

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)

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 2004, and ending

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. THE HEIDI GROUP, INC. P. O. BOX 5099 ROUND ROCK, TX 78683-5099. D Employer Identification Number 74-2757919. E Telephone number 255-2088. F Accounting method: X 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 (a) Is this a group return for affiliates? Yes No X No. H (b) If 'Yes,' enter number of affiliates. H (c) Are all affiliates included? Yes No. H (d) Is this a separate return filed by an organization covered by a group ruling? Yes No X No.

G Web site: N/A

J Organization type (check only one): X 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 12 627,072.

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

Table with 21 rows and 4 columns (description, sub-column, amount, total). Includes rows for contributions, program service revenue, membership dues, interest, dividends, gross rents, other investment income, special events, and gross sales of inventory.

SCANNED DEC 27 2005

RECEIVED NOV 28 2005 OGDEN UT

8 1/2

**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) SEE STM 3 (cash \$ 39,867. non-cash \$ )	39,867.	39,867.		
23	Specific assistance to individuals (att sch)				
24	Benefits paid to or for members (att sch)				
25	Compensation of officers, directors, etc.	133,750.	120,375.	13,375.	
26	Other salaries and wages	121,146.	109,031.	12,115.	
27	Pension plan contributions				
28	Other employee benefits	6,160.	6,160.		
29	Payroll taxes				
30	Professional fundraising fees				
31	Accounting fees	12,249.		12,249.	
32	Legal fees	1,595.		1,595.	
33	Supplies	27,903.	22,476.	5,427.	
34	Telephone	16,267.	14,640.	1,627.	
35	Postage and shipping	14,546.	13,091.	1,455.	
36	Occupancy	38,867.	36,225.	2,642.	
37	Equipment rental and maintenance	29,998.	26,998.	3,000.	
38	Printing and publications	8,885.	8,441.	444.	
39	Travel	52,358.	52,358.		
40	Conferences, conventions, and meetings	13,201.	13,201.		
41	Interest	3,353.		3,353.	
42	Depreciation, depletion, etc (attach schedule)	15,000.	7,500.	7,500.	
43	Other expenses not covered above (itemize):				
a	SEE STATEMENT 4	35,689.	22,251.	13,438.	
b					
c					
d					
e					
44	Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	570,834.	492,614.	78,220.	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**

What is the organization's primary exempt purpose? <u>MINISTRY TO WOMEN IN CRISIS</u>	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others)
a <u>THE HEIDI GROUP SPREADS THE PRO-LIFE MESSAGE, MINISTERS TO WOMEN OF ALL AGES IN CRISIS, AND EQUIPS CHRISTIANS FOR LEADERSHIP IN THE PRO-FAMILY MOVEMENT.</u> (Grants and allocations \$ _____)	492,614.
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)	492,614.

**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	19,430.	45	34,459.	
	46 Savings and temporary cash investments	10,563.	46	52,262.	
	47 a Accounts receivable	1,575.			
	b Less: allowance for doubtful accounts		47 c	1,575.	
	48 a Pledges receivable				
	b Less: allowance for doubtful accounts		48 c		
	49 Grants receivable		49		
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50		
	51 a Other notes & loans receivable (attach sch.)				
	b Less: allowance for doubtful accounts		51 c		
	52 Inventories for sale or use		52		
	53 Prepaid expenses and deferred charges	235.	53		
	54 Investments — securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54		
	55 a Investments — land, buildings, & equipment, basis				
	b Less: accumulated depreciation (attach schedule)		55 c		
56 Investments — other (attach schedule)		56			
57 a Land, buildings, and equipment: basis	99,385.				
b Less: accumulated depreciation (attach schedule)	58,307.	57 c	41,078.		
58 Other assets (describe <b>▶ SEE STATEMENT 6</b> )	3,945.	58	3,945.		
59 Total assets (add lines 45 through 58) (must equal line 74)	98,713.	59	133,319.		
LIABILITIES	60 Accounts payable and accrued expenses	25,060.	60	95,853.	
	61 Grants payable		61		
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)	55,000.	63	61,650.	
	64 a Tax-exempt bond liabilities (attach schedule)		64 a		
	b Mortgages and other notes payable (attach schedule)	17,750.	64 b		
	65 Other liabilities (describe <b>▶</b> )		65		
66 Total liabilities (add lines 60 through 65)	97,810.	66	157,503.		
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	903.	72	-24,184.
		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)	903.	73	-24,184.
	74 Total liabilities and net assets/fund balances (add lines 66 and 73)	98,713.	74	133,319.	

