

Form **990**

OMB No 1545-0047

# 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**

Open to Public Inspection

Department 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 **6/01/04**, and ending **5/31/05**

<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	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization <b>FOE 4249</b>		<b>D</b> Employer identification no. <b>59-3003778</b>
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>2570 PALM BAY RD., NE</b>		<b>E</b> Telephone number <b>321-951-3069</b>
		City or town, state or country, and ZIP + 4 <b>PALM BAY FL 32905</b>		<b>F</b> Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> 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 instr.)

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

**I** Group Exemption Number **0102**

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

**G** Website: **N/A**

**J** Organization type

(check only one)  501(c) ( **10** )  (insert no)  4947(a)(1) or  527

**K** 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 **247,117**

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

<b>1</b>	Contributions, gifts, grants, and similar amounts received:				
<b>a</b>	Direct public support	<b>1a</b>	<b>38,428</b>		
<b>b</b>	Indirect public support	<b>1b</b>			
<b>c</b>	Government contributions (grants)	<b>1c</b>			
<b>d</b>	Total (add lines 1a through 1c) (cash \$ <b>38,428</b> noncash \$ )	<b>1d</b>		<b>38,428</b>	
<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>		<b>39,949</b>	
<b>3</b>	Membership dues and assessments	<b>3</b>		<b>11,316</b>	
<b>4</b>	Interest on savings and temporary cash investments	<b>4</b>		<b>362</b>	
<b>5</b>	Dividends and interest from securities	<b>5</b>			
<b>6a</b>	Gross rents	<b>6a</b>	<b>13,900</b>		
<b>b</b>	Less: rental expenses	<b>6b</b>	<b>13,900</b>		
<b>c</b>	Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>			
<b>7</b>	Other investment income (describe <b>See Statement</b> )	<b>7</b>		<b>11,570</b>	
<b>8a</b>	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
<b>b</b>	Less: cost or other basis and sales expenses	<b>8a</b>			
<b>c</b>	Gain or (loss) (attach schedule)	<b>8b</b>			
<b>d</b>	Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8c</b>			
<b>8d</b>					
<b>9</b>	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>				
<b>a</b>	Gross revenue (not including \$ of contributions reported on line 1a)	<b>9a</b>	<b>152,490</b>		
<b>b</b>	Less: direct expenses other than fundraising expenses	<b>9b</b>	<b>131,271</b>		
<b>c</b>	Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>		<b>21,219</b>	
<b>10a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>	<b>192,259</b>		
<b>b</b>	Less: cost of goods sold	<b>10b</b>	<b>90,285</b>		
<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)		<b>See Stmt</b>		
<b>10c</b>				<b>101,974</b>	
<b>11</b>	Other revenue (from Part VII, line 103)	<b>11</b>		<b>22,299</b>	
<b>12</b>	<b>Total revenue</b> (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>		<b>247,117</b>	
<b>13</b>	Program services (from line 44, column (B))	<b>13</b>		<b>25,394</b>	
<b>14</b>	Management and general (from line 44, column (C))	<b>14</b>		<b>170,032</b>	
<b>15</b>	Fundraising (from line 44, column (D))	<b>15</b>			
<b>16</b>	Payments to affiliates (attach schedule)	<b>16</b>			
<b>17</b>	<b>Total expenses</b> (add lines 16 and 44, column (A))	<b>17</b>		<b>195,426</b>	
<b>18</b>	Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>		<b>51,691</b>	
<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		<b>412,401</b>	
<b>20</b>	Other changes in net assets or fund balances (attach explanation)	<b>20</b>			
<b>21</b>	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>		<b>464,092</b>	

