

Form 990

Return of Organization Exempt from Income Tax

OMB No. 1545-0047

2004

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
InspectionDepartment of the Treasury
Internal Revenue Service

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

A For the 2004 calendar year, or tax year beginning 7/01, 2004, and ending 6/30, 2005

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
instruc-
tions.RUTHERFORD COUNTY ADULT ACTIVITY CENTER
P.O. BOX 733
MURFREESBORO, TN 37133-0733

D Employer identification number

62-0980251

E Telephone number

615 890-4389

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? ... ☐ Yes ☐ No

(If 'No,' attach a list. See instructions.)

H (d) Is this a separate return filed by an
organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number. ▶

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

G Web site: ▶ N/A

J Organization type

(check only one) ☒ 501(c) 3 (insert no.) ☐ 4947(a)(1) or ☐ 527K 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. ▶ 4,435,680.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

1	Contributions, gifts, grants, and similar amounts received:		
a	Direct public support	1a	654.
b	Indirect public support	1b	88,622.
c	Government contributions (grants)	1c	40,941.
d	Total (add lines 1a through 1c) (cash \$ 130,217. noncash \$)	1d	130,217.
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	4,304,936.
3	Membership dues and assessments	3	
4	Interest on savings and temporary cash investments	4	27.
5	Dividends and interest from securities	5	
6a	Gross rents	6a	
b	Less: rental expenses	6b	
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c	
7	Other investment income (describe)	7	
8a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other
b	Less: cost or other basis and sales expenses	8a	500.
c	Gain or (loss) (attach schedule)	8b	
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c	500.
8d		8d	500.
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		
a	Gross revenue (not including \$ of contributions reported on line 1a)	9a	
b	Less: direct expenses other than fundraising expenses	9b	
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	
10a	Gross sales of inventory, less returns and allowances	10a	
b	Less: cost of goods sold	10b	
c	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	
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	4,435,680.
13	Program services (from line 44, column (B))	13	3,971,923.
14	Management and general (from line 44, column (C))	14	504,384.
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	4,476,307.
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	-40,627.
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	785,567.
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	744,940.

- and Paperwork Reduction Act Notice, see the separate instructions.

TEEA0107L 01/07/05

Form 990 (2004)

Part III 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 (att sch) (cash \$ _____ non-cash \$ _____)	22				
23	Specific assistance to individuals (att sch)	23				
24	Benefits paid to or for members (att sch)	24				
25	Compensation of officers, directors, etc.	25				
26	Other salaries and wages	26	3,116,723.	2,846,596.	270,127.	
27	Pension plan contributions	27				
28	Other employee benefits	28	268,212.	251,883.	16,329.	
29	Payroll taxes	29	313,571.	289,615.	23,956.	
30	Professional fundraising fees	30				
31	Accounting fees	31				
32	Legal fees	32				
33	Supplies	33				
34	Telephone	34	34,595.	30,271.	4,324.	
35	Postage and shipping	35	1,680.		1,680.	
36	Occupancy	36	57,587.	49,388.	8,199.	
37	Equipment rental and maintenance.	37				
38	Printing and publications	38				
39	Travel	39	8,209.	7,014.	1,195.	
40	Conferences, conventions, and meetings.	40	4,243.		4,243.	
41	Interest	41	16,476.	19.	16,457.	
42	Depreciation, depletion, etc (attach schedule) ...	42	85,700.	59,880.	25,820.	
43	Other expenses not covered above (itemize):					
a	SEE STATEMENT 2	43a	569,311.	437,257.	132,054.	
b		43b				
c		43c				
d		43d				
e		43e				
44	Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15.	44	4,476,307.	3,971,923.	504,384.	0.

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 AccomplishmentsWhat is the organization's primary exempt purpose? SEE STATEMENT 3

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) & (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and
(4) organizations and
4947(a)(1) trusts; but
optional for others.)

a	THE AGENCY PROVIDES SERVICES AND ACTIVITIES FOR MENTALLY HANDICAPPED. THE AGENCY SERVES 110 ADULT CLIENTS.	
	(Grants and allocations \$ _____)	3,971,923.
b		
	(Grants and allocations \$ _____)	
c		
	(Grants and allocations \$ _____)	
d		
	(Grants and allocations \$ _____)	
e	Other program services (Grants and allocations \$ _____)	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services).	3,971,923.