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	N/A
b	Amounts included on line a but not on line 12, Form 990:		
(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:		
(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:		
(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:		
(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
CAROL EVERETT P O BOX 202463 AUSTIN, TX 78720	FOUNDER & CEO 40	90,000.	0.	0.
LORI DEVILLEZ P O BOX 201144 AUSTIN, TX 78720	PRESIDENT 40	50,750.	0.	0.
DR. JACK & KATIE BUTLER 4615 RIDGESIDE DR DALLAS, TX 75244	DIRECTOR 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 instructions

4/24

**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?	N/A	
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
81a	Enter direct and indirect political expenditures. See line 81 instructions	81a	0.
81b	Did the organization file Form 1120-POL for this year?		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		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	N/A
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
85a	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		N/A
85b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		N/A
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.			
85c	Dues, assessments, and similar amounts from members	85c	N/A
85d	Section 162(e) lobbying and political expenditures	85d	N/A
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A
85h	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
86a	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
86b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87a	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
87b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
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		X
89a	501(c)(3) organizations. 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>		
89b	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		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			0.
90a	List the states with which a copy of this return is filed <u>NONE</u>		
90b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)	90b	0
91	The books are in care of <u>CAROL EVERETT</u> Telephone number <u>512-255-2088</u> Located at <u>P. O. BOX 5099, ROUND ROCK</u> ZIP + 4 <u>78683-5099</u>		
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	92	N/A



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

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

OMB No. 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

**2004**

Supplementary Information — (See separate instructions.)

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

**THE HEIDI GROUP, INC.**

Employer identification number

**74-2757919**

**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

7/24

Part III Statements About Activities (See instructions.)

Table with 3 columns: Question, Yes, No. Rows include: 1. During the year, has the organization attempted to influence national, state, or local legislation...; 2. During the year, has the organization, either directly or indirectly, engaged in any of the following acts...; 3a. Do you make grants for scholarships, fellowships, student loans, etc?; 4a. Did you maintain any separate account for participating donors...; 4b. Do you provide credit counseling, debt management, credit repair, or debt negotiation services?

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 [X] 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.)

Table with 2 columns: (a) Name(s) of supported organization(s), (b) Line number from above. Multiple empty rows for data entry.

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

8/24

**Part IVA 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
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) . . . . .	724,578.	511,626.	670,775.	635,405.	2,542,384.
16 Membership fees received . . . . .					
17 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 . . . . .	34,409.	2,440.	970.		37,819.
18 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 . . . . .	120.	225.	1,150.	1,231.	2,726.
19 Net income from unrelated business activities not included in line 18 . . . . .					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf . . . . .					
21 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 . . . . .					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. . . . .					
23 Total of lines 15 through 22 . . . . .	759,107.	514,291.	672,895.	636,636.	2,582,929.
24 Line 23 minus line 17 . . . . .	724,698.	511,851.	671,925.	636,636.	2,545,110.
25 Enter 1% of line 23 . . . . .	7,591.	5,143.	6,729.	6,366.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 . . . . .					26a 50,902.
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 . . . . .					26b 1,325,670.
c Total support for section 509(a)(1) test: Enter line 24, column (e) . . . . .					26c 2,545,110.
d Add. Amounts from column (e) for lines: 18 <u>2,726.</u> 19 <u>1,325,670.</u>					26d 1,328,396.
e Public support (line 26c minus line 26d total) . . . . .					26e 1,216,714.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) . . . . .					26f 47.81 %
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 _____ 17 _____ 20 _____ 21 _____					27c _____
d Add. Line 27a total _____ and line 27b total _____					27d _____
e Public support (line 27c total minus line 27d total) . . . . .					27e _____
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) . . . . .					27f 271
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) . . . . .					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) . . . . .					27h %

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

9/24

**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.

**Limits on Lobbying Expenditures**

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

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table -		
	<b>If the amount on line 40 is -</b>		
	<b>The lobbying nontaxable amount is -</b>		
	Not over \$500,000	20% of the amount on line 40	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
	Over \$17,000,000	\$1,000,000	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	
	<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
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots non-taxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	Grassroots lobbying expenditures				

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

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

11/2/04



CLIENT 4983

THE HEIDI GROUP, INC.

