do not include amounts re 6b, 8b, 9b, 10b, or 16	ported on line		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations		SHURRAN		30171003	and general	
	(cash \$ nonc		22				
23	Specific assistance to individu		23				
24	Benefits paid to or for member	rs (attach schedule)	24				
25	Compensation of office	ers, directors, etc.	25	52,800.	31,680.	15,840.	5,280.
26	Other salaries and wage	es	26	167,592.	137,140.	11,048.	19,404.
27	Pension plan contribution	ons	27				
28	Other employee benefit	ts	28	28,610.	21,915.	3,491.	3,204.
29	Payroll taxes		29	16,287.	12,476.	1,987.	1,824.
30	Professional fundraising		30				
31	Accounting fees		31	11,622.	8,902.	1,418.	1,302.
32			32				
33	Supplies		33	16,225.	12,429.		1,817.
34	Telephone		34	6,017.	4,609.		674
35	Postage and shipping		35	6,478.	4,962.		726
36	Occupancy		36	21,192.	16,233.	2,585.	2,374
37	Equipment rental and r		37				0.45
38	Printing and publication		38	7,566.	5,796.		847
39	Travel		39 40	8,760.	6,710.	1,069.	981
40	Conferences, conventions		41				
41 42	Interest		42	4,749.		4,749.	
	Depreciation, depletion, etc. (and Other expenses not covered above		43a	166,144.	127,267.		18,608
	Other expenses not covered above		43b	100/1141	12//20/1	20,2051	207000
	°		43c				
	d		43d				
•	9		43e				
44	Total functional expenses (ac Organizations completing colu these totals to lines 13-15	dd lines 22 through 43).					
				514,042.	390,119.	66,882.	57,041
	<u> </u>	J if you are follo	_				. 🗀 🗀
	any joint costs from a com						
	res," enter (i) the aggregate						
_	the amount allocated to Ma					allocated to Fundraising S)
	art III Statement of I				ee page 25 of the ii	istructions.)	Program Service
	at is the organization's prin						Expenses
All	organizations must describents served, publication	ibe their exempt	purpos	se achievements in a cle	ear and concise mann	er. State the number	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1)
orc	ganizations and 4947(a)(1)	nonexempt charit	able tr	usts must also enter the	amount of grants and	allocations to others.)	trusts; but optional for others.)
_	STMT 6	· · · · · · · · · · · · · · · · · · ·					Others.)
•	~						
				Grants a	and allocations \$		177,745
b							
				(Grants a	and allocations \$)	80,979
С							
				(Grants a	and allocations \$)	72,827
d							
					and allocations \$)	37,687
е	Other program service				and allocations \$		20,881
f	Total of Program Serv	rice Expenses (sl	nould	equal line 44, column	(B), Program services	s) <i></i> >	390,119

Р	art IV	Balance Sheets (See page 25 of the instructions.)			
1	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
	45	Cash - non-interest-bearing	103,597.	45	212,654.
	46	Savings and temporary cash investments	637,460.	46	573,374.
Assets	47a b 48a b 49 50 51a b 52 53 54 55a	Accounts receivable Less: allowance for doubtful accounts Pledges receivable Less: allowance for doubtful accounts Less: allowance for doubtful accounts Grants receivable Receivables from officers, directors, trustees, and key employees (attach schedule) Other notes and loans receivable (attach schedule) Less: allowance for doubtful accounts Inventories for sale or use Prepaid expenses and deferred charges Investments - securities (attach schedule) Investments - land, buildings, and equipment: basis 47a 47b 48a 16,565. 48b 51a 51a Cost FMV	9,270.	47c 48c 49 50 51c 52	16,565. 2,123.
	56 57a b	Less: accumulated depreciation (attach schedule) Investments - other (attach schedule) Land, buildings, and equipment: basis	7,747	58	16,804.
_	59	Total assets (add lines 45 through 58) (must equal line 74)	759,291.		821,520.
	60	Accounts payable and accrued expenses	23,387		3,033.
Liabilities	61 62 63 64a b	Grants payable Deferred revenue Loans from officers, directors, trustees, and key employees (attach schedule) Tax-exempt bond liabilities (attach schedule) Mortgages and other notes payable (attach schedule) Other liabilities (describe ▶)	9,592	61 . 62 . 63 . 64a . 64b . 65	16,193.
	66	Total liabilities (add lines 60 through 65)	32,979	. 66	19,226.
_		anizations that follow SFAS 117, check here ▶ x and complete lines			
Not Accete or Eund Rajances		67 through 69 and lines 73 and 74. Unrestricted Temporarily restricted Permanently restricted anizations that do not follow SFAS 117, check here	137,632 588,680		254,841. 547,453.
2	Org	anizations that do not follow SFAS 117, check here and complete lines 70 through 74.			
ū	70	Capital stock, trust principal, or current funds		70	
Ĉ	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
+	72	Retained earnings, endowment, accumulated income, or other funds		72	
Not Act	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)	726,312		802,294.
_	74	Total liabilities and net assets / fund balances (add lines 66 and 73)	759,291	. 74	821,520.