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EXPENSES

**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 \$ _____ non-cash \$ _____)	22				
23	Specific assistance to individuals	23				
24	Benefits paid to or for members	24	25,394	25,394		
25	Compensation of officers, directors, etc.	25				
26	Other salaries and wages	26				
27	Pension plan contributions	27				
28	Other employee benefits	28				
29	Payroll taxes	29				
30	Professional fundraising fees	30				
31	Accounting fees	31	5,069	5,069		
32	Legal fees	32				
33	Supplies	33	8,693	8,693		
34	Telephone	34	1,971	1,971		
35	Postage and shipping	35	1,084	1,084		
36	Occupancy	36	84,774	84,774		
37	Equipment rental and maintenance	37	2,422	2,422		
38	Printing and publications	38	3,231	3,231		
39	Travel	39	17,930	17,930		
40	Conferences, conventions, and meetings	40	1,816	1,816		
41	Interest	41				
42	Depreciation, depletion, etc. (attach schedule)	42				
43	Other expenses not covered above (itemize): a	43a				
	b See Statement	43b	43,042	43,042		
	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	195,426	25,394	170,032	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 Accomplishments** (See page 25 of the instructions.)

What is the organization's primary exempt purpose?	Program Service Expenses (Required for 501(c)(3) & (4) orgs., & 4947(a)(1) trusts, but optional for others.)
<p>► <b>POLICE, FIRE &amp; COMMUNITY SUPPORT</b>                      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) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)</p>	
<p>a <b>PALM BAY FIRE DEPT. (CPR CLASSES) GRANT FOR CPR CLASSES OPEN TO THE PUBLIC FROM GRAND AERIE.</b>                      (Grants and allocations \$ _____)</p>	
<p>b <b>SHARING CENTER</b>                      (Grants and allocations \$ _____)</p>	
<p>c <b>PALM BAY FIRE DEPT. (FOOD FUND ALLOCATION FOR LOCAL AND NEEDY FAMILIES)</b>                      (Grants and allocations \$ _____)</p>	
<p>d <b>BREVARD COUNTY SHERIFF DEPT. PATROL &amp; DRUG DOG.</b>                      (Grants and allocations \$ _____)</p>	
<p>e Other program services (attach schedule)                      (Grants and allocations \$ _____)</p>	25,394
<p>f Total of Program Service Expenses (should equal line 44, column (B), Program services)</p>	25,394

**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) Beginning of year		(B) End of year
A s s e t s	45 Cash-non-interest-bearing .....	56,260	45	51,559
	46 Savings and temporary cash investments .....	175	46	361
	47a Accounts receivable .....			
	b Less: allowance for doubtful accounts .....		47c	
	48a Pledges receivable .....			
	b Less: allowance for doubtful accounts .....		48c	
	49 Grants receivable .....		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule) .....		50	
	51a Other notes and loans receivable (attach schedule) .....			
	b Less: allowance for doubtful accounts .....		51c	
	52 Inventories for sale or use .....	6,647	52	5,702
	53 Prepaid expenses and deferred charges .....		53	
	54 Investments-securities .....		54	
	55a Investments-land, buildings, and equipment: basis .....	359,740		
	b Less: accumulated depreciation (attach schedule) .....		55c	
	56 Investments-other (attach schedule) .....	337,500	56	14,879
	57a Land, buildings, and equipment: basis .....			
	b Less: accumulated depreciation (attach schedule) .....		57c	
	58 Other assets (describe ► <b>See Statement 3</b> ) .....	19,745	58	31,850
	<b>59 Total assets</b> (add lines 45 through 58) (must equal line 74) .....	<b>420,327</b>	<b>59</b>	<b>464,091</b>
L i a b i l i t i e s	60 Accounts payable and accrued expenses .....		60	
	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) .....		64b	
	65 Other liabilities (describe ► <b>See Statement 4</b> ) .....	7,926	65	
	<b>66 Total liabilities</b> (add lines 60 through 65) .....	<b>7,926</b>	<b>66</b>	<b>0</b>
N F e u n d  A s s e t s  o f r e e	<b>Organizations that follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted .....		67	
	68 Temporarily restricted .....		68	
	69 Permanently restricted .....		69	
	<b>Organizations that do not follow SFAS 117, check here</b> <input checked="" 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 .....	337,500	71	374,619
	72 Retained earnings, endowment, accumulated income, or other funds .....	74,901	72	89,471
	<b>73 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) .....	<b>412,401</b>	<b>73</b>	<b>464,092</b>
	<b>74 Total liabilities and net assets / fund balances</b> (add lines 66 and 73) .....	<b>420,327</b>	<b>74</b>	<b>464,092</b>

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.

