

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)

2004

Department of the Treasury Internal Revenue Service

Open to Public Inspection

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

Form 990 header section including: A For the 2004 calendar year, or tax year beginning, 2004, and ending, 20; B Check if applicable; C Name of organization: EAGLE'S NEST FOUNDATION, INC; D Employer identification number: 56-6009912; E Telephone number: (828) 692-7778; F Accounting method: Accrual; G Website: ENF.ORG; J Organization type: 501(c)(03); L Gross receipts: 1,947,551.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions)

Table with 21 rows and multiple columns for revenue and expenses. Includes sub-rows for public support, program service revenue, membership dues, interest on savings, dividends, gross rents, other investment income, sales of assets, special events, and fundraising. Total revenue is 1,899,953 and total expenses is 1,924,206.

SCANNED JUL 19 2005

RECEIVED MAY 28 2005 OGDEN, UT

**Part II 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. (See page 22 of the instructions.)

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 (attach schedule) (cash \$ _____ noncash \$ _____)	22				
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25	Compensation of officers, directors, etc	25	181,488	69,645	111,843	
26	Other salaries and wages	26	751,945	411,804	340,141	
27	Pension plan contributions	27	21,148	10,908	10,240	
28	Other employee benefits	28	71,877	37,376	34,501	
29	Payroll taxes	29	75,994	39,517	36,477	
30	Professional fundraising fees	30	95,525		95,525	
31	Accounting fees	31	12,394		12,394	
32	Legal fees	32	885		885	
33	Supplies	33	295,833	219,604	76,229	
34	Telephone	34	16,948	8,813	8,135	
35	Postage and shipping	35	20,627	10,726	9,901	
36	Occupancy	36	52,398	18,413	33,985	
37	Equipment rental and maintenance	37	52,711	40,520	12,191	
38	Printing and publications	38	8,311	8,311		
39	Travel	39	146	146		
40	Conferences, conventions, and meetings	40				
41	Interest	41	48,953		48,953	
42	Depreciation, depletion, etc (attach schedule)	42	77,383		77,383	
43	Other expenses not covered above (itemize): a	43a				
	b OTHER PROGRAM EXPENSES	43b	74,024	74,024		
	c OTHER MANAGEMENT & GENERAL	43c	65,616	65,616		
	d	43d				
	e	43e				
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	1,924,206	949,807	878,874	95,525

**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 Accomplishments** (See page 25 of the instructions.)

What is the organization's primary exempt purpose? <u>EDUCATION</u>	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)
a PLEASE SEE ENCLOSED EAGLE'S NEST FOUNDATION LITERATURE  (Grants and allocations \$ _____)	949,807
b  (Grants and allocations \$ _____)	
c  (Grants and allocations \$ _____)	
d  (Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	949,807

**Part IV Balance Sheets** (See page 25 of the instructions)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A)		(B)
		Beginning of year		End of year
45	Cash - non-interest-bearing . . . . .	3,409	45	12,646
46	Savings and temporary cash investments . . . . .	349,740	46	361,338
47 a	Accounts receivable . . . . .	47a		
b	Less: allowance for doubtful accounts . . . . .	47b	47c	
48 a	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	
51 a	Other notes and loans receivable (attach schedule) . . . . .	51a		
b	Less: allowance for doubtful accounts . . . . .	51b	51c	
52	Inventories for sale or use . . . . .	24,383	52	21,680
53	Prepaid expenses and deferred charges . . . . .	25,136	53	13,487
54	Investments - securities (attach schedule) . . . . . <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV	628,140	54	692,373
55 a	Investments - land, buildings, and equipment: basis . . . . .	55a		
b	Less: accumulated depreciation (attach schedule) . . . . .	55b	55c	
56	Investments - other (attach schedule) . . . . .		56	
57 a	Land, buildings, and equipment: basis . . . . .	57a 3,291,335		
b	Less: accumulated depreciation (attach schedule) . . . . .	57b 672,609	57c	2,618,726
58	Other assets (describe <b>CASH VALUE LIFE INS</b> ) . . . . .	10,707	58	11,454
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74) . . . . .	3,681,133	59	3,731,704
60	Accounts payable and accrued expenses . . . . .	292	60	(1,130)
61	Grants payable . . . . .		61	
62	Deferred revenue . . . . .	431,899	62	510,370
63	Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		63	
64 a	Tax-exempt bond liabilities (attach schedule) . . . . .		64a	
b	Mortgages and other notes payable (attach schedule) . . . . .	797,996	64b	795,762
65	Other liabilities (describe <b>CASH VALUE LIFE INS</b> ) . . . . .		65	
66	<b>Total liabilities</b> (add lines 60 through 65) . . . . .	1,230,187	66	1,305,002
<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>				
67	Unrestricted . . . . .	1,812,100	67	1,722,877
68	Temporarily restricted . . . . .	193,127	68	224,983
69	Permanently restricted . . . . .	445,719	69	478,842
<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74</b>				
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	<b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19, column (B) must equal line 21) . . . . .	2,450,946	73	2,426,702
74	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73) . . . . .	3,681,133	74	3,731,704