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.

P	ar	10	4

Pai	t IV-A	Reconciliation of Revenue Financial Statements with Return (See page 27 of the	ı Re	evenue per	Pai	t IV-B	Reconciliation Financial State Return	of Expense ments with	s per	Audited enses per
a	Total rev	enue, gains, and other support			a a	Total e	expenses and lo	sses per	9741-89	ACTOR OF THE CO.
	per audit	ed financial statements	а	590,024	1.	audited	financial statemen	ts ▶	a	514,042
	-	s included on line a but not on	J.Y.		ь		s included on line		39 4 8	term in a sold selection.
	line 12, F	Form 990:	et.	学者自己统工 邮经	. 1	on line	17, Form 990:		§ 3	
		alized gains			(1)	Donated				
(- /		nents \$		2 / 1/4 1/4/E			of facilities \$			
(2)	Donated s		348		4		ar adjustments			
(-)		of facilities \$			X \ **		on line 20,			
(3)	Recoverie						0 \$		ğ.,	
(3)		•	300		/2				37.	
(4)		ts \$	33				eported on			
(4)	Other (spe	еспу):				· ·	Form 990 \$			
		 .			(4)	Other (sp	pecity):			
		\$ (0.11 - 1.02)			34.					
	Add amo	ounts on lines (1) through (4)	b		_		\$			
							ounts on lines (1) thro			
C	Line a m	inus line b	C	590,02	4. C	Line a n	ninus line b	•	· c	514,042
d	Amounts	s included on line 12,			d	Amount	ts included on line	17,		
	Form 99	00 but not on line a:				Form 9	90 but not on line	a:		
(1)	Investme	nt experises	- 5		(1	Investme	ent expenses			
	not includ	ded on line				not inclu	ided on line			
	6b. Form	990 \$	11.5			6b. Form	n 990 \$			
(2)	Other (sp		4.3		(2	Other (s		-	\$0.	
(-)	oution (op	J. J	1300		열리 '-	, Othor (5)	poorty).			
		œ	1 50							
	Add ame	ounts on lines (1) and (2) ▶			iinz.	Add om	nounts on lines (1)	and (2)		nakan dan dibbasa
_			<u>"</u>						\ <u>u</u>	
е		venue per line 12, Form 990			е		xpenses per line 17			
Do		ist of Officers Directors					olus line d) · · · ·			514,04
Га		List of Officers, Directors,	ı ı u	stees, and key	Empi	yees (Li	st each one even	ii not comp	ensate	ed; see page 27
		he instructions.)				and average per week	(C) Compensation (If not paid, enter	(D) Contribut		(E) Expense account and other
_		(A) Name and address				to position	-0)	deferred comp		allowances
SE	STATI	EMENT 8	_				52,800.	4	, 224	-0-
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75	Did any	officer, director, trustee, or key em	ploy	ee receive aggrega	te comp	ensation of	more than \$100,000	from your		
	-	tion and all related organizations, of attach schedule - see page 28 of the			,000 wa	s provided	by the related organiz	ations?		Yes x No