Part IV Balance Sheets (See Instructions)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash — non-interest-bearing.....	4,574.	45	3,400.
	46 Savings and temporary cash investments.....	33,055.	46	35,743.
	47a Accounts receivable.....	47a 582,945.		
	b Less: allowance for doubtful accounts.....	47b	47c	582,945.
	48a Pledges receivable.....	48a		
	b Less: allowance for doubtful accounts.....	48b	48c	
	49 Grants receivable.....		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule).....		50	
	51a Other notes & loans receivable (attach sch).....	51a		
	b Less: allowance for doubtful accounts.....	51b	51c	
	52 Inventories for sale or use.....		52	
	53 Prepaid expenses and deferred charges.....	16,574.	53	
	54 Investments — securities (attach schedule).....	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
	55a Investments — land, buildings, & equipment: basis.....	55a		
	b Less: accumulated depreciation (attach schedule).....	55b	55c	
	56 Investments — other (attach schedule).....		56	
	57a Land, buildings, and equipment: basis.....	57a 1,463,834.		
	b Less: accumulated depreciation (attach schedule).....	57b 761,388.	57c	702,446.
	58 Other assets (describe ► <u>SEE STATEMENT 4</u>).....	9,371.	58	9,456.
59 Total assets (add lines 45 through 58) (must equal line 74).....	1,279,782.	59	1,333,990.	
LIABILITIES	60 Accounts payable and accrued expenses.....	127,427.	60	124,332.
	61 Grants payable.....		61	
	62 Deferred revenue.....		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule).....		63	
	64a Tax-exempt bond liabilities (attach schedule).....		64a	
	b Mortgages and other notes payable (attach schedule).....	87,935.	64b	81,248.
	65 Other liabilities (describe ► <u>SEE STATEMENT 6</u>).....	278,853.	65	383,470.
	66 Total liabilities (add lines 60 through 65).....	494,215.	66	589,050.
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.....	785,567.	67	744,940.
	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).....	785,567.	73	744,940.
	74 Total liabilities and net assets/fund balances (add lines 66 and 73).....	1,279,782.	74	1,333,990.

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.

67,273

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions.)

a	Total revenue, gains, and other support per audited financial statements.....	a	4,435,680.
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments..... \$		
(2)	Donated services and use of facilities..... \$		
(3)	Recoveries of prior year grants..... \$		
(4)	Other (specify):		
	----- \$		
	Add amounts on lines (1) through (4).....	b	
c	Line a minus line b.....	c	4,435,680.
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990..... \$		
(2)	Other (specify):		
	----- \$		
	Add amounts on lines (1) and (2).....	d	
e	Total revenue per line 12, Form 990 (line c plus line d).....	e	4,435,680.

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

a	Total expenses and losses per audited financial statements.....	a	4,476,307.
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities..... \$		
(2)	Prior year adjustments reported on line 20, Form 990... \$		
(3)	Losses reported on line 20, Form 990... \$		
(4)	Other (specify):		
	----- \$		
	Add amounts on lines (1) through (4).....	b	
c	Line a minus line b.....	c	4,476,307.
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990..... \$		
(2)	Other (specify):		
	----- \$		
	Add amounts on lines (1) and (2).....	d	
e	Total expenses per line 17, Form 990 (line c plus line d).....	e	4,476,307.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see 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 and deferred compensation	(E) Expense account and other allowances
SEE ATTACHED SCHEDULE	NONE	0.	0.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ☐ Yes ☒ No
If "Yes," attach schedule - see instructions.

Part VI Other Information (See instructions.)

	Yes	No
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
78a 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
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		X
b If 'Yes,' enter the name of the organization <u>N/A</u> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81a Enter direct and indirect political expenditures. See line 81 instructions.	81a	0.
b Did the organization file Form 1120-POL for this year?		X
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		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
83a 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	
84a 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?	85a	N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A
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.		
c Dues, assessments, and similar amounts from members.	85c	N/A
d Section 162(e) lobbying and political expenditures.	85d	N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices.	85e	N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e).	85f	N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86 501(c)(7) 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.	88	X
89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
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.	89b	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.
90a List the states with which a copy of this return is filed <u>NONE</u>		
b Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)	90b	0
91 The books are in care of <u>BETTY MCNEELY</u> Telephone number <u>615 890-4389</u> Located at <u>1120 HALEY ROAD, MURFREESBORO, TN</u> ZIP + 4 <u>37130</u>		
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here. <u>N/A</u> and enter the amount of tax-exempt interest received or accrued during the tax year. <u>92</u>		N/A

Part VII Analysis of Income-Producing Activities (See instructions.)