<b>Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 27 of the instructions.)</b>	<b>Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return</b>
<p><b>a</b> Total revenue, gains, and other support per audited financial statements <b>▶</b> <span style="float: right;"><b>a</b> <u>247,117</u></span></p> <p><b>b</b> Amounts included on line a but not on line 12, Form 990:</p> <p>(1) Net unrealized gains on investments \$</p> <p>(2) Donated services and use of facilities \$</p> <p>(3) Recoveries of prior year grants \$</p> <p>(4) Other (specify):</p> <p style="text-align: right;">\$</p> <p>Add amounts on lines (1) through (4) <b>▶</b> <span style="float: right;"><b>b</b></span></p> <p><b>c</b> Line a minus line b <b>▶</b> <span style="float: right;"><b>c</b> <u>247,117</u></span></p> <p><b>d</b> Amounts included on line 12, Form 990 but not on line a:</p> <p>(1) Investment expenses not included on line 6b, Form 990 \$</p> <p>(2) Other (specify):</p> <p style="text-align: right;">\$</p> <p>Add amounts on lines (1) and (2) <b>▶</b> <span style="float: right;"><b>d</b></span></p> <p><b>e</b> Total revenue per line 12, Form 990 (line c plus line d) <b>▶</b> <span style="float: right;"><b>e</b> <u>247,117</u></span></p>	<p><b>a</b> Total expenses and losses per audited financial statements <b>▶</b> <span style="float: right;"><b>a</b> <u>195,426</u></span></p> <p><b>b</b> Amounts included on line a but not on line 17, Form 990:</p> <p>(1) Donated services and use of facilities \$</p> <p>(2) Prior year adjustments reported on line 20, Form 990 \$</p> <p>(3) Losses reported on line 20, Form 990 \$</p> <p>(4) Other (specify):</p> <p style="text-align: right;">\$</p> <p>Add amounts on lines (1) through (4) <b>▶</b> <span style="float: right;"><b>b</b></span></p> <p><b>c</b> Line a minus line b <b>▶</b> <span style="float: right;"><b>c</b> <u>195,426</u></span></p> <p><b>d</b> Amounts included on line 17, Form 990 but not on line a:</p> <p>(1) Investment expenses not included on line 6b, Form 990 \$</p> <p>(2) Other (specify):</p> <p style="text-align: right;">\$</p> <p>Add amounts on lines (1) and (2) <b>▶</b> <span style="float: right;"><b>d</b></span></p> <p><b>e</b> Total expenses per line 17, Form 990 (line c plus line d) <b>▶</b> <span style="float: right;"><b>e</b> <u>195,426</u></span></p>

**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) Contrib to employee benefit plans & deferred compensation	(E) Expense account and other allowances
<b>JEFF PATTON</b>	<b>PRESIDENT</b>	0	0	0
<b>ROBERT DICKERMAN</b>	<b>SECRETARY</b>	0	0	0
<b>JOE WHEELER</b>	<b>HEAD TRUSTEE</b>	0	0	0
<b>JAMES T. ANSELL</b>	<b>PAST WORTHY PRESIDENT</b>	0	0	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		<b>X</b>
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.		<b>X</b>
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		<b>X</b>
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		<b>X</b>
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?		<b>X</b>
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		
b	Did the organization file Form 1120-POL for this year?		<b>X</b>
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?		<b>X</b>
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.)		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>X</b>	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		<b>N/A</b>
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		<b>X</b>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		<b>N/A</b>
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		<b>N/A</b>
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		<b>N/A</b>
c	Dues, assessments, and similar amounts from members		
d	Section 162(e) lobbying and political expenditures		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		<b>N/A</b>
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?		<b>N/A</b>
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12		
b	Gross receipts, included on line 12, for public use of club facilities		
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
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		<b>X</b>
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		
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
90a	List the states with which a copy of this return is filed <input type="checkbox"/> <b>None</b>		
b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions)		<b>90b</b>
91	The books are in care of <input type="checkbox"/> <b>ROBERT DICKERMAN</b> Located at <input type="checkbox"/> <b>2570 PALM BAY RD., NE, PALM BAY, FL</b>	Telephone no. <input type="checkbox"/> <b>321-951-3069</b> ZIP + 4 <input type="checkbox"/> <b>32905</b>	
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"/> <b>92</b>		