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

**Part IV-A** Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 27 of the instructions )

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

a	Total revenue, gains, and other support per audited financial statements . . . ▶	a	1,899,953
b	Amounts included on line a but not on line 12, Form 990	b	
(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	1,899,953
d	Amounts included on line 12, Form 990 but not on line a:	d	
(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	1,899,953

a	Total expenses and losses per audited financial statements . . . . . ▶	a	1,924,206
b	Amounts included on line a but not on line 17, Form 990	b	
(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	1,924,206
d	Amounts included on line 17, Form 990 but not on line a:	d	
(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	1,924,206

**Part V** List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see page 27 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
ELIZABETH WAITE-KUCERA WINSTON-SALEM, NC	EXECUTIVE DIR 40	66,843	4,179	0
ELIZABETH UPDIKE SMITH BREVARD, NC	BUSINESS MGR 40	45,000	5,771	0
BRIAN MEEGAN PISGAH FOREST, NC	HEADMASTER 40	34,924	1,397	0
PAIGE LESTER-NILES WINSTON-SALEM, NC	CAMP DIRECTOR 35	34,721	1,389	0
SEE ATTACHED LITERATURE	TRUSTEES 0	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 page 28 of the instructions

**Part VI Other Information** (See page 28 of the instructions)

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .	76	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	77	X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	78a	X
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement . . . . .	79	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? . . . . .	80a	X
b	If "Yes," enter the name of the organization <input type="checkbox"/> 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	
b	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	81b	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? . . . . .	82a	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	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications? . . . . .	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? . . . . .	83b	X
84a	Did the organization solicit any contributions or gifts that were not tax deductible? . . . . .	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	84b	
85	501(c)(4), (5), or (6) organizations. <b>a</b> Were substantially all dues nondeductible by members? . . . . .	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? . . . . . 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	85b	
c	Dues, assessments, and similar amounts from members . . . . .	85c	
d	Section 162(e) lobbying and political expenditures . . . . .	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices . . . . .	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) . . . . .	85f	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? . . . . .	85g	
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	
86	501(c)(7) orgs. Enter <b>a</b> Initiation fees and capital contributions included on line 12 . . . . .	86a	
b	Gross receipts, included on line 12, for public use of club facilities . . . . .	86b	
87	501(c)(12) orgs. Enter <b>a</b> Gross income from members or shareholders . . . . .	87a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .	87b	
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	
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> ; section 4912 <input type="checkbox"/> , section 4955 <input type="checkbox"/>		
b	501(c)(3) and 501(c)(4) orgs. 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 . . . . . <input type="checkbox"/>		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization . . . . . <input type="checkbox"/>		
90a	List the states with which a copy of this return is filed <input type="checkbox"/> NONE		
b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions) . . . . .	90b	31
91	The books are in care of <input type="checkbox"/> ELIZABETH SMITH Telephone no. <input type="checkbox"/> 828-877-4349 Located at <input type="checkbox"/> 43 HART ROAD, PISGAH FOREST, NC ZIP +4 <input type="checkbox"/> 28768		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . <input type="checkbox"/>	92	

