

**Return of Organization Exempt from Income Tax**

**2004**

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

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

**A For the 2004 calendar year, or tax year beginning , 2004, and ending**

- B** Check if applicable
- Address change
  - Name change
  - Initial return
  - Final return
  - Amended return
  - Application pending

Please use IRS label or print or type. See specific instructions.

**Friendship Trays, Inc.**  
2401-A Distribution Street  
Charlotte, NC 28203

**D Employer Identification Number**  
56-1201496

**E Telephone number**  
(704) 333-9229

**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

**G Web site:** ▶ [www.friendshiptrays.org](http://www.friendshiptrays.org)

**J Organization type** (check only one) ▶  501(c) 3 ◀ (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.**

**I Group Exemption Number** ▶

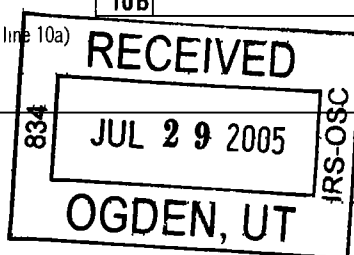
**M** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 1,463,293.

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

SCANNED AUG 24 2005

<b>1</b> Contributions, gifts, grants, and similar amounts received.				
<b>a</b> Direct public support	<b>1a</b>	664,969.		
<b>b</b> Indirect public support	<b>1b</b>	12,298.		
<b>c</b> Government contributions (grants)	<b>1c</b>			
<b>d</b> Total (add lines 1a through 1c) (cash \$ 677,267. noncash \$ )			<b>1d</b>	677,267.
<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)			<b>2</b>	702,521.
<b>3</b> Membership dues and assessments			<b>3</b>	
<b>4</b> Interest on savings and temporary cash investments			<b>4</b>	5,454.
<b>5</b> Dividends and interest from securities			<b>5</b>	20,915.
<b>6a</b> Gross rents	<b>6a</b>			
<b>b</b> Less. rental expenses	<b>6b</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>7</b>	
<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
	24,000.	<b>8a</b>	6,391.	
<b>b</b> Less. cost or other basis and sales expenses	18,061.	<b>8b</b>		
<b>c</b> Gain or (loss) (attach schedule) <b>Statement 1</b>	5,939.	<b>8c</b>	6,391.	
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))			<b>8d</b>	12,330.
<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>	26,745.		
<b>b</b> Less. direct expenses other than fundraising expenses	<b>9b</b>	17,533.		
<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)			<b>9c</b>	9,212.
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>			
<b>b</b> Less. cost of goods sold	<b>10b</b>			
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			<b>10c</b>	
<b>11</b> Other revenue (from Part VII, line 103)			<b>11</b>	
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			<b>12</b>	1,427,699.
<b>13</b> Program services (from line 44, column (B))			<b>13</b>	1,199,992.
<b>14</b> Management and general (from line 44, column (C))			<b>14</b>	106,817.
<b>15</b> Fundraising (from line 44, column (D))			<b>15</b>	89,945.
<b>16</b> Payments to affiliates (attach schedule)			<b>16</b>	
<b>17</b> Total expenses (add lines 16 and 44, column (A))			<b>17</b>	1,396,754.
<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)			<b>18</b>	30,945.
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))			<b>19</b>	1,875,463.
<b>20</b> Other changes in net assets or fund balances (attach explanation) <b>See Statement 3</b>			<b>20</b>	59,693.
<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)			<b>21</b>	1,966,101.



913 4

**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 (att sch) (cash \$ _____ non-cash \$ _____)	22				
23 Specific assistance to individuals (att sch)	23				
24 Benefits paid to or for members (att sch)	24				
25 Compensation of officers, directors, etc	25				
26 Other salaries and wages	26				
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				
34 Telephone	34				
35 Postage and shipping	35				
36 Occupancy	36				
37 Equipment rental and maintenance	37				
38 Printing and publications	38				
39 Travel	39				
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42				
43 Other expenses not covered above (itemize)					
a See attached schedule	43a	1,396,754.	1,199,992.	106,817.	89,945.
b	43b				
c	43c				
d	43d				
e	43e				
44 Total functional expenses (add lines 22 - 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	1,396,754.	1,199,992.	106,817.	89,945.