Part V 6 Did 7 Wer 1f "Y 8 a Did b If "Y 9 Was 10 a Is the men b If "Y 11 a Ente b Did 12 a Did or a b If "Y as r 33 a Did b Did 6 If "Y or g 5 5016 b Did If "Y rece	re any changes made in the org res," attach a conformed copy of the organization have unrelated res," has it filed a tax return on F s there a liquidation, dissolution the organization related (other the mbership, governing bodies, true res," enter the name of the organization rer direct and indirect political ex the organization file Form 1120 the organization receive donate at substantially less than fair renta revenue in Part I or as an expens the organization comply with the	activity not previously replanizing or governing docu f the changes. d business gross income of form 990-T for this year? he termination, or substant han by association with a si stees, officers, etc., to any nization NATIONAL and check whether expenditures. See line 81 inseption. POL for this year? ed services or the use of neal value?	orted to the IRS? If "Yes," attach a detainments but not reported to the IRS? of \$1,000 or more during the year covered ial contraction during the year? If "Yes," a statewide or nationwide organization) they other exempt or nonexempt organization KIDNEY FOUNDATION er it is X exempt or nonexempt organization is independent or nonexempt organization.	d by this return? attach a statement rough common		76 77 78a 78b 79	Yes	X X
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b Did 8 4 a Did b If "Y or g 8 5 501 b Did If "Y						83a	X	
64 a Did b If "Y or g 65 5016 b Did If "Y	the organization comply with th		s relating to quid pro quo contributions?			83b	x	
b If "Y or g 5 5016 b Did If "Y rece	the organization solicit any con					84a		x
or g 5 501 b Did If "\ rece			n express statement that such contribution	one		. O .		
5 501 b Did If "\ rece	gifts were not tax deductible?	•	•			84b	N/	Δ.
b Did If "\ rece	•		nes nondeductible by members?			85a	N/	
If "\ rece	I the organization make only in-		f #2 000 -= l2			85b	N/	
rece	-		85c through 85h below unless the orga			030	#Q.4	
		•	osc through osh below diffess the orga	HIZALION				
C Due	eived a waiver for proxy tax owe			losal	/ -	1 1/2,513	1 NO 10 1	
					N/A	\$. OA		1.5
					N/A			
			les notices		N/A	1		íse
			5d less 85e)		N/A	138min 3	Augusta de la composição	명취수
			the amount on line 85f?			85g	N/	<u>A</u>
			ganization agree to add the amount on li		able			L
			itical expenditures for the following tax y	1 1		85h	N/	Α_
			ns included on line 12		N/A	- :		
			ities		N/A			١.
			eholders	. 87a	N/A			
	oss income from other sources.							
					N/A	-	1800	
			or greater interest in a taxable corporation	on or				
		•	ganization under Regulations sections					l
					· · · · · · · ·	88	1316	X
			e organization during the year under:					
			N/A ; section 495		N/A			
			any section 4958 excess benefit transac					
		t*	ransaction from a prior year? If "Yes," att					
	statement explaining each transa					89b		X
		he organization managers	s or disqualified persons during the year u	ınder				
	ctions 4912, 4955, and 4958						N/A	<u> </u>
			rganization		▶_		N/A	<u> </u>
	st the states with which a copy o							
	imber of amployage amployed in	the pay period that include	des March 12, 2004 (See instructions.) .			90b		
91 The								
	e books are in care of TERES	A DAVIDSON		Telephone no	o. ► <u>615-38</u>	33-38	387	
92 Se	e books are in care of TERES cated at SAME AS PAGE	1		ZIP + 4	37215	33-38	387	_
and	e books are in care of TERES cated at SAME AS PAGE	1	90 in lieu of Form 1041 - Check here	ZIP + 4	37215	33-38	387	<u> </u>