**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions.)

	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	
<b>93</b> Program service revenue:					
<b>a</b> TUITION					1,665,896
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>f</b> Medicare/Medicaid payments . . . . .					
<b>g</b> Fees and contracts from government agencies . . . . .					
<b>94</b> Membership dues and assessments . . . . .					3,500
<b>95</b> Interest on savings and temporary cash investments					
<b>96</b> Dividends and interest from securities . . . . .			14	28,107	
<b>97</b> Net rental income or (loss) from real estate:					
<b>a</b> debt-financed property . . . . .					
<b>b</b> not debt-financed property . . . . .					
<b>98</b> Net rental income or (loss) from personal property . . . . .					1,790
<b>99</b> Other investment income . . . . .					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events . . . . .					
<b>102</b> Gross profit or (loss) from sales of inventory . . . . .			03	9,492	
<b>103</b> Other revenue <b>a</b>					
<b>b</b> SALES TAX REFUNDS					28,886
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>104</b> Subtotal (add columns (B), (D), and (E)) . . . . .				37,599	1,700,072
<b>105</b> Total (add line 104, columns (B), (D), and (E)) . . . . .					1,737,671

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 page 34 of the 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).
93	PLEASE SEE ENCLOSED EAGLE'S NEST FOUNDATION LITERATURE
94	
98	
103B	

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of the 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
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 34 of the 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).

Under penalties of perjury, I declare that I have examined this return, including attachments, if any, and believe it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has knowledge.

**Please Sign Here**

Signature of officer: Elizabeth Smith

Type or print name and title: Elizabeth Smith, President

**Paid Preparer's Use Only**

Preparer's signature: David B Tankersley

Firm's name (or yours if self-employed) address, and ZIP + 4: DAVID B TANKERSLEY  
POST OFFICE BOX 28  
FLAT ROCK NC

**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

OMB No 1545-0047

**2004**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

Employer identification number

**EAGLE'S NEST FOUNDATION, INC**

**56-6009912**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 of the 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 & deferred compensation	(e) Expense account and other allowances
<b>ELIZABETH WAITE-KUCERA</b> <b>WINSTON-SALEM, NC</b>	<b>EXEC DIR</b>  40	  66,843	  4,179	
<b>ELIZABETH SMITH</b> <b>BREVARD, NC</b>	<b>BUSINESS MGR</b>  40	  45,000	  5,771	
Total number of other employees paid over \$50,000 . . . . . ▶	<b>2</b>			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the 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
<b>NONE</b>		
Total number of others receiving over \$50,000 for professional services . . . . . ▶		

<b>Part III</b> Statements About Activities (See page 2 of the 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 ▶ \$ _____ (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 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? . . . . .		X
b	Lending of money or other extension of credit? . . . . .		X
c	Furnishing of goods, services, or facilities? . . . . .		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . .		X
e	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) . . . . .	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? . . . . .		X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services? . . . . .		X

**Part 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. 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 page 5 of the 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 page 5 of the instructions)



Part V Private School Questionnaire (See page 7 of the instructions.)

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

	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? . . . . .	X	
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? . . . . .	X	
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 ) <u>NON-DISCRIMINATORY POLICY IS INCLUDED IN ALL PRINTED</u> <u>MATERIALS ISSUED BY ORGANIZATION AND IS ALSO ON THE</u> <u>WEBSITE.</u>	X	
32 Does the organization maintain the following.		
a Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .	X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .	X	
d Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .	X	
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? . . . . .		X
b Admissions policies? . . . . .		X
c Employment of faculty or administrative staff? . . . . .		X
d Scholarships or other financial assistance? . . . . .		X
e Educational policies? . . . . .		X
f Use of facilities? . . . . .		X
g Athletic programs? . . . . .		X
h Other extracurricular activities? . . . . .		X
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? . . . . .		X
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.		X
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 . . . . .	X	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions)