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) Exclusion code	(D) Amount	
93 Program service revenue:					
a WORK ACTIVITY-NET					22,704.
b ROOM AND BOARD FEES					38,982.
c VENDING MACHINES			3	482.	
d FOOD STAMPS					39,579.
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies			3	4,203,189.	
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	27.	
96 Dividends & 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 pers prop.					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			1	500.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				4,204,198.	101,265.
105 Total (add line 104, columns (B), (D), and (E))					4,305,463.

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 instructions.)

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).
A	PROVIDED WORK ACTIVITIES FOR MENTALLY HANDICAPPED
B	PROVIDED HOUSING AND SUPERVISION IN RESIDENTIAL SETTING
D	PROVIDED NUTRITIONAL MEALS FOR CLIENTS
E	PROVIDED TRANSPORTATION FOR CLIENTS TO OFF-SITE JOBS

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions.)

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

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).

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: Betty McNeely Date: 2/1/06

Type or print name and title: Betty McNeely Executive Director

Paid Preparer's Use Only

Preparer's signature: Mary Ann Underwood Date: 2/1/06

Firm's name (or yours if self-employed), address, and ZIP + 4: HALL, DAVIDSON & ASSOC., CPA'S
P.O. BOX 1234
MURFREESBORO, TN 37133-1234

Check if self-employed: ☐

Preparer's SSN or PTIN (See General instruction W): P00282090

EIN: 62-1296805

Phone no.: (615) 893-9334

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**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.**

OMB No. 1545-0047

2004

Name of the organization

RUTHERFORD COUNTY ADULT ACTIVITY CENTER

Employer identification number

62-0980251

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See 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 and deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See instructions. List each one (whether individuals or firms). If there are none, enter 'None'.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	0	

Part III Statements About Activities (See instructions.)

Yes No

- 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities . . . \$ N/A
- (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)

1 X

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.

- 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)

a Sale, exchange, or leasing of property?

2a X

b Lending of money or other extension of credit?

2b X

c Furnishing of goods, services, or facilities?

2c X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

2d X

e Transfer of any part of its income or assets?

2e 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.)

3a X

b Do you have a section 403(b) annuity plan for your employees?

3b 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?

4a X

b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?

4b X

Part IV Reason for Non-Private Foundation Status (See 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 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 instructions.)

BAA

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*

te: 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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)...	147,357.	97,041.	173,266.	136,455.	554,119.
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					
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	15.	699.	2,921.	9,833.	13,468.
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					
23 Total of lines 15 through 22	147,372.	97,740.	176,187.	146,288.	567,587.
24 Line 23 minus line 17	147,372.	97,740.	176,187.	146,288.	567,587.
25 Enter 1% of line 23	1,474.	977.	1,762.	1,463.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 11,352.
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
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 567,587.
d Add: Amounts from column (e) for lines: 18 13,468. 19					26d 13,468.
22					26e 554,119.
e Public support (line 26c minus line 26d total)					26f 97.63 %
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
27 Organizations described on line 12: N/A					
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) _____ (2000) _____					
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: (2003) _____ (2002) _____ (2001) _____ (2000) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c
d Add: Line 27a total _____ and line 27b total _____					27d
e Public support (line 27c total minus line 27d total)					27e
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ...					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h %

28 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.

Part V Private School Questionnaire (See instructions.)

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

N/A

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?		
If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)		

32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions?		
If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)		

33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities?		
If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)		

34a Does the organization receive any financial aid or assistance from a governmental agency?		
b Has the organization's right to such aid ever been revoked or suspended?		
If you answered 'Yes' to either 34a or b, please explain using an attached statement.		

35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.		

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.)
(To be completed ONLY by an eligible organization that filed Form 5768)

N/A

Check ☐ a ☐ if the organization belongs to an affiliated group. Check ☐ b ☐ if you checked 'a' and 'limited control' provisions apply.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term 'expenditures' means amounts paid or incurred.)			
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.....	41	
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.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See 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.)			