	∃nter gross ed.	amounts unless otherwise		ated business inco		y section 512, 513, or 514	(E) Related or
			(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	exempt function
	•	ervice revenue:					income
		M SERV FEES				- ·	480.
d d							
e e							
-	Medicare/Me	edicaid payments					
		ontracts from government agencies					
_		ip dues and assessments					
		vings and temporary cash investments			14	4,237	
96	Dividends	and interest from securities			14	2,070	
97 I	Net rental	income or (loss) from real estate:			100 m		
a	debt-finan	ced property					
b i	not debt-fi	nanced property					
98	Net rental inc	ome or (loss) from personal property					
99	Other inve	stment income					
	` '	from sales of assets other than inventory					
		e or (loss) from special events.					375,419.
	-	or (loss) from sales of inventory					
		nue: a					<u></u>
b.				-			· · · · · · · · · · · · · · · · · · ·
d . e							
	Subtotal (a	dd columns (B), (D), and (E))	A Lead of the		194.000	6 207	375 900
104		du Widinis (D), (D), and (E)).	2. 7. 437874		1,100 (3,271.12)	6,307	. 375,899.
105 Note: Part Line	Total (add Line 105 p VIII R No. Exp	line 104, columns (B), (D), and (I blus line 1d, Part I, should equal the lationship of Activities to blain how each activity for which	E)) the amount on to the Acco n income is re	n line 12, Part I. complishment of the control of	of Exempt Purpos	ses (See page 34 or	f the instructions.)
105 Note: Part	Total (add Line 105 p VIII R No. Exp of t	line 104, columns (B), (D), and (I olus line 1d, Part I, should equal t elationship of Activities	E)) the amount on to the Acco n income is re	n line 12, Part I. complishment of the control of	of Exempt Purpos	ses (See page 34 or	f the instructions.)
105 Note: Part Line	Total (add Line 105 p VIII R No. Exp of t	line 104, columns (B), (D), and (I olus line 1d, Part I, should equal the elationship of Activities olain how each activity for which the organization's exempt purpo TMT 9	E)) the amount on to the Acco	n line 12, Part I. complishment of a ported in column an by providing fur	of Exempt Purpose (E) of Part VII contributed for such purposes)	ses (See page 34 of buted importantly to the ac	f the instructions.)
105 Note: Part Line	Total (add Line 105 p VIII R No. Exp of t ST	line 104, columns (B), (D), and (I plus line 1d, Part I, should equal to elationship of Activities to plain how each activity for which he organization's exempt purpout FMT 9	E)) the amount on to the Acco	n line 12, Part I. complishment of a ported in column an by providing further than the providing furt	of Exempt Purpos (E) of Part VII contri nds for such purposes) sregarded Entitie (C)	ses (See page 34 of the action of the page 34 of th	f the instructions.) complishment he instructions.)
105 Note: Part Line	VIII R No. Exp of t IX Inf	line 104, columns (B), (D), and (I plus line 1d, Part I, should equal the lationship of Activities of plain how each activity for which the organization's exempt purpout FMT 9	E)) the amount on to the Acco	n line 12, Part I. complishment of a ported in column an by providing fur	of Exempt Purpos (E) of Part VII contri nds for such purposes)	ses (See page 34 of buted importantly to the ac	f the instructions.)
105 Note: Part Line	VIII R No. Exp of t IX Inf	line 104, columns (B), (D), and (I blus line 1d, Part I, should equal the lationship of Activities of plain how each activity for which he organization's exempt purpout of the lationship of Activities of the organization's exempt purpout of the lationship of the l	E)) the amount on to the Acco	on line 12, Part I. complishment of the ported in column an by providing function by pr	of Exempt Purpos (E) of Part VII contri nds for such purposes) sregarded Entitie (C)	ses (See page 34 of the action of the page 34 of th	the instructions.) complishment he instructions.) (E) End-of-year
105 Note: Part Line	VIII R No. Exp of t IX Inf	line 104, columns (B), (D), and (I blus line 1d, Part I, should equal the lationship of Activities of plain how each activity for which he organization's exempt purpout of the lationship of Activities of the organization's exempt purpout of the lationship of the l	E)) the amount on to the Acco	on line 12, Part I. complishment of the ported in column an by providing function by pr	of Exempt Purpos (E) of Part VII contri nds for such purposes) sregarded Entitie (C)	ses (See page 34 of the action of the page 34 of th	the instructions.) complishment he instructions.) (E) End-of-year
105 Note: Part Line	VIII R No. Exp of t IX Inf	line 104, columns (B), (D), and (I blus line 1d, Part I, should equal the lationship of Activities of plain how each activity for which he organization's exempt purpout of the lationship of Activities of the organization's exempt purpout of the lationship of the l	E)) the amount on to the Acco	chine 12, Part I. complishment of the ported in column an by providing further than the providing fur	of Exempt Purpos (E) of Part VII contri nds for such purposes) sregarded Entitie (C)	ses (See page 34 of the action of the page 34 of th	the instructions.) complishment he instructions.) (E) End-of-year
105 Note: Part Line Part	VIII R No. Exp of t Name	line 104, columns (B), (D), and (I plus line 1d, Part I, should equal the lationship of Activities (I plain how each activity for which the organization's exempt purpout FMT 9 formation Regarding Taxa (A) a, address, and EIN of corporation, rinership, or disregarded entity	E)) the amount on to the According income is reseased (other the	diaries and Diesership interest	of Exempt Purpos (E) of Part VII contri nds for such purposes) sregarded Entitie (C) Nature of activities	ses (See page 34 of to buted importantly to the action of the second of	the instructions.) he instructions.) End-of-year assets
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JSA 4E1050 1.000