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**

What is the organization's primary exempt purpose? <u>Provide meals to individuals</u>	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
a <u>Provide balanced meals to individuals who are unable because of age or infirmity, to obtain or prepare their own.</u>  (Grants and allocations \$ _____)	1,199,992.
b _____  (Grants and allocations \$ _____)	
c _____  (Grants and allocations \$ _____)	
d _____  (Grants and allocations \$ _____)	
e Other program services (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	1,199,992.

**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		45	
	46 Savings and temporary cash investments	613,484.	46	593,555.
	47a Accounts receivable	47a 72,026.		
	b Less: allowance for doubtful accounts	47b	47c 64,650.	47c 72,026.
	48a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b		48c
	49 Grants receivable			49
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)			50
	51a Other notes & loans receivable (attach sch)	51a		
	b Less: allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use		4,889.	52 1,747.
	53 Prepaid expenses and deferred charges		5,216.	53 4,259.
	54 Investments — securities (attach schedule) See St 4 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		899,066.	54 996,341.
	55a Investments — land, buildings, & equipment, basis	55a		
	b Less: accumulated depreciation (attach schedule)	55b		55c
56 Investments — other (attach schedule) See Stmt 5		248,388.	56 252,684.	
57a Land, buildings, and equipment basis	57a 602,903.			
b Less: accumulated depreciation (attach schedule) Statement 6	57b 528,161.	56,823.	57c 74,742.	
58 Other assets (describe <input type="checkbox"/> )			58	
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)		1,892,516.	59 1,995,354.	
LIABILITIES	60 Accounts payable and accrued expenses	17,053.	60	29,253.
	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 <input type="checkbox"/> )			65
66 <b>Total liabilities</b> (add lines 60 through 65)		17,053.	66 29,253.	
NET ASSETS OR FUND BALANCES	<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	943,079.	67	992,425.
	68 Temporarily restricted	20,749.	68	38,232.
	69 Permanently restricted	911,635.	69	935,444.
	<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)		1,875,463.	73 1,966,101.	
74 <b>Total liabilities and net assets/fund balances</b> (add lines 66 and 73)		1,892,516.	74 1,995,354.	

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.)			Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return		
<b>a</b> Total revenue, gains, and other support per audited financial statements	▶	<b>a</b> 1,537,792.	<b>a</b> Total expenses and losses per audited financial statements	▶	<b>a</b> 1,447,154.
<b>b</b> Amounts included on line a but not on line 12, Form 990.			<b>b</b> Amounts included on line a but not on line 17, Form 990.		
(1) Net unrealized gains on investments \$ 59,693.			(1) Donated services and use of facilities \$ 50,400.		
(2) Donated services and use of facilities \$ 50,400.			(2) Prior year adjustments reported on line 20, Form 990 \$		
(3) Recoveries of prior year grants \$			(3) Losses reported on line 20, Form 990 \$		
(4) Other (specify). ----- \$			(4) Other (specify). ----- \$		
Add amounts on lines (1) through (4)	▶	<b>b</b> 110,093.	Add amounts on lines (1) through (4)	▶	<b>b</b> 50,400.
<b>c</b> Line a minus line b	▶	<b>c</b> 1,427,699.	<b>c</b> Line a minus line b	▶	<b>c</b> 1,396,754.
<b>d</b> Amounts included on line 12, Form 990 but not on line a:			<b>d</b> Amounts included on line 17, Form 990 but not on line a:		
(1) Investment expenses not included on line 6b, Form 990 \$			(1) Investment expenses not included on line 6b, Form 990 \$		
(2) Other (specify). ----- \$			(2) Other (specify). ----- \$		
Add amounts on lines (1) and (2)	▶	<b>d</b>	Add amounts on lines (1) and (2)	▶	<b>d</b>
<b>e</b> Total revenue per line 12, Form 990 (line c plus line d)	▶	<b>e</b> 1,427,699.	<b>e</b> Total expenses per line 17, Form 990 (line c plus line d)	▶	<b>e</b> 1,396,754.

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated, see instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
See Statement 7		53,047.	4,293.	0.
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**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.