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

**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by sec. 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 <b>DONATION MEMEBERS</b>				<b>39,949</b>	<b>0</b>
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					<b>11,316</b>
95 Interest on savings and temporary cash investments					<b>362</b>
96 Dividends and 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 personal property					
99 Other investment income					<b>11,570</b>
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					<b>19,420</b>
102 Gross profit or (loss) from sales of inventory					<b>101,995</b>
103 Other revenue: a					
b <b>VENDING MACHINES</b>					<b>10,207</b>
c <b>MEMBER ACTIVITIES</b>					<b>7,054</b>
d <b>MEMBER SERVICES</b>					<b>5,038</b>
e					
104 Subtotal (add columns (B), (D), and (E))		<b>0</b>		<b>39,949</b>	<b>166,962</b>
105 Total (add line 104, columns (B), (D), and (E))					<b>206,911</b>

**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).
94	<b>SUPPORT OF ASPECTS OF SERVICE ACCOMPLISHMENTS (PART III)</b>
95	<b>UPKEEP OF FACILITIES FOR MEMBERS (PART IIIC)</b>
102	<b>SPECIAL &amp; FRATERNAL SERVICES (PART IIIC)</b>
103a	<b>103b PART OF ORG. (IIIC) 103 C/D SERVICE TO MEMBERS</b>

**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
<b>N/A</b>	%			
	%			
	%			
	%			

**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 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.

**Please Sign Here**

Signature of officer: Barney Patton Date: 12/10/05

Type or print name and title: BARNEY PATTON (AUDITOR)

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**Paid Preparer's Use Only**

Preparer's signature: Barney Patton Date: \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP + 4: \_\_\_\_\_

Check if self-employed:

Preparer's SSN or PTIN (See Gen Instr W): \_\_\_\_\_

EIN: \_\_\_\_\_

Phone: \_\_\_\_\_

no:

# Federal Statements

## Statement 1 - Form 990, Part I, Line 7 - Other Investment Income

<u>Description</u>	<u>Amount</u>
CERTIFICATE OF DEPOSIT	\$ 11,570
Total	<u>\$ 11,570</u>

**Federal Statements**

**Statement 2 - Form 990, Part II, Line 43 - Other Functional Expenses**

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Mgt &amp; General</u>	<u>Fund- Raising</u>
	\$	\$	\$	\$
Expenses				
TAXES, LICENSE & FEES	15,596		15,596	
STATE & NATIONAL DUES	3,470		3,470	
MISCELLANEOUS	12,406		12,406	
CD'S	11,570		11,570	
Total	<u>\$ 43,042</u>	<u>\$ 0</u>	<u>\$ 43,042</u>	<u>\$ 0</u>

## Federal Statements

### Statement 3 - Form 990, Part IV, Line 58 - Other Assets

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
CERTIFICATE OF DEPOSIT	\$ 19,745	\$ 31,850
Total	<u>\$ 19,745</u>	<u>\$ 31,850</u>

### Statement 4 - Form 990, Part IV, Line 65 - Other Liabilities

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
LEASED SMOKE SYSTEM	\$ 7,926	\$
Total	<u>\$ 7,926</u>	<u>\$ 0</u>