Form 8868

(Rev. December 2004)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

OMB No. 1545-1709

internal Neventue Se		
	ing for an Automatic 3-Month Extension, complete only Part I and check this box	
•	ing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page	,
	e Part II unless you have already been granted an automatic 3-month extension on a prev	riously filed Form 8868.
Part Autor	matic 3-Month Extension of Time - Only submit original (no copies needed)	
	rporations requesting an automatic 6-month extension - check this box and complete Par	•
	rations (including Form 990-C filers) must use Form 7004 to request an extension of time t REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065,	
	ng (e-file). Form 8868 can be filed electronically if you want a 3-month automatic exte	
	below (6 months for corporate Form 990-T filers). However, you cannot file it electron	
) 3-month extension, instead you must submit the fully completed signed page 2 (Pelectronic filing of this form, visit www.irs.gov/efile.	art II) of Form 8868. For more
Type or	Name of Exempt Organization NATIONAL KIDNEY FOUNDATION OF MID	Employer identification number
print		
-	TENNESSEE, INC Number, street, and room or suite no. If a P.O. box, see instructions.	62-0815931
File by the due date for		
filing your	2120 CRESTMOOR ROAD City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
return. See instructions.	* *	
Chook tune o	NASHVILLE, TN 37215	
	f return to be filed (file a separate application for each return):	4700
Form 990		rm 4720
		rm 5227 rm 6069
Form 990		rm 8870
	-FF F0/III 1041-A	111 6670
• If this is fo for the whole	nization does not have an office or place of business in the United States, check this box r a Group Return , enter the organization's four digit Group Exemption Number (GEN) group, check this box If it is for part of the group, check this box INs of all members the extension will cover.	
	t an automatic 3-month (6-months for a Form 990-T corporation) extension of time until	02/15 , 2006 ,
	e exempt organization return for the organization named above. The extension is for the	
	calendar year or	
► <u>x</u>	tax year beginning 07/01, 2004, and ending 06/3	, 2005
2 If this ta	x year is for less than 12 months, check reason: Initial return Final return	Change in accounting period
	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax	
nonrefu	ndable credits. See instructions	<u>\$</u> _
b If this a	opplication is for Form 990-PF or 990-T, enter any refundable credits and estimated tax	payments
made. I	nclude any prior year overpayment allowed as a credit	<u>\$</u>
c Balance	Due. Subtract line 3b from line 3a. Include your payment with this form, or, if require	ed, deposit
	TD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment Sys	•
	ions	
	ou are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-	EO and Form 8879-EO
for payment	instructions.	
For Privacy	Act and Paperwork Reduction Act Notice, see Instructions.	Form 8868 (Rev. 12-2004)

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

Supplementary Information - (See separate instructions.)
► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

2004

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service
Name of the organization

NATIONAL KIDNEY FOUNDATION OF MIDDLE

Employer identification number

TENNESSEE, INC

62-0815931

Part I Compensation of the Five Highes (See page 1 of the instructions. List ea	st Paid Employ ach one. If there	rees Other Than are none, enter "	Officers, Directo	ors, and Trustees
(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
NONE				
Total number of other employees paid over \$50,000	NONE		January No.	
Part II Compensation of the Five Highe (See page 2 of the instructions. List	st Paid Indepe each one (wheth	er individuals or fi	ors for Professions). If there are no	nal Services one, enter "None.")
(a) Name and address of each independent contractor paid	more than \$50,000	(b) Type	e of service	(c) Compensation
NONE				
	· · · · · · ·			
Total number of others receiving over \$50,000 for	T			

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ. JSA

Schedule A (Form 990 or 990-EZ) 2004

	till Statements About Activities (See page 2 of the instructions.)	Yes	No
	During the year, has the organization attempted to influence national, state, or local legislation, including any	103	110
1	attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid		
	or incurred in connection with the lobbying activities > \$ (Must equal amounts on line 38,		
	Part VI-A, or line i of Part VI-B.)		x
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other	18:5:	Many C
	organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of		
	the lobbying activities.		
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any	144	
-	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.)		
а	Sale, exchange, or leasing of property?		x
b	Lending of money or other extension of credit?		x
С	Furnishing of goods, services, or facilities?		x
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?SEE . 99.0. PART V 2d	x	1
е	Transfer of any part of its income or assets?		x_
3a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how		
	you determine that recipients qualify to receive payments.)	4	X
b	Do you have a section 403(b) annuity plan for your employees?	X	
4a	Did you maintain any separate account for participating donors where donors have the right to provide advice		
	on the use or distribution of funds?		<u> </u>
<u>_b</u>	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	<u> </u>	X
Pa	rt 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. Secti	on	
	170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)		
11k	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 nur from abo		
	Trom abo		_
	NATIONAL KIDNEY FOUNDATION 11	Δ	
	AMILORDI ALDREI FOUNDALION II	**	_
14	An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)		