(To be completed **ONLY** by an eligible organization that filed Form 5768)

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**

(The term "expenditures" means amounts paid or incurred)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
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-		
	<b>If the amount on line 40 is-</b>		
	<b>The lobbying nontaxable amount is-</b>		
	Not over \$500,000 . . . . . 20% of the amount on line 40 . . . . .	41	
	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 . . . . .		
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 on page 11 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(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 nontaxable 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 page 11 of the instructions)

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		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		X	
c Media advertisements.		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body.		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
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.



Name as shown on Return

EAGLE'S NEST FOUNDATION, INC

Employer identification number

56-6009912

990 PART II LINE 43(A) OTHER EXPENSES

DESCRIPTION	AMOUNT
VEHICLE INSURANCE.....	13,239
WORKMAN'S COMPENSATION INSURANCE.....	13,855
OTHER INSURANCE.....	3,756
STAFF DEVELOPMENT.....	26,721
FOREIGN EXCHANGE PROGRAM.....	8,222
DUES, LICENSES, AND FEES.....	3,888
HEALTH CARE SERVICES.....	3,818
ACCREDITATION.....	525
TOTAL:	74,024

990 PART II LINE 43(B) OTHER EXPENSES

DESCRIPTION	AMOUNT
DIRECTORS AND OFFICERS INSURANCE.....	3,628
PROPERTY INSURANCE.....	9,683
LIABILITY INSURANCE.....	28,198
WORKMAN'S COMPENSATION INSURANCE.....	12,790
BROKER FEES.....	502
SERVICE CHARGES.....	5,552
MISCELLANEOUS.....	5,263
TOTAL:	65,616

990 PART I LINE 10A GROSS SALES OF INVENTORY

DESCRIPTION	AMOUNT
CAMP/SCHOOL STORE.....	57,090
TOTAL:	57,090

Name as shown on Return

Employer identification number

EAGLE'S NEST FOUNDATION, INC

56-6009912

## 990 PART IV LINE 54 (END OF YEAR) INVESTMENTS

DESCRIPTION	AMOUNT
UNRESTRICTED FUND.....	157,380
LAND ACQUISITIONS FUND.....	2,862
WAITE SCHOLARSHIP FUND.....	895
MARIELLA WAITE HUBER FUND.....	5,050
CAMP SCHOLARSHIP FUND.....	7,568
HILL LIBRARY FUND.....	1,640
OUTDOOR ACADEMY SCHOLARSHIP FUND.....	760
OUTDOOR ACADEMY RESTRICTED FUND.....	100
OUTDOOR ACADEMY UNRESTRICTED FUND.....	1,535
BUILDINGS FUND.....	25,780
TRUSTEE FACULTY DEVELOPMENT FUND.....	3,525
OUTDOOR ACADEMY FAMILIES PROFESSIONAL DEVELOPMENT FUND.....	5,435
EAGLES NEST FOUNDATION ENDOWMENT FUND (MERRILL LYNCH).....	431,881
HANES ENDOWED SCHOLARSHIP FUND (MERRILL LYNCH).....	46,962
ELIZABETH GIBAUD MUSIC FUND.....	1,000
TOTAL:	692,373

