

Return of Organization Exempt from Income Tax

OMB No. 1545-0047

2004

Open to Public Inspection

Department of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

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 Jul 1, 2004, and ending Jun 30, 2005

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

C Name of organization

ROTARY INTERNATIONAL KERMAN CLUB

Number and street (or P.O. box if mail is not delivered to street addr) Room/Vault

P O BOX 307

City, town or country

KERMAN

State ZIP code + 4

CA 93630

D Employer identification number

94-6103432

E Telephone number

(559) 846-9335

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) 4 (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 83,831.

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	2,105.			
b Indirect public support	1b				
c Government contributions (grants)	1c				
d Total (add lines 1a through 1c) (cash \$ 2,105. noncash \$)	1d	2,105.			
2 Program service revenue including government fees and contracts (from Part VII, line 93)		2			
3 Membership dues and assessments		3		42,672.	
4 Interest on savings and temporary cash investments		4			
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 gain from sales of assets other than inventory	(A) Securities	(B) Other	8a		
b Less: cost or other basis and sales expenses	8b				
c Net gain or (loss) (combine line 8c, columns (A) and (B))	8c			8d	
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>					
a Gross revenue (not including reported on line 1a)	9a	39,054.			
b Less: direct expenses other than fundraising expenses	9b	30,784.			
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c	See L-9 Stmt		8,270.	
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		53,047.	
13 Program services (from line 44, column (B))		13		9,457	
14 Management and general (from line 44, column (C))		14		37,123.	
15 Fundraising (from line 44, column (D))		15		0	
16 Payments to affiliates (attach schedule)		16			
17 Total expenses (add lines 16 and 44, column (A))		17		46,580.	
18 Excess or (deficit) for the year (subtract line 17 from line 12)		18		6,467	
19 Net assets or fund balances at beginning of year (from line 73, column (A))		19		53,896.	
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		60,363.	

SCANNED JAN 04 2006

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.

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 (all sch) (cash \$ 9,457. non-cash \$)	22 9,457.	9,457.		
23 Specific assistance to individuals (all sch)	23			
24 Benefits paid to or for members (all sch)	24			
25 Compensation of officers, directors, etc	25 0.	0.	0.	0.
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			
32 Legal fees	32			
33 Supplies	33 1,379.	0.	1,379.	0.
34 Telephone	34			
35 Postage and shipping	35			
36 Occupancy	36 3,300.	0.	3,300.	0.
37 Equipment rental and maintenance	37			
38 Printing and publications	38 261.	0.	261.	0.
39 Travel	39			
40 Conferences, conventions, and meetings	40 26,414.	0.	26,414.	0.
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42			
43 Other expenses not covered above (itemize):				
a DUES	43a 2,121.	0.	2,121.	0.
b INTERNATIONAL DUES	43b 2,389.	0.	2,389.	0.
c MISCELLANEOUS	43c 609.	0.	609.	0.
d FOUNDATION KERMAN CLUB	43d 650.	0.	650.	0.
e	43e			
44 Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44 46,580.	9,457.	37,123.	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 those 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? COMMUNITY SUPPORT

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 YOUTH COMMUNITY SUPPORT - SEE SCHEDULE ATTACHED		
(Grants and allocations \$ 5,425.)		5,425
b COMMUNITY SUPPORT - SCHEDULE ATTACHED		
(Grants and allocations \$ 1,625.)		1,625.
c INTERNATIONAL SUPPORT - SCHEDULE ATTACHED		
(Grants and allocations \$ 2,407.)		2,407
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)		9,457

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	50,112.	45	55,356.
	46 Savings and temporary cash investments		46	
	47a Accounts receivable	47a		
	b Less: allowance for doubtful accounts	47b	47c	
	48a Pledges receivable	48a	5,007.	
	b Less: allowance for doubtful accounts	48b	3,784.	48c 5,007.
	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		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		
	b Less: accumulated depreciation (attach schedule)	57b	57c	
	58 Other assets (describe >)		58	
59 Total assets (add lines 45 through 58) (must equal line 74)	53,896.	59	60,363.	
LIABILITIES	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 >)		65	
	66 Total liabilities (add lines 60 through 65)	0.	66	0.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here > <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	
	Organizations that do not follow SFAS 117, check here > <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		71	
	72 Retained earnings, endowment, accumulated income, or other funds	53,896.	72	60,363.
	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)	53,896.	73	60,363.
	74 Total liabilities and net assets/fund balances (add lines 66 and 73)	53,896.	74	60,363.

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.