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Schedule A (Form 990 or 990-EZ) 2004 62-0 5931 Page 3 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) (e) Total (a) 2003 (b) 2002 (c) 2001 (d) 2000 15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) 80,767. 673,385. 74,902. 180,131 1,009,185. NONE NONE 115 285 400. 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 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 6,473. 1,918. 3,290. 7,100. 18,781. Net income from unrelated business activities not included in line 18 Tax revenues levied for the organization's benefit and either paid to it or expended on 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 22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets 376,782. 320,525. 262,354 226,500. 1,186,161. Total of lines 15 through 22 23 464,022. 995,828. 340,661. 414,016. 2,214,527. 464,022. 995,828. 340,661. 414,016 2,214,527. 4,640. 9,958. 3,407. 4,140 26 Organizations described on lines 10 or 11: 44,291. 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 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts > 26b 37,959. c Total support for section 509(a)(1) test: Enter line 24, column (e) d Add: Amounts from column (e) for lines: 18 **18,781.** 19 1,186,161. 26b 37,959. ▶ 26d 1,242,901. 971,626. f Public support percentage (line 26e (numerator) divided by line 26c (denominator))▶ 26f 43.8751 % 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: (2003) _____ (2002) ____ (2001) NOT APPLICABLE (2000) ____ 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: (2003) _____ (2002) ____ (2001) ____ (2000) ____ Add: Amounts from column (e) for lines: 15 ______ 16 _____ 21 _____ _____ 20 ____ d Add: Line 27a total Public support (line 27c total minus line 27d total) 27e 13.46 Public support percentage (line 27e (numerator) divided by line 27f (denominator)) 27 g

Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, 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.

Par	, , ,	ABLE	=	
20	(To be completed ONLY by schools that checked the box on line 6 in Part IV) Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		Yes	No
29	other governing instrument, or in a regulation of its governing hady?	29	163	140
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its	- 23	75 B	
•	brochures, catalogues, and other written communications with the public dealing with student admissions,	in the		
	programs, and scholarships?	30		E.Ear
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during	- (2005)	3 Z	
	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?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
		2000 - 1 Agrae - 1		
32	Does the organization maintain the following:	1.44	1 23	
	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? Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	32b	<u> </u>	-
С		220		
А	with student admissions, programs, and scholarships? Copies of all material used by the organization or on its behalf to solicit contributions?	32c	 	
u	Copies of all material used by the organization of on its behalf to solicit contributions:	32u		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
		1355 146 G 177		
33	Does the organization discriminate by race in any way with respect to:	Ya kata		
	,, , , , , , , , , , , , , , , , ,			
а	Students' rights or privileges?	33a		
b	Admissions policies?	33b	<u> </u>	<u> </u>
С	Employment of faculty or administrative staff?	33c	<u> </u>	-
d	Scholarships or other financial assistance?	33d	-	
_	Educational national			
е	Educational policies?	33e	 	
£	Use of facilities?	225		
	Ose of facilities?	33f	+	
0	Athletic programs?	33g	.	
5	,	009	1	
h	Other extracurricular activities?	33h		
		940097 014049	15,77	
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
		2.75		
		2 3		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	 	-
_				
k	Has the organization's right to such aid ever been revoked or suspended?	34b		
	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		G##-3#	
33	of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No." attach an explanation	35		

