

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

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

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

**2004****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

<b>A</b> For the 2004 calendar year, or tax year beginning and ending	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>Education Equal Opportunity Group</b> Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <b>P.O. Box 24056</b> City, town, or country State ZIP + 4 <b>Nashville TN 37202-4056</b>
<b>D</b> Employer identification number <b>62-1860835</b>	<b>E</b> Telephone number
<b>F</b> Group Exemption Number <b>NA</b>	
<b>G</b> Accounting method. <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) _____	
<b>H</b> Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)	
<b>I</b> Website: <b>NA</b>	
<b>J</b> Organization type (check only one)— <input checked="" type="checkbox"/> 501(c) ( 3 ) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
<b>K</b> Check <input type="checkbox"/> 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.	
<b>L</b> Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ. <b>\$ 26,755</b>	

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 37 of the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	26,755
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	0
	5b	Less: cost or other basis and sales expenses	5b	0
	5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	5c	0
	6	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		
Expenses	a	Gross revenue (not including 26,755 of contributions reported on line 1)	6a	0
	b	Less: direct expenses other than fundraising expenses	6b	0
	c	Net income or (loss) from special events and activities (line 6a less line 6b)	6c	0
	7a	Gross sales of inventory, less returns and allowances	7a	
	7b	Less: cost of goods sold	7b	
	7c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c	0
	8	Other revenue (describe _____)	8	0
	9	<b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	26,755
Net Assets	10	Grants and similar amounts paid (attach schedule)	10	0
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	10,580
	15	Printing, publications, postage, and shipping	15	350
	16	Other expenses (describe <b>See attached statement.</b> )	16	16,330
	17	<b>Total expenses</b> (add lines 10 through 16)	17	27,260
18	Excess or (deficit) for the year (line 9 less line 17)	18	-505	
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	-2,238	
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 through 20)	21	-2,743	

**Part II Balance Sheets**—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See page 40 of the instructions.)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	-388	22 135
23	Land and buildings	0	23 0
24	Other assets (describe _____)	0	24 0
25	<b>Total assets</b>	-388	25 135
26	<b>Total liabilities</b> (describe <b>See attached statement</b> )	1,850	26 2,878
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	-2,238	27 -2,743

25

**Part III Statement of Program Service Accomplishments** (See page 41 of the instructions)**Expenses**

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

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others.)

28		(Grants \$ )	28a	
29		(Grants \$ )	29a	
30		(Grants \$ )	30a	
31	Other program services (attach schedule)	(Grants \$ )	31a	
32	Total program service expenses (add lines 28a through 31a)			32 0

**Part IV List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated. See page 41 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Name <u>George Thomas</u> Str <u>P.O. Box 24056</u> City <u>Nashville</u> ST <u>TN</u> ZIP <u>37202</u>	Title <u>President</u> Hr/WK	0	0	0
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK			
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK			

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

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions	0	
b Did the organization file Form 1120-POL for this year?		X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved.	38b	
39 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9.	39a	
b Gross receipts, included on line 9, for public use of club facilities.	39b	
40 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911		
b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation.		X
c Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958.		0
d Enter: Amount of tax on line 40c, above, reimbursed by the organization.		0
41 List the states with which a copy of this return is filed.		
42 The books are in care of	Name <u>George Thomas</u>	Business check here <input checked="" type="checkbox"/> Telephone no. _____
Located at	City <u>Nashville</u> ST <u>TN</u> ZIP + 4 <u>37202</u>	
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		
and enter the amount of tax-exempt interest received or accrued during the tax year	43	N/A

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.

Date

5/12/05

**Line 16 (990-EZ) - Other expenses**

1	Fund Raising . . . . .	1	350
2	Program expenses . . . . .	2	15,980
3	.....	3	
4	.....	4	
5	.....	5	
6	.....	6	
7	.....	7	
8	.....	8	
9	.....	9	
10	.....	10	
11	Total other expenses . . . . .	11	16,330

**Line 26 (990-EZ) - Liabilities**

		Beginning	End
1	loans payable . . . . .	1,850	2,878
2	.....		
3	.....		
4	.....		
5	.....		
6	.....		
7	.....		
8	.....		
9	.....		
10	.....		
11	Total liabilities . . . . .	1,850	2,878

Form **8868**(December 2000)  
Department of the Treasury  
Internal Revenue Service**Application for Extension of Time To File an  
Exempt Organization Return**

OMB No. 1545-1701

▶ **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.

<b>Type or print</b>	<b>Name of Exempt Organization</b> Education Equal Opportunity Group	<b>Employer identification number</b> 62-1880835
<b>File by the due date for filing your return. See instructions</b>	<b>Number, street, and room or suite no. If a P.O. box, see instructions</b> P.O. Box 24058	
	<b>City, town or post office, state, and ZIP code. For a foreign address, see instructions</b> Nashville, TN 37202-4058	

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

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

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until 8/15/2005 to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶ ☒ calendar year 2004 or  
▶ ☐ tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

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

- 3 a 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 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 ▶ [Signature] Title ▶ President Date ▶ 5-12-05  
(HTA) For Paperwork Reduction Act Notice, see instruction Form **8868** (12-2000)