74-2757919

11/14/05

03:36PM

**STATEMENT 1  
FORM 990, PART I, LINE 8  
NET GAIN (LOSS) FROM NONINVENTORY SALES**

OTHER ASSETS

DESCRIPTION:	2001 LINCOLN TOWN CAR		
DATE ACQUIRED:	2/13/2003		
HOW ACQUIRED:	PURCHASE		
DATE SOLD:	8/20/2004		
TO WHOM SOLD:	HARTFORD INSURANCE		
GROSS SALES PRICE:	17,750.		
COST OR OTHER BASIS:	22,511.		
DEPRECIATION:	5,440.		
		GAIN (LOSS)	679.

TOTAL GAIN (LOSS) OTHER ASSETS \$ 679.

TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$ 679.

**STATEMENT 2  
FORM 990, PART I, LINE 9  
NET INCOME (LOSS) FROM SPECIAL EVENTS**

<u>SPECIAL EVENTS</u>	<u>GROSS RECEIPTS</u>	<u>LESS CONTRI- BUTIONS</u>	<u>GROSS REVENUE</u>	<u>LESS DIRECT EXPENSES</u>	<u>NET INCOME (LOSS)</u>
CRUISE	40,546.	0.	40,546.	64,254.	-23,708.
TOTAL	<u>\$ 40,546.</u>	<u>\$ 0.</u>	<u>\$ 40,546.</u>	<u>\$ 64,254.</u>	<u>\$ -23,708.</u>

**STATEMENT 3  
FORM 990, PART II, LINE 22  
GRANTS AND ALLOCATIONS**

CASH GRANTS AND ALLOCATIONS

DONEE'S NAME:	AGAPE PREGNANCY HELP CENTER		
RELATIONSHIP OF DONEE:	NONE		
AMOUNT GIVEN:			\$ 1,047.
DONEE'S NAME:	ARDELLA SHOOP		
RELATIONSHIP OF DONEE:	NONE		
AMOUNT GIVEN:			1,000.
DONEE'S NAME:	ARLINGTON PREGNANCY CENTER		
RELATIONSHIP OF DONEE:	NONE		
AMOUNT GIVEN:			800.
DONEE'S NAME:	BRENT TREE FELLOWSHIP		
RELATIONSHIP OF DONEE:	NONE		
AMOUNT GIVEN:			500.
DONEE'S NAME:	BOB FOUST		

17/24

CLIENT 4983

THE HEIDI GROUP, INC.

74-2757919

11/14/05

03.36PM

STATEMENT 3 (CONTINUED)  
FORM 990, PART II, LINE 22  
GRANTS AND ALLOCATIONS

CASH GRANTS AND ALLOCATIONS

RELATIONSHIP OF DONEE:	NONE	
AMOUNT GIVEN:		\$ 1,000.
DONEE'S NAME:	CAMPUS CRUSADE FOR CHRIST	
RELATIONSHIP OF DONEE:	NONE	
AMOUNT GIVEN:		2,500.
DONEE'S NAME:	CARENET OF TEXAS	
RELATIONSHIP OF DONEE:	NONE	
AMOUNT GIVEN:		500.
DONEE'S NAME:	BURLESON PREGNANCY AID CENTER	
RELATIONSHIP OF DONEE:	NONE	
AMOUNT GIVEN:		300.
DONEE'S NAME:	CROSSROADS PREG CENTER	
RELATIONSHIP OF DONEE:	NONE	
AMOUNT GIVEN:		854.
DONEE'S NAME:	CARENET OF NW HOUSTON	
RELATIONSHIP OF DONEE:	NONE	
AMOUNT GIVEN:		1,000.
DONEE'S NAME:	CHOICES PREG RES CLINIC	
RELATIONSHIP OF DONEE:	NONE	
AMOUNT GIVEN:		350.
DONEE'S NAME:	CHURCH GROWTH INST.	
RELATIONSHIP OF DONEE:	NONE	
AMOUNT GIVEN:		243.
DONEE'S NAME:	COMMON GROUND YOUTH GROUP	
RELATIONSHIP OF DONEE:	NONE	
AMOUNT GIVEN:		50.
DONEE'S NAME:	DAYBREAK CRISIS PREG CENTER	
RELATIONSHIP OF DONEE:	NONE	
AMOUNT GIVEN:		500.
DONEE'S NAME:	DAYLE CANTRELL	
RELATIONSHIP OF DONEE:	NONE	
AMOUNT GIVEN:		464.
DONEE'S NAME:	DOWNTOWN PREGNANCY CENTER	
RELATIONSHIP OF DONEE:	NONE	
AMOUNT GIVEN:		3,150.
DONEE'S NAME:	FOCUS ON THE FAMILY	
RELATIONSHIP OF DONEE:	NONE	
AMOUNT GIVEN:		250.
DONEE'S NAME:	FREE MARKET FUND	
RELATIONSHIP OF DONEE:	NONE	

CLIENT 4983

THE HEIDI GROUP, INC.