	(Tob	ying Ex e comp	openditures by Elect pleted ONLY by an e	ligible organization	that filed Form 5	the instruction 768) NOT 2	PPLICAE	
Che	eck ▶a if the	e organiz	zation belongs to an affilia	ated group. Check	▶ b if you che			trol" provisions apply.
	(= 1		imits on Lobbying	•		(a Affiliated tota	group	(b) To be completed for ALL electing
			"expenditures" means					organizations
36			tures to influence publi					
37			tures to influence a leg			7		
38			tures (add lines 36 and					
39	Other exempt p	urpose	expenditures		39	•		
40			expenditures (add line		40		, .,	water of profession and the second second
41	Lobbying nonta	xable a	mount. Enter the amou	_	10 miles			
	If the amount o	n line 4	10 is - The lob	bying nontaxable an	nount is -			
	Not over \$500,000		20% of the	he amount on line 40				
	Over \$500,000 but	not over	\$1,000,000 \$100,000	0 plus 15% of the excess o	ver \$500,000			
			er \$1,500,000 \$175,00		1, 0,	1	80	
	Over \$1,500,000 b		er \$17,000,000 \$225,00		er \$1,500,000			
	Over \$17,000,000		\$1,000,0		ノ 🏗	12, 75, 70, 73, 73	J. 1777	
42			amount (enter 25% of		4:			
43			ne 36. Enter -0- if line					
44	Subtract line 41	from li	ine 38. Enter -0- if line	41 is more than line 3	38 4	4	. 10 1 1 1 2 2 2 2 2 2 2 2	CST SCHOOLSCHIST HIS STORE CORES SERVICES
	Caution: If ther	e is an	amount on either line	43 or line 44, you mus Averaging Period		在計畫的職工	10 sq 6 i	
	(Some org	ganizati	ons that made a section See the instruction	on 501(h) election do ns for lines 45 throug Lobbying Expendi	h 50 on page 11 of	the instructio	ns.)	below.
			l	ECODO JILIGI EXPONICI	taioo bainig 4 it	ai Averagiii	9 . 004	
_								
	Calendar year (o		(a)	(b)	(c)		d)	(e)
	year beginning i	n) >	(a) 2004		(c) 2002		d) 001	(e) Total
	year beginning in Lobbying nontax	n) ► able	1 ' ' 1	(b)				I .
	year beginning in Lobbying nontaxa amount	n) ► able	2004	(b) 2003	2002			I .
45	year beginning in Lobbying nontaxe amount Lobbying ceiling	able amount	2004	(b) 2003	2002	20	001	Total
45	year beginning in Lobbying nontaxa amount	able amount	2004	(b) 2003	2002	20		Total
45	year beginning in Lobbying nontaxe amount Lobbying ceiling (150% of line 45(able amount e))	2004	(b) 2003	2002	20	001	Total
45	year beginning in Lobbying nontaxe amount Lobbying ceiling (150% of line 45(able amount e))	2004	(b) 2003	2002	20	001	Total
45 46 47	Lobbying nontaxa amount Lobbying ceiling (150% of line 45) Total lobbying expe	able amount e)) nditures	2004	(b) 2003	2002	20	001	Total
45 46 47	Lobbying nontaxa amount	able amount e)) nditures xable	2004	(b) 2003	2002	20	001	Total
45 46 47 48	Lobbying nontaxa amount	able amount e)) nditures exable emount	2004	(b) 2003	2002	20	001	Total
45 46 47 48	Lobbying nontaxa amount	able amount e)) nditures xable amount	2004	(b) 2003	2002	20	001	Total
45 46 47 48 49	Lobbying nontaxa amount Lobbying ceiling (150% of line 45) Total lobbying expe Grassroots nonta amount Grassroots ceiling a (150% of line 48(e) Grassroots lobby	able amount e)) nditures xable amount)	2004	(b) 2003	2002	20	001	Total
45 46 47 48 49	Lobbying nontaxa amount	able amount e)) nditures xable amount)	2004	(b) 2003	2002	20	001	Total
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45 46 47 48 49 50 Du	Lobbying nontaxa amount	able amount e)) nditures exable amount) pying A report ne organ public op	Activity by Nonelection on a legislative material and a legislative materia	(b) 2003 ng Public Charities tions that did not co	2002 mplete Part VI-A) al legislation, including the use of:	NOT (See page 1	APPLICA 1 of the ir	Total BLE instructions.)
45 46 47 48 49 50 Pr	Lobbying nontaxa amount	able amount e)) nditures exable amount) pying A report ne organ public op	Activity by Nonelecting only by organization attempt to influer inion on a legislative mat	(b) 2003 ng Public Charities tions that did not co ice national, state or loc iter or referendum, through	2002 mplete Part VI-A) al legislation, including the use of:	NOT (See page 1	APPLICA 1 of the ir	Total BLE instructions.)
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			see page 11 of the instructions.)			
51				wing with any other organization described i	n sect	ion
		•	· / · / ·	527, relating to political organizations?		
а		,	tion to a noncharitable exempt organiz		Yes	No
					-	_ <u>x</u> _
						x
D	Other tran		ith a nagalearitable average averagination	1.73		
	(I) Sale	s or exchanges of assets w	ith a noncharitable exempt organization	b(i)		_ <u>x</u> _
	(II) Puro	chases of assets from a nor	charitable exempt organization	b(ii)	+	<u>x</u>
	(iii) Reni	tai of facilities, equipment, c	r other assets	b(iii)	 	<u> </u>
	(IV) Rein	noursement arrangements		b(iv)		<u>x</u>
	(v) Loar	ns or loan guarantees		b(v)		<u>X</u>
_			mbership or fundraising solicitations			<u>x</u>
			ng lists, other assets, or paid employees		.l	_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						
	-		the reporting organization. If the organization in column (d) the value of the goods, other			
	(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arr	angeme	nts
_		7 Milodine mirotrod	reality of Horionalitable exempt organization	Description of transiers, transactions, and sharing and		
_	NI / 7					
_	N/A					
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			L	<u> </u>		
52	describe	ed in section 501(c) of the C complete the following sche		n section 527? Ye	s [K No
	Na	(a) ame of organization	(b) Type of organization	(c) Description of relationship		
_						
_	N/A					
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FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES

DESCRIPTION	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
KIDNEY KAPER POINSETTA SALE	193,823.	100,742.	93,081.
GOLF TOURNAMENT '04 KIDNEY CARE CAMPAIGN	53,087.	32,679.	20,408.
TRANSPLANT GAMES TENNIS TOURNAMENT	487	732.	1245
KIDNEY WALK-COLUMBIA	22,289.	9,871.	12,418.
SPRING TEA PARTY GOTF TOTRNAMENT '05	25 975.	403.	8,472. 25,002.
CAR RAFFLE	21,694	20,261	1,433
TOTALS	653,605.	278,186.	375,419.