## 990 SCHEDULE A PART IV LINE 22 OTHER INCOME

DESCRIPTION	AMOUNT
BOOK RENTAL.....	1,393
CAMP/SCHOOL STORE.....	8,669
SALES TAX REFUNDS.....	25,142
TOTAL:	35,204

## 990 PART IV BALANCE SHEET LINE 46 TEMPORARY INVESTMENTS

DESCRIPTION	AMOUNT
OPERATING FUND-MONEY MARKET.....	361,338
TOTAL:	361,338

## 990 PART IV LINE 52 (END OF YEAR) INVENTORY

DESCRIPTION	AMOUNT
CAMP CANTEEN.....	12,450
OUTDOOR ACADEMY SCHOOL STORE.....	9,230
TOTAL:	21,680

Name as shown on Return

EAGLE'S NEST FOUNDATION, INC

Employer identification number

56-6009912

## 990 PART IV LINE 57A (END OF YEAR) BASIS

DESCRIPTION	AMOUNT
VEHICLES.....	221,020
OFFICE EQUIPMENT.....	81,851
FURNITURE.....	4,604
MAINTENANCE EQUIPMENT.....	41,066
OTHER EQUIPMENT.....	126,993
BUILDINGS.....	1,372,542
TENNIS COURTS.....	29,201
LAND ACQUISITIONS.....	1,354,624
SITE IMPROVEMENTS.....	59,434
TOTAL:	3,291,335

## 990 PART IV LINE 57 (END OF YEAR) ACCUMULATED DEPRECIATION

DESCRIPTION	AMOUNT
VEHICLES.....	133,987
OFFICE EQUIPMENT.....	80,004
FURNITURE.....	3,278
MAINTENANCE EQUIPMENT.....	29,731
OTHER EQUIPMENT.....	94,964
BUILDINGS.....	292,020
TENNIS COURTS.....	26,657
SITE IMPROVEMENTS.....	11,968
TOTAL:	672,609

## 990 PART IV LINE 60 (END OF YEAR) ACCOUNTS PAYABLE

DESCRIPTION	AMOUNT
STAFF BANKING.....	(113)
EMPLOYEE PAYS INSURANCE PREMIUMS.....	(1,017)
TOTAL:	(1,130)

Name as shown on Return

Employer identification number

EAGLE'S NEST FOUNDATION, INC

56-6009912

## 990 PART IV LINE 62 (END OF YEAR) DEFERRED REVENUE

DESCRIPTION	AMOUNT
NEXT FISCAL YEAR CAMP TUITION.....	212,067
UNEARNED REVENUE.....	5,608
NEXT FISCAL YEAR OUTDOOR ACADEMY TUITION.....	279,255
NEXT FISCAL YEAR OUTDOOR ACADEMY STORE REVENUE.....	1,830
NEXT FISCAL YEAR OUTDOOR ACADEMY TUITION INSURANCE.....	11,610
TOTAL:	510,370

## 990 PART VII INCOME LINE 98 PERSONAL PROPERTY RENT

DESCRIPTION	AMOUNT
OUTDOOR ACADEMY BOOK/EQUIPMENT RENTALS.....	1,790
TOTAL:	1,790

## 990 PART I LINE 1A DIRECT PUBLIC SUPPORT

DESCRIPTION	AMOUNT
UNRESTRICTED.....	85,182
LAND ACQUISITIONS.....	2,880
WAITE SCHOLARSHIP.....	895
OUTDOOR ACADEMY UNRESTRICTED.....	2,535
ELIZABETH GIBAUD MUSIC.....	9,884
HANES SCHOLARSHIP.....	6,600
GENERAL SCHOLARSHIP.....	7,962
KAY SCHOLARSHIP.....	2,215
OUTDOOR ACADEMY SCHOLARSHIP.....	1,270
MARIELLA WAITE HUBER MEMORIAL.....	5,050
TRUSTEE FACULTY DEVELOPMENT GRANT.....	725
OUTDOOR ACADEMY FAMILIES PROFESSIONAL DEVELOPMENT.....	1,600
UNDESIGNATED.....	2,500
BUILDINGS.....	27,484
TRADITIONAL ARTS CENTER.....	5,000
TOTAL:	161,782

Name as shown on Return <b>EAGLE'S NEST FOUNDATION, INC</b>	Employer identification number <b>56-6009912</b>
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**990 PART II EXPENSES LINE 27(B) OTHER WAGES**