<b>Part VI Other Information</b> (See instructions.)		Yes	No
<b>76</b>	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
<b>77</b>	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
<b>78a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
<b>78b</b>	If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?		N/A
<b>79</b>	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement		X
<b>80a</b>	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc. to any other exempt or nonexempt organization?		X
<b>81a</b>	If 'Yes,' enter the name of the organization <b>N/A</b> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
<b>81a</b>	Enter direct and indirect political expenditures See line 81 instructions	<b>81a</b>	0.
<b>81b</b>	Did the organization file <b>Form 1120-POL</b> for this year?		X
<b>82a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
<b>82b</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.)		
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
<b>83b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?		X
<b>84b</b>	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
<b>85a</b>	<b>501(c)(4), (5), or (6) organizations</b> Were substantially all dues nondeductible by members?		N/A
<b>85b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If 'Yes' was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		N/A
<b>85c</b>	Dues, assessments, and similar amounts from members		N/A
<b>85d</b>	Section 162(e) lobbying and political expenditures		N/A
<b>85e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		N/A
<b>85f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)		N/A
<b>85g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A
<b>85h</b>	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?		N/A
<b>86a</b>	<b>501(c)(7) organizations.</b> Enter. a Initiation fees and capital contributions included on line 12		N/A
<b>86b</b>	Gross receipts, included on line 12, for public use of club facilities		N/A
<b>87a</b>	<b>501(c)(12) organizations.</b> Enter. a Gross income from members or shareholders		N/A
<b>87b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		N/A
<b>88</b>	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		X
<b>89a</b>	<b>501(c)(3) organizations.</b> Enter. Amount of tax imposed on the organization during the year under section 4911 <u>0.</u> , section 4912 <u>0.</u> , section 4955 <u>0.</u>		
<b>89b</b>	<b>501(c)(3) and 501(c)(4) organizations</b> 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		X
<b>89c</b>	Enter. Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
<b>89d</b>	Enter. Amount of tax on line 89c, above, reimbursed by the organization		0.
<b>90a</b>	List the states with which a copy of this return is filed <b>None</b>		
<b>90b</b>	Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)		16
<b>91</b>	The books are in care of <b>Lucy Bush Carter</b> Telephone number <b>(704) 333-2112</b> Located at <b>2401-A Distribution St, Charlotte, NC</b> ZIP + 4 <b>28203</b>		
<b>92</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b> - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <b>92</b>		N/A

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a Sale of meals					702,521.
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.			14	5,454.	
96 Dividends & interest from securities			14	20,915.	
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			18	12,330.	
101 Net income or (loss) from special events			1	9,212.	
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))				47,911.	702,521.
105 Total (add line 104, columns (B), (D), and (E))					750,432.

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).
93	Program service revenue is from sale of meals to individuals who are unable to prepare or obtain balanced meals on their own.

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

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

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

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

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

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: Jennie Haley Signature of officer Date: 7-21-05

RESIDENT

Date: 7/11/05 Check if self employed:  Preparer's SSN or PTIN (See General Instruction W): N/A

**SCHEDULE A  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under  
Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust  
Supplementary Information -- (See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

OMB No 1545 0047

**2004**

Name of the organization

Friendship Trays, Inc.

Employer identification number

56-1201496

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See instructions. List each one. If there are none, enter 'None'.)

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$50,000 ▶	0			

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

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

**Part III** Statements About Activities (See instructions.)

	Yes	No
<p><b>1</b> 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 <b>▶</b> \$ <u>                    N/A                    </u></p> <p>(Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)</p> <p>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.</p>		X
<b>2</b> 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.)		
<b>a</b> Sale, exchange, or leasing of property?		X
<b>b</b> Lending of money or other extension of credit?		X
<b>c</b> Furnishing of goods, services, or facilities?		X
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
<b>e</b> Transfer of any part of its income or assets?		X
<b>3a</b> 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>3b</b> Do you have a section 403(b) annuity plan for your employees?	X	
<b>4a</b> 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>4b</b> Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

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

The organization is not a private foundation because it is. (Please check only **ONE** applicable box.)

- 5**  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6**  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7**  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8**  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9**  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state ▶** \_\_\_\_\_
- 10**  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a**  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b**  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12**  An organization that normally receives **(1) more than 33-1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc, functions — subject to certain exceptions, and **(2) no more than 33-1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13**  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in **(1)** lines 5 through 12 above, or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3) )

Provide the following information about the supported organizations (See instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14**  An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)



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

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	596,297.	578,895.	619,431.	857,295.	2,651,918.
<b>16</b> Membership fees received					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc. purpose	558,404.	892,869.	516,158.	424,718.	2,392,149.
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	23,613.	20,611.	28,485.	18,729.	91,438.
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
<b>23</b> Total of lines 15 through 22	1,178,314.	1,492,375.	1,164,074.	1,300,742.	5,135,505.
<b>24</b> Line 23 minus line 17	619,910.	599,506.	647,916.	876,024.	2,743,356.
<b>25</b> Enter 1% of line 23	11,783.	14,924.	11,641.	13,007.	