74-2757919

11/14/05

03:36PM

STATEMENT 3 (CONTINUED)  
FORM 990, PART II, LINE 22  
GRANTS AND ALLOCATIONS

CASH GRANTS AND ALLOCATIONS

AMOUNT GIVEN:		\$	250.
DONEE'S NAME:	GREATER WORKS CHURCH		
RELATIONSHIP OF DONEE:	NONE		
AMOUNT GIVEN:			350.
DONEE'S NAME:	HILL COUNTRY PREG CARE CTR		
RELATIONSHIP OF DONEE:	NONE		
AMOUNT GIVEN:			1,000.
DONEE'S NAME:	LIVING ALT PREGNANCY SERV		
RELATIONSHIP OF DONEE:	NONE		
AMOUNT GIVEN:			350.
DONEE'S NAME:	FRIENDS FOR LIFE		
RELATIONSHIP OF DONEE:	NONE		
AMOUNT GIVEN:			500.
DONEE'S NAME:	PREGNANCY CHOICE CLINIC		
RELATIONSHIP OF DONEE:	NONE		
AMOUNT GIVEN:			1,100.
DONEE'S NAME:	PREGNANCY CARE CENTER		
RELATIONSHIP OF DONEE:	NONE		
AMOUNT GIVEN:			500.
DONEE'S NAME:	NATIONAL DAY OF PRAYER		
RELATIONSHIP OF DONEE:	NONE		
AMOUNT GIVEN:			500.
DONEE'S NAME:	NORTH JEFFERSON WOMEN'S CENTR		
RELATIONSHIP OF DONEE:	NONE		
AMOUNT GIVEN:			500.
DONEE'S NAME:	PENGUIN GROUP, INC.		
RELATIONSHIP OF DONEE:	NONE		
AMOUNT GIVEN:			495.
DONEE'S NAME:	ROUND ROCK JAYCEES		
RELATIONSHIP OF DONEE:	NONE		
AMOUNT GIVEN:			40.
DONEE'S NAME:	SAN ANTONIO PREG CARE CENTER		
RELATIONSHIP OF DONEE:	NONE		
AMOUNT GIVEN:			500.
DONEE'S NAME:	SAV-A-LIFE		
RELATIONSHIP OF DONEE:	NONE		
AMOUNT GIVEN:			500.
DONEE'S NAME:	SAVING DANIEL		
RELATIONSHIP OF DONEE:	NONE		
AMOUNT GIVEN:			1,426.

CLIENT 4983

THE HEIDI GROUP, INC.

74-2757919

11/14/05

03.36PM

**STATEMENT 3 (CONTINUED)**  
**FORM 990, PART II, LINE 22**  
**GRANTS AND ALLOCATIONS**

CASH GRANTS AND ALLOCATIONS

DONEE'S NAME:	SHARON VAUGHN	
RELATIONSHIP OF DONEE:	NONE	
AMOUNT GIVEN:		\$ 500.
DONEE'S NAME:	ST PETERSBURG PREG FAM RES CTR	
RELATIONSHIP OF DONEE:	NONE	
AMOUNT GIVEN:		3,000.
DONEE'S NAME:	TERRI KIMERY	
RELATIONSHIP OF DONEE:	NONE	
AMOUNT GIVEN:		150.
DONEE'S NAME:	TEXAS CHRISTIAN COALITIONS	
RELATIONSHIP OF DONEE:	NONE	
AMOUNT GIVEN:		500.
DONEE'S NAME:	THE FAMILY ASSOC CENTER	
RELATIONSHIP OF DONEE:	NONE	
AMOUNT GIVEN:		500.
DONEE'S NAME:	POLLY ISINGHOOD	
RELATIONSHIP OF DONEE:	NONE	
AMOUNT GIVEN:		500.
DONEE'S NAME:	GAIL TIERNEY	
RELATIONSHIP OF DONEE:	NONE	
AMOUNT GIVEN:		150.
DONEE'S NAME:	GREAT HILLS BAPTIST CHURCH	
RELATIONSHIP OF DONEE:	NONE	
AMOUNT GIVEN:		3,400.
DONEE'S NAME:	HEARTLINE PREGNANCY CENTER	
RELATIONSHIP OF DONEE:	NONE	
AMOUNT GIVEN:		1,000.
DONEE'S NAME:	HOPE PREGNANCY CENTER	
RELATIONSHIP OF DONEE:	NONE	
AMOUNT GIVEN:		500.
DONEE'S NAME:	JEFF SMITH	
RELATIONSHIP OF DONEE:	NONE	
AMOUNT GIVEN:		500.
DONEE'S NAME:	JOANN CARTER	
RELATIONSHIP OF DONEE:	NONE	
AMOUNT GIVEN:		150.
DONEE'S NAME:	JUSTICE FOUNDATION	
RELATIONSHIP OF DONEE:	NONE	
AMOUNT GIVEN:		800.
DONEE'S NAME:	KEITH KLINE	
RELATIONSHIP OF DONEE:	NONE	