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
AWARDS AND GRANTS	1,107.	848.	135.	124.
DIRECT ASSISTANCE TO FAITENIS MISCELLANEOUS	1,939.	1,486.	236.	4,886.
NATIONAL DUES	104,803.	80,279.	12,786.	11,738
INSURANCE	14,671.	11,238.	1,790.	1,643.
TOTALS	166,144.	127,267.	20,269.	18,608.

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

PRIMARILY ORGANIZED TO MAINTAIN EDUCATIONAL, RESEARCH PATIENT AND COMMUNITY SERVICE PROGRAMS TO PROMOTE AWARENESS OF AND THE EVENTUAL ERADICATION OF KIDNEY AND URINARY TRACT DISEASES.

ITEM 	I DESCRIPTION	EXPENSES
	PATIENT SERVICES PROVIDE EMERGENCY FINANCIAL GRANTS TO QUALIFIED PATIENTS FOR TRANSPORTATION, MEDICATIONS, SUPPLEMENTS, FOOD, EYEGLASSES, DENTURES, UTILITY BILLS,	177,745.
	INSURANCE FREMIUMS AND OTHER NEEDS. COMMUNITY SERVICES ARE PROVIDED IN THE FORM OF WORKSHOPS AND EXHIBITS AT VARIOUS COMMUNITY FUNCTIONS THROUGHOUT MIDDLE TENNESSEE.	80,979.
	PUBLIC EDUCATION DEVELOPS AN AWARENESS OF KIDNEY-RELATED DISEASES THROUGH PAMPHLET AND BROCHURE DISTRIBUTION.	72,827.
	PROFESSIONAL SERVICES INCLUDE ADMINISTRATIVE SUPPORT AND OVERHEAD RELATING TO PROGRAM SERVICES.	37,687.

TOTAL

62-0815931

(H
HZH
SERVICES (1
PROGRAM
OTHER
i
HHH
PART
990,
FORM

DESCRIPTION

RESEARCH

GRANTS AND

ALLOCATIONS

20,881.

20,881.

TOTALS

41965

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

DOBOTOR TIME BARRIE
MARIE AND ADDRESS

EXEC DIREC SEE ATTACHED LIST OF NONCOMPENSATED NASHVILLE, TN 37205 6013 CARGILE ROAD TERESA DAVIDSON

BOARD OF DIRECTORS

4,224.

52,800.

4,224.	16 16 16 17 18 18 18 18 18 18 18 18 18 18 18 18 18
52,800.	
GRAND TOTALS	



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Nashville Electric Service

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FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES ______

EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED LINE IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES NO.

93 PROGRAM SERVICE FEES

101 SPECIAL FUNDRAISING EVENTS ARE A PRIMARY SOURCE OF FUNDS, COMPRISING 50 - 75% OF THE FOUNDATION'S GROSS REVENUE. THE FUND-RAISING EVENTS, AS WELL AS THE MEMBERSHIP DUES, ARE ESSENTIAL TO THE CONTINUANCE OF THE NATIONAL KIDNEY FOUNDATION'S EXEMPT PURPOSE ACTIVITIES.

FORM 990, PART IV - BALANCE SHEETS

LAND, BUILDINGS, EQUIPMENT AND FURNISHINGS ARE STATED AT COST OR, IF DONATED, AT FAIR MARKET VALUE AT THE DATE OF DONATION. DEPRECIATION OF BUILDINGS, EQUIPMENT AND FURNISHINGS IS PROVIDED ON A STRAIGHT-LINE BASIS OVER ESTIMATED USEFUL LIVES RANGING FROM ONE TO TWENTY-FIVE YEARS.

FIXED ASSETS ARE COMPRISED OF THE FOLLOWING AT THE END OF THIS FILING YEAR:

EQUIPMENT	\$ 58,006
TOTAL	58,006
LESS: ACCUMULATED DEPRECIATION	(41,202)
TOTAL - NET	\$ 16,804