<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24	<b>26a</b>	54,867.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	<b>26b</b>	211,565.
c Total support for section 509(a)(1) test. Enter line 24, column (e)	<b>26c</b>	2,743,356.
d Add. Amounts from column (e) for lines: 18 <u>91,438.</u> 19 <u>211,565.</u>	<b>26d</b>	303,003.
e Public support (line 26c minus line 26d total)	<b>26e</b>	2,440,353.
f <b>Public support percentage (line 26e (numerator) divided by line 26c (denominator))</b>	<b>26f</b>	88.96 %

**27 Organizations described on line 12:** N/A

a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year.

(2003) \_\_\_\_\_ (2002) \_\_\_\_\_ (2001) \_\_\_\_\_ (2000) \_\_\_\_\_

b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year

(2003) \_\_\_\_\_ (2002) \_\_\_\_\_ (2001) \_\_\_\_\_ (2000) \_\_\_\_\_

c Add. Amounts from column (e) for lines: 15 _____ 16 _____	<b>27c</b>	
17 _____ 20 _____ 21 _____	<b>27d</b>	
d Add Line 27a total _____ and line 27b total _____	<b>27e</b>	
e Public support (line 27c total minus line 27d total)	<b>27f</b>	
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)	<b>27g</b>	
g <b>Public support percentage (line 27e (numerator) divided by line 27f (denominator))</b>	<b>27g</b>	%
h <b>Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))</b>	<b>27h</b>	%

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

**Part V Private School Questionnaire** (See instructions.)  
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

	Yes	No
<b>29</b> 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?		
<b>30</b> 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?		
<b>31</b> 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.) ----- ----- -----		
<b>32</b> Does the organization maintain the following.		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?		
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
<b>33</b> Does the organization discriminate by race in any way with respect to.		
<b>a</b> Students' rights or privileges?		
<b>b</b> Admissions policies?		
<b>c</b> Employment of faculty or administrative staff?		
<b>d</b> Scholarships or other financial assistance?		
<b>e</b> Educational policies?		
<b>f</b> Use of facilities?		
<b>g</b> Athletic programs?		
<b>h</b> Other extracurricular activities?  If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
<b>34a</b> Does the organization receive any financial aid or assistance from a governmental agency?		
<b>b</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.		
<b>35</b> Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.		

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

N/A

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

<b>Limits on Lobbying Expenditures</b>		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term 'expenditures' means amounts paid or incurred )			
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>	
<b>38</b>	Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	
<b>39</b>	Other exempt purpose expenditures	<b>39</b>	
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	
<b>41</b>	Lobbying nontaxable amount. Enter the amount from the following table --		
	<b>If the amount on line 40 is --</b>		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
	<b>The lobbying nontaxable amount is --</b>		
	20% of the amount on line 40		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000		
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$1,000,000		
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	
<b>43</b>	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	<b>43</b>	
<b>44</b>	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	<b>44</b>	
<b>Caution:</b> 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.)

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

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

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

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of.

Yes	No	Amount

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

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

**Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See instructions)

**51** Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

**a** Transfers from the reporting organization to a noncharitable exempt organization of:

	Yes	No
<b>51 a (i)</b>		X
<b>a (ii)</b>		X
<b>b (i)</b>		X
<b>b (ii)</b>		X
<b>b (iii)</b>		X
<b>b (iv)</b>		X
<b>b (v)</b>		X
<b>b (vi)</b>		X
<b>c</b>		X

- (i) Cash
- (ii) Other assets
- b** Other transactions.
  - (i) Sales or exchanges of assets with a noncharitable exempt organization
  - (ii) Purchases of assets from a noncharitable exempt organization
  - (iii) Rental of facilities, equipment, or other assets
  - (iv) Reimbursement arrangements
  - (v) Loans or loan guarantees
  - (vi) Performance of services or membership or fundraising solicitations

**c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees

**d** If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			

**52a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶  Yes  No

**b** If 'Yes,' complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

Friendship Trays, Inc.