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

2004

FEDERAL STATEMENTS

PAGE 1

CLIENT RCAAAC

RUTHERFORD COUNTY ADULT ACTIVITY CENTER

62-0980251

2/01/06

10:03AM

STATEMENT 1
FORM 990, PART I, LINE 8
NET GAIN (LOSS) FROM NONINVENTORY SALES

OTHER ASSETS

DESCRIPTION:	92 DODGE VAN		
DATE ACQUIRED:	3/16/1992		
HOW ACQUIRED:	PURCHASE		
DATE SOLD:	3/31/2005		
TO WHOM SOLD:			
GROSS SALES PRICE:	500.		
COST OR OTHER BASIS:	14,944.		
DEPRECIATION:	14,944.		
		GAIN (LOSS)	500.

TOTAL GAIN (LOSS) OTHER ASSETS \$ 500.

TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$ 500.

STATEMENT 2
FORM 990, PART II, LINE 43
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
PROFESSIONAL SERVICES	15,367.		15,367.	
INSURANCE	45,386.	34,795.	10,591.	
UTILITIES	41,656.	33,329.	8,327.	
MISCELLANEOUS	4,714.	628.	4,086.	
CONTRACTED SERVICES	24,045.	12,067.	11,978.	
FUEL	81,271.	80,577.	694.	
MEDICAL SUPPLIES	16,596.	15,443.	1,153.	
OFFICE SUPPLIES	35,484.	5,193.	30,291.	
FOOD	115,368.	103,054.	12,314.	
REPAIRS & MAINT-BLDG	20,938.	19,383.	1,555.	
REPAIRS & MAINT-VEHICLES	59,746.	59,746.		
TAXES & LICENSES	2,364.	41.	2,323.	
CLIENT SUPPLEMENTS	15,041.	15,041.		
CLIENT STRAP	15,020.	15,020.		
BANK CHARGES	4,147.		4,147.	
ADVERTISING	8,051.	7,641.	410.	
BACKGROUND EXPENSE	11,228.		11,228.	
PENALTY	11,708.		11,708.	
CLIENT ESTABLISHMENT	35,299.	35,299.		
DUES & SUBSCRIPTIONS	5,882.		5,882.	
TOTAL	\$ 569,311.	\$ 437,257.	\$ 132,054.	\$ 0.

2004

FEDERAL STATEMENTS

PAGE 2

CLIENT: RCAAC

RUTHERFORD COUNTY ADULT ACTIVITY CENTER

62-0930250

2/01/06

10:03AM

STATEMENT 3
FORM 990, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

ASSISTANCE TO MENTALLY HANDICAPPED INDIVIDUALS

STATEMENT 4
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
AUTOMOBILES / TRANSPORTATION EQUIPMENT	\$ 481,480.	\$ 348,113.	\$ 133,367.
FURNITURE AND FIXTURES	123,080.	117,863.	5,217.
BUILDINGS	289,346.	120,679.	168,667.
IMPROVEMENTS	550,133.	174,733.	375,400.
LAND	19,795.		19,795.
TOTAL	\$ 1,463,834.	\$ 761,388.	\$ 702,446.

STATEMENT 5
FORM 990, PART IV, LINE 58
OTHER ASSETS

UTILITY AND RENT DEPOSITS.....	\$ 8,278.
FOOD STAMPS.....	1,178.
TOTAL	\$ 9,456.

STATEMENT 6
FORM 990, PART IV, LINE 65
OTHER LIABILITIES

ACCRUED LEAVE PAYABLE.....	\$ 96,397.
PAYABLE TO CLIENTS.....	34,833.
EMPLOYEE INSURANCE WITHHELD.....	3,210.
PAYROLL TAXES PAYABLE.....	150,977.
EMPLOYEE DEDUCTIONS WITHHELD.....	3,335.
ACCRUED SALARIES.....	88,458.
ACCRUED INTEREST PAYABLE.....	6,260.
TOTAL	\$ 383,470.