BAA

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	NA
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	
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	

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

a	Total expenses and losses per audited financial statements	a	N/A
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	
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	

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
PETE LOGOLUSO 15679 W KEARNEY BL KERMAN CA 93630	PRESIDENT 15	0.	0.	0.
ROBERT FELKER 980 N NAPA AVE KERMAN CA 93630	SECRETARY 10H	0.	0.	0.
CHARLES JONES 15477 MONTEREY LN KERMAN, CA 93630	TREASURER 10H	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
76 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
78b 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		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
80b If 'Yes,' enter the name of the organization: _____ 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.
81b Did the organization file Form 1120-POL for this year?	81b	NA
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
82b 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
83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	NA
84a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
84b 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. a Were substantially all dues nondeductible by members?	85a	X
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	NA
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) organizations. Enter: a 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) organizations. Enter: a 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	X
89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> NA ; section 4912 <input type="checkbox"/> NA , section 4955 <input type="checkbox"/> NA		
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		
90a List the states with which a copy of this return is filed <input type="checkbox"/> CALIFORNIA		
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 <input type="checkbox"/> NELLIE NERI Telephone number <input type="checkbox"/> (559) 842-3504 Located at <input type="checkbox"/> 151 S FIRST STREET KERMAN, CA ZIP + 4 <input type="checkbox"/> 93630		
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 instructions.)

NA

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					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts					
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					
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))					
105 Total (add line 104, columns (B), (D), and (E))					

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).
1	N/A

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

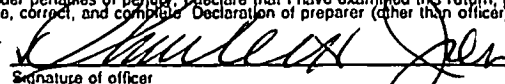
N/A

(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 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 	Date 12/07/05
	Type or print name and title. CHARLES H. JONES Treasurer	

Paid Preparer's Use Only	Preparer's signature ROBERT HOVSEPIAN, CPA	Date 10/04/05	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See General Instruction W)
	Firm's name (or yours if self-employed), address, and ZIP + 4 HOVSEPIAN & MCINTIRE 186 S Madera Avenue Kerman CA 93630	EIN	Phone no	(559) 846-9479

Form 990, Page 1, Part I, Line 9

Special Events and Activities Statement

List of Three Largest Events and Type and Number of Others	Gross Receipts	Less Contributions	Gross Revenue	Less Direct Expenses	Net Income (Loss)
COMMUNITY PROJECT	684.	0.	684.	611.	73.
HARVEST FESTIVAL	570.	0.	570.	4,564.	-3,994.
TRUCK RAFFLE	37,800.	0.	37,800.	25,609.	12,191.
Total	39,054.	0.	39,054.	30,784.	8,270.

Supporting Statement of:

Form 990 p 1/Line 1a

Description	Amount
Total	<u>2,105.</u>

Supporting Statement of:

Form 990 p 2/Line 22 column (B)

Description	Amount
FROM PART III LINE f	9,457.
Total	<u>9,457.</u>

Supporting Statement of:

Form 990 p 2/Line 38 column (C)

Description	Amount
CLUB BULLETINS	18.
POSTAGE/SUPPLIES	243.
Total	<u>261.</u>

Supporting Statement of:

Form 990 p 2/Line 40 column (C)

Description	Amount
BAR	234.
INTERNATIONAL CONVENTION	2,800.
MEAL EXPENSES	11,406.
P.E.T.S	475.
CHRISTMAS PARTY	136.
GARLIC FEED	1,152.
GOVERNORS DINNER	788.
PRESIDENTS DEMOTION	2,114.
SPRING EVENT	6,909.
WEEKEND OUTING	400.
Total	<u>26,414.</u>

Supporting Statement of:

Form 990 p 2/Grants & Allocations-a

Description	Amount
BABE RUTH BASEBALL	900.
CAMP ROYAL	100.
GIRLS BASEBALL	600.
GIRLS BAKETBALL	600.
KERMAN HIGH SCHOOL BOOSTERS	300.
YOUTH PROJECTS	1,300.
NORTH SOUTH FOOTBALL	175.
SOBER GRAD NIGHT	250.
SPEECH AND ESSAY CONTEST	1,200.
Total	<u>5,425.</u>

Supporting Statement of:

Form 990 p 2/Grants & Allocations-b

Description	Amount
CONCERT IN THE PARK	1,000.
KERMAN CULTURAL ARTS COUNCIL	100.
OTHER COMMUNITY PROJECTS	525.
Total	<u>1,625.</u>

Supporting Statement of:

Form 990 p 2/Grants & Allocations-c

Description	Amount
ROTARY INTERNATIONAL	2,407.
Total	<u>2,407.</u>

**Application for Extension of Time to File an
Exempt Organization Return**

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

► 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 ☒ **X**
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

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)****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.***Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6-months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension. Instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	ROTARY INTERNATIONAL KERMAN CLUB	94-6103432
	Number, street, and room or suite number. If a P.O. box, see instructions.	
	P O BOX 307	
	City, town or post office. For a foreign address, see instructions.	state ZIP code
	KERMAN	CA 93630

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 |

- The books are in the care of _____

Telephone No. ► (559) 842-2265 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 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 ☒ **X** and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until Feb 15, 20 06, 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 Jul 1, 20 04, and ending Jun 30, 20 05.

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.**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev 12-2004)