56-1201496

**Statement 1**  
**Form 990, Part I, Line 8**  
**Net Gain (Loss) from Noninventory Sales**

Publicly Traded Securities

Gross Sales Price: 24,000.  
 Cost or Other Basis: 18,061.

Total Gain (Loss) Publicly Traded Securities \$ 5,939.

Other Assets

Capital Gain Dividends 6,391.

Total Gain (Loss) Other Assets \$ 6,391.

Total Net Gain (Loss) From Noninventory Sales \$ 12,330.

**Statement 2**  
**Form 990, Part I, Line 9**  
**Net Income (Loss) from Special Events**

<u>Special Events</u>	<u>Gross Receipts</u>	<u>Less Contributions</u>	<u>Gross Revenue</u>	<u>Less Direct Expenses</u>	<u>Net Income (Loss)</u>
Golf tournament	26,745.	0.	26,745.	17,533.	9,212.
Total	\$ <u>26,745.</u>	\$ <u>0.</u>	\$ <u>26,745.</u>	\$ <u>17,533.</u>	\$ <u>9,212.</u>

**Statement 3**  
**Form 990, Part I, Line 20**  
**Other Changes in Net Assets or Fund Balances**

Unrealized gain on investments Total \$ 59,693.

**Statement 4**  
**Form 990, Part IV, Line 54**  
**Investments - Securities**

<u>Corporate Stocks</u>	<u>Valuation Method</u>	<u>Amount</u>
Bank of America common stock	Market Value	\$ 23,401.
Total		\$ <u>23,401.</u>

<u>Other Publicly Traded Securities</u>	<u>Valuation Method</u>	<u>Amount</u>
Domestic equity mutual funds	Market Value	484,777.

## Friendship Trays, Inc.

56-1201496

Statement 4 (continued)  
Form 990, Part IV, Line 54  
Investments - Securities

Other Publicly Traded Securities	Valuation Method	Amount
International equity mutual fund	Market Value	\$ 126,619.
Bond mutual fund	Market Value	361,544.
	Total	\$ 972,940.
Total Investments - Securities		<u>\$ 996,341.</u>

Statement 5  
Form 990, Part IV, Line 56  
Investments - Other

Description of Investment	Valuation Method	Book Value
Certificates of Deposit	Market Value	\$ 252,684.
	Total	<u>\$ 252,684.</u>

Statement 6  
Form 990, Part IV, Line 57  
Land, Buildings, and Equipment

Category	Basis	Accum. Deprec.	Book Value
Automobiles / Transportation Equipment	\$ 48,839.	\$ 22,836.	\$ 26,003.
Machinery and Equipment	204,603.	166,193.	38,410.
Improvements	349,461.	339,132.	10,329.
Total	<u>\$ 602,903.</u>	<u>\$ 528,161.</u>	<u>\$ 74,742.</u>

Statement 7  
Form 990, Part V  
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Julie Duckworth 3031 Morning Mist Lane Charlotte, NC 28273	Executive Direc 40	\$ 53,047.	\$ 4,293.	\$ 0.

## Friendship Trays, Inc.

56-1201496

Statement 7 (continued)  
 Form 990, Part V  
 List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compensation	Contribution to EBP & DC	Expense Account/ Other
Gene Cochrane 100 N. Tryon St #3500 Charlotte, NC 28202	Member-at-large Volunteer	\$ 0.	\$ 0.	\$ 0.
Linda Blum 3016 Idlewood Circle Charlotte, NC 28209	President-Elect Volunteer	0.	0.	0.
Frances Baldwin 4727 Cambridge Crescent Dr. Charlotte, NC 28226	Secretary Volunteer	0.	0.	0.
Jennie Holt 2014 Norton Road Charlotte, NC 28207	President Volunteer	0.	0.	0.
Leland Atkins, Jr. 4234 Columbine Circle Charlotte, NC 28211	Directors Volunteer	0.	0.	0.
Scheduled	Directors Volunteers	0.	0.	0.
Total		\$ 53,047.	\$ 4,293.	\$ 0.