**Rutherford County Adult Activity Center
Board of Directors
2004/2005**

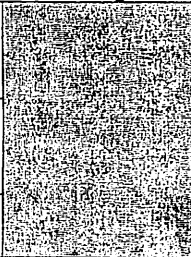
Board Member Name & Address	Phone Numbers	Term Begins	Term Expires
Mel Adams State Farm Insurance 10 Jefferson Square 805 S. Church Street Murfreesboro, TN 37130	893-6822 (w) 893-6851 (f)	07/01/01	06/30/05
Robert James Riverdale High School Warrior Drive Murfreesboro, TN 37129	890-6450 (w) 904-2108 (h)	07/01/01	06/30/05
Mike Ussery (Vice Chairman) Healthcare Center of Murfreesboro 420 N. University Street Murfreesboro, TN 37130	893-2602	07/01/02	06/30/06
Sue Nevar 2526 Wythe Close Drive Murfreesboro, TN 37130	867-4222	07/01/02	06/30/06
Sandra Wilson, RN Rutherford County Health Dept. 1903 Wren Street Murfreesboro, TN 37130	898-7785 (w) 890-3671 (h)	07/01/02	06/30/06
David Baxter (Sec/Tres) Murfreesboro Fire Department 220 N.W. Broad Street Murfreesboro, TN 37130	893-1422 (w)	07/01/02	06/30/06
Dr. James Calder 2011 Riverview Drive Murfreesboro, TN 37129	898-5932 (w) 895-8034 (h)	07/01/03	06/30/07
David Jones (Chairman) 13219 Highway 99 Eagleville, TN 37060	849-6244 274-6491 (h)	07/01/03	06/30/07
Joe Christian 2207 Riverbend Drive Murfreesboro, TN 37129	896-4349 (h)	07/01/03	06/30/07
Mary Watkins 1715 Celtic Court Murfreesboro, TN 37129	890-0837 (h)	07/01/03	06/30/07

**Rutherford County Adult Activity Center
Board of Directors
2004/2005**

Board Member Name & Address	Phone Numbers	Term Begins	Term Expires
Joe Marlin 2706 Cochise Court Murfreesboro, TN 37127	893-5815 (w) 895-5650 (h)	07/01/04	06/30/08
John W. Green 6 N. Public Square Murfreesboro, TN 37130	896-1202	07/01/04	06/30/08
Betty Davis 1911 Estes Run Murfreesboro, TN 37130	867-3280	07/01/04	06/30/08
Mary Beth Wilson Calvary Bank 214 W. College Street Murfreesboro, TN 37130	893-1234	07/01/04	06/30/08
Hubert (Rocky) Akins 115 N. Walnut, #115 Murfreesboro, TN	890-4389	07/01/04	06/30/08

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box ☐ **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	Name of Exempt Organization		Employer identification number
	RUTHERFORD COUNTY ADULT ACTIVITY CENTER		62-0980251
	Number, street, and room or suite number. If a P.O. box, see instructions.		For IRS use only
	P.O. BOX 733		
File by the extended due date for filing the return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
	MURFREESBORO, TN 37133-0733		

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 (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 4720 | |

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

- The books are in care of. **BETTY MCNEELY**
Telephone No. **615 890-4389** FAX No. _____
- 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 organizations four digit Group Exemption Number (GEN). _____ . If this is for the whole group, check this box. ☐ . If it is 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 5/15, 20 06.
- 5 For calendar year _____, or other tax year beginning 7/01, 20 04, and ending 6/30, 20 05.
- 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. THE FINANCIAL RECORDS ARE BEING AUDITED. FINAL FIGURES ARE NOT AVAILABLE. ADDITIONAL TIME IS NEEDED TO FINALIZE THE RECORDS AND COMPLETE THE TAX RETURN.
- 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. \$ _____

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 Mary Ann Anderson Title CPA Date 1/12/06**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 filed 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 a 10-day grace period.
- ☐ We cannot consider this application because it was filed after the extended 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	Name
	HALL, DAVIDSON & ASSOC., CPA'S
	Number and street (include suite, room, or apartment number) or a P.O. box number
	P.O. BOX 1234
	City or town, province or state, and country (including postal or ZIP code)
	MURFREESBORO, TN 37133-1234

Application for Extension of Time to File an
Exempt Organization Return

OMB No. 1545-1709

► 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 File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	RUTHERFORD COUNTY ADULT ACTIVITY CENTER	62-0980251
	Number, street, and room or suite number. If a P.O. box, see instructions	
	P.O. BOX 733	
	City, town or post office. For a foreign address, see instructions.	state ZIP code
	MURFREESBORO, TN 37133-0733	

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 (Section 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 2/15, 20 05,
to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☐ calendar year 20 ____ or
- ☒ tax year beginning 7/01, 20 03, and ending 6/30, 20 04.

2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ 0.

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ 0.

c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ 0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this return, 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 ► Mary Ann Underwood Title ► CPA Date ► 10/28/04
BAA For Paperwork Reduction Act Notice, see instructions. Form 8868 (12-2000)