DESCRIPTION	AMOUNT
ADMINISTRATIVE.....	274,493
MAINTENANCE.....	65,648
<b>TOTAL:</b>	<b>340,141</b>

**990 PART II EXPENSES LINE 27(A) OTHER WAGES**

DESCRIPTION	AMOUNT
PROGRAM.....	278,993
STAYOVER.....	400
STAFF DEVELOPMENT.....	550
KITCHEN AND LAUNDRY.....	46,148
FOREIGN EXCHANGE.....	46,831
OTHER.....	38,882
<b>TOTAL:</b>	<b>411,804</b>

**990 PART II LINE 25(A) KEY EMPLOYEE SALARIES**

DESCRIPTION	AMOUNT
CAMP DIRECTOR.....	34,721
OUTDOOR ACADEMY HEADMASTER.....	34,924
<b>TOTAL:</b>	<b>69,645</b>

**990 PART II LINE 25(B) KEY EMPLOYEE SALARIES**

DESCRIPTION	AMOUNT
EXECUTIVE DIRECTOR.....	66,843
BUSINESS MANAGER.....	45,000
<b>TOTAL:</b>	<b>111,843</b>

**FORM 990 PART II LINE 10(A) PAYROLL TAXES**

DESCRIPTION	AMOUNT
EMPLOYER'S SOCIAL SECURITY AND MEDICARE.....	36,414
STATE UNEMPLOYMENT TAX.....	3,103
<b>TOTAL:</b>	<b>39,517</b>



Name as shown on Return

EAGLE'S NEST FOUNDATION, INC

Employer identification number

56-6009912

## 990 PART II LINE 29(B) PAYROLL TAX

DESCRIPTION	AMOUNT
EMPLOYER'S SOCIAL SECURITY AND MEDICARE.....	33,612
STATE UNEMPLOYMENT TAX.....	2,865
TOTAL:	36,477

## 990 PART II EXPENSES LINE 33(A) SUPPLIES

DESCRIPTION	AMOUNT
PROGRAMS.....	64,838
INFIRMARY.....	8,376
HOUSEKEEPING.....	7,758
FOOD SERVICE.....	4,864
LAUNDRY.....	1,435
FOOD.....	116,518
FUEL.....	14,187
FOOD SERVICE EQUIPMENT.....	1,628
TOTAL:	219,604