Friendship Trays Active Board Roster Revised 12/1/04

	Last Name	Given Name	Address	City
	Executive Committee			
President	Holt	Ms. Jennie	2014 Norton Road	Charlotte 28207
President-Elect	Blum	Ms. Linda	3016 Idlewood Circle	Charlotte 28209
Secretary	Baldwin	Mrs. Frances	4727 Cambridge Crescent Dr.	Charlotte 28226
Treasurer	Atkins, Jr.	Mr. Leland "Lee"	4234 Columbine Circle	Charlotte 28211
Member-at-large	Cochrane	Mr. Gene	Suite 3500 - 100 N. Tryon St.	Charlotte 28202
	Directors			
	Adams	Mr. Bryan	329 Cherokee Place	Charlotte 28207
	Clackum	Mr. Chris	217 Canterfield Lane	Matthews 28105
	Ciminelli	Mrs. Mary	2421 Brightmoor Ridge	Matthews 28105
	Deal	Mrs. Judy Ann	1241 Princeton Avenue	Charlotte 28209
	Dodson	Mr. Rhodes	8607 Fox Chase Lane	Charlotte 28269
	Elliot	Ms. Ann	Apt. 1401, 5100 Sharon Road	Charlotte 28210
	Erickson	Ms. Sara	14565 Fiji Court	Stanfield 28163
	Goldthorpe	Mr. Ted F.	2222-306 Selwyn Avenue	Charlotte 28209
	Kincheloe	Mrs. Linda	233 Hillside Ave.	Charlotte 28209
	Klingman	Mr. Thom	2012 Beverly Drive	Charlotte 28207
	Massey	Ms. Gladys G.	3116 Cricketeer Drive	Charlotte 28216
	Oldham	Mr. Guilford	2921 Idlewood Circle	Charlotte 28209
	Robertson	Mr. Bill	16407 Ranger Trail	Huntersville 28078
	Thomas	Mr. John	5327 Hickory Grove Rd.	Charlotte 28215
	Thompson	Ms. Cathy	2922 Hampton Ave.	Charlotte 28207
	Wilson	Mrs. Carolyn	4244 Hyde Park Dr.	Charlotte 28216



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**FRIENDSHIP TRAYS, INC.****STATEMENT OF FUNCTIONAL EXPENSES****Year Ended December 31, 2004**

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	<u>Program Services</u>	<u>Management and General</u>	<u>Fund Raising</u>	<u>Total</u>
<b><u>SALARIES AND RELATED EXPENSES</u></b>				
Salaries	\$ 277,370	\$ 57,631	\$ 22,265	\$ 357,266
Payroll taxes and benefits	63,912	15,010	5,798	84,720
Total	<u>341,282</u>	<u>72,641</u>	<u>28,063</u>	<u>441,986</u>
<b><u>OTHER EXPENSES</u></b>				
Subsidy	371,982	-	-	371,982
Food	280,726	-	-	280,726
Communications	8,176	7,534	43,999	59,709
Occupancy	23,734	1,769	708	26,211
Supplies	53,283	3,955	791	58,029
Bad debts	38,244	-	-	38,244
Repairs and maintenance	25,832	592	140	26,564
Professional fees	200	10,498	10,498	21,196
Insurance	13,806	1,454	525	15,785
Travel, meetings, and seminars	11,873	-	3,801	15,674
Telephone	3,546	2,837	709	7,092
Miscellaneous	2,309	1,796	-	4,105
Dues and subscriptions	1,012	810	202	2,024
Bank and credit card	-	894	-	894
Total	<u>834,723</u>	<u>32,139</u>	<u>61,373</u>	<u>928,235</u>
TOTAL EXPENSES BEFORE DEPRECIATION	1,176,005	104,780	89,436	1,370,221
Depreciation	23,987	2,037	509	26,533
TOTAL FUNCTIONAL EXPENSES	<u>\$ 1,199,992</u>	<u>\$ 106,817</u>	<u>\$ 89,945</u>	<u>\$ 1,396,754</u>

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

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
- 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](http://www.irs.gov/efile).

<b>Type or print</b> File by the due date for filing your return. See instructions.	Name of Exempt Organization <b>Friendship Trays, Inc.</b>	Employer identification number <b>56-1201496</b>
	Number, street, and room or suite number. If a P O box, see instructions <b>2401-A Distribution Street</b>	
	City, town or post office For a foreign address, see instructions <span style="float: right;">state ZIP code</span> <b>Charlotte, NC 28203</b>	

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

<input 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 checked="" 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 ▶ Lucy Bush Carter -----

Telephone No. ▶ (704) 333-2112 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. ▶  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 8/15, 20 05, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year 20 04 or
- ▶  tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.

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.**