## 990 PART II EXPENSES LINE 33(B) SUPPLIES

DESCRIPTION	AMOUNT
OFFICES.....	23,877
MAINTENANCE.....	52,352
TOTAL:	76,229

## 990 PART II EXPENSES LINE 37(A) EQUIPMENT MAINTENANCE

DESCRIPTION	AMOUNT
VEHICLE MAINTENANCE.....	7,904
VEHICLE RENTALS.....	32,616
TOTAL:	40,520

Name as shown on Return

EAGLE'S NEST FOUNDATION, INC

Employer identification number

56-6009912

**990 PART II EXPENSES LINE 37(B) EQUIPMENT MAINTENANCE**

DESCRIPTION	AMOUNT
OFFICE.....	12,191
TOTAL:	12,191

**990 PART II EXPENSES LINE 36(A) OCCUPANCY**

DESCRIPTION	AMOUNT
UTILITIES.....	14,535
MAINTENANCE REPAIRS.....	3,878
TOTAL:	18,413

**990 PART II LINE 36(B) OCCUPANCY**

DESCRIPTION	AMOUNT
UTILITIES.....	13,417
PROPERTY TAX.....	16,988
MAINTENANCE REPAIRS.....	3,580
TOTAL:	33,985

**990 PART II EXPENSES LINE 41(B) INTEREST**

DESCRIPTION	AMOUNT
MINIBUS.....	2,573
LAND/RIVERSIDE/BERRYPATCH.....	45,811
PROMOTION VAN.....	569
TOTAL:	48,953

Name as shown on Return

Employer identification number

**EAGLE'S NEST FOUNDATION, INC**

**56-6009912**

**990 PART I LINE 5 DIVIDENDS AND INTEREST**

DESCRIPTION	AMOUNT
INTEREST - FIRST UNION NATIONAL BANK/WACHOVIA BANK.....	6,398
DIVIDENDS - MERRILL LYNCH.....	12,754
CAPITAL GAINS - MERRILL LYNCH.....	15,505
DIVIDENDS - MERRILL LYNCH (HANES SCHOLARSHIP).....	1,736
CAPITAL GAINS - MERRILL LYNCH (HANES SCHOLARSHIP).....	1,653
CAPITAL LOSSES.....	(10,687)
CASH VALUE LIFE INSURANCE.....	748
<b>TOTAL:</b>	<b>28,107</b>

**990 PART IV LINE 64B NOTES PAYABLE**

DESCRIPTION	AMOUNT
LONG-TERM NOTE (FCB-MINI BUS).....	50,860
LONG-TERM NOTE (FCB-LAND, RS, BP).....	733,656
LONG-TERM NOTE (FCB-PROMOTION VAN).....	11,246
<b>TOTAL:</b>	<b>795,762</b>

**FORM 990 PART I LINE 6A GROSS RENTS**

DESCRIPTION	AMOUNT
BOOK AND LAB EQUIPMENT.....	1,790
<b>TOTAL:</b>	<b>1,790</b>

**FORM 990 PART I LINE 10(B) COST OF GOODS SOLD**

DESCRIPTION	AMOUNT
CANTEEN/SCHOOL STORE PURCHASES.....	47,598
<b>TOTAL:</b>	<b>47,598</b>

**FORM 990 PART IV LINE 45 (END OF YEAR) CASH**

DESCRIPTION	AMOUNT
OPERATING FUND-CHECKING.....	9,226
OPERATING FUND-PETTY CASH.....	3,420
<b>TOTAL:</b>	<b>12,646</b>

Name as shown on Return

EAGLE'S NEST FOUNDATION, INC

Employer identification number

56-6009912

FORM 990 PART1 LINE 20 CHANGES IN NET ASSETS/FUND BAL

DESCRIPTION

AMOUNT

ROUNDING.....	9
TOTAL:	9

# 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 <b>TRENTON BUSINESS ASSISTANCE CORPORATION</b>	Employer identification number <b>22-2309023</b>
	Number, street, and room or suite no. If a P.O. box, see instructions <b>247 EAST FRONT STREET</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>TRENTON, NJ 08611</b>	

**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 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 05/15, 2004, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year \_\_\_\_\_ or  
▶  tax year beginning 10/01, 2002, and ending 09/30, 2003

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. \$ NONE

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. \$ NONE

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. \$ 0.00

**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 ▶ \_\_\_\_\_ Title ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

For Paperwork Reduction Act Notice, see Instruction

Form **8868** (12-2000)

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box  **X**
- 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.**

<b>Type or print</b>  <small>File by the extended due date for filing the return. See instructions</small>	Name of Exempt Organization <b>TRENTON BUSINESS ASSISTANCE CORPORATION</b>	Employer identification number <b>22-2309023</b>
	Number, street, and room or suite no. If a P.O. box, see instructions <b>247 EAST FRONT STREET</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>TRENTON, NJ 08611</b>	

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

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

- 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 is for

4 I request an additional 3-month extension of time until 08/15/2005

5 For calendar year \_\_\_\_\_, or other tax year beginning 10/01/2003 and ending 09/30/2004

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 WAITING FOR INFORMATION FROM THIRD PARTIES NEEDED TO PREPARE AN ACCURATE 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 \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**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 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 due date of the return for which an extension was requested
- Other \_\_\_\_\_

**COPY**

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

<b>Type or print</b>	Name <b>DRUCKER, MATH &amp; WHITMAN, P.C.</b>
	Number and street (include suite, room, or apt. no.) Or a P.O. box number <b>2865 U.S. HIGHWAY 1</b>
	City or town, province or state, and country (including postal or ZIP code) <b>NORTH BRUNSWICK, NJ 08902-4309</b>