CLIENT 4983

THE HEIDI GROUP, INC.

74-2757919

11/14/05

04:09PM

**STATEMENT 3 (CONTINUED)  
FORM 990, PART II, LINE 22  
GRANTS AND ALLOCATIONS**

CASH GRANTS AND ALLOCATIONS

AMOUNT GIVEN:		\$ 2,000.
DONEE'S NAME:	LUCY BENTON	
RELATIONSHIP OF DONEE:	NONE	
AMOUNT GIVEN:		150.
DONEE'S NAME:	MARCUS BELLAMY	
RELATIONSHIP OF DONEE:	NONE	
AMOUNT GIVEN:		100.
DONEE'S NAME:	MELIZAH SCHMIDT	
RELATIONSHIP OF DONEE:	NONE	
AMOUNT GIVEN:		220.
DONEE'S NAME:	MICHELLE BOMBICO	
RELATIONSHIP OF DONEE:	NONE	
AMOUNT GIVEN:		728.
DONEE'S NAME:	BOBBY FULLER	
RELATIONSHIP OF DONEE:	NONE	
AMOUNT GIVEN:		500.
DONEE'S NAME:	PREGNANCY LIFE LINE	
RELATIONSHIP OF DONEE:	NONE	
AMOUNT GIVEN:		1,000.
DONEE'S NAME:	RADAIANCE MINISTRIES	
RELATIONSHIP OF DONEE:	NONE	
AMOUNT GIVEN:		1,000.

TOTAL GRANTS AND ALLOCATIONS \$ 39,867.

**STATEMENT 4  
FORM 990, PART II, LINE 43  
OTHER EXPENSES**

	(A) <u>TOTAL</u>	(B) <u>PROGRAM SERVICES</u>	(C) <u>MANAGEMENT &amp; GENERAL</u>	(D) <u>FUNDRAISING</u>
ADVERTISING	2,540.	2,540.		
BANK CHARGES/CC CHARGES	5,618.		5,618.	
CONSULTING	4,548.	4,548.		
CONTRACT LABOR	3,743.		3,743.	
DUES & SUBSCRIPTIONS	130.		130.	
EDUCATIONAL MATERIALS	6,271.	6,271.		
EMPLOYEE MILEAGE	1,090.	1,090.		
GIFTS	4,267.	4,267.		
INTERNET EXPENSE	3,535.	3,535.		
MEALS & ENTERTAINMENT	3,025.		3,025.	
MISCELLANEOUS	827.		827.	

CLIENT 4983

THE HEIDI GROUP, INC.

74-2757919

11/14/05

04:09PM

**STATEMENT 4 (CONTINUED)  
FORM 990, PART II, LINE 43  
OTHER EXPENSES**

	(A) <u>TOTAL</u>	(B) <u>PROGRAM SERVICES</u>	(C) <u>MANAGEMENT &amp; GENERAL</u>	(D) <u>FUNDRAISING</u>
STORAGE				
	95.		95.	
<b>TOTAL</b>	<b>\$ 35,689.</b>	<b>\$ 22,251.</b>	<b>\$ 13,438.</b>	<b>\$ 0.</b>

**STATEMENT 5  
FORM 990, PART IV, LINE 57  
LAND, BUILDINGS, AND EQUIPMENT**

<u>CATEGORY</u>	<u>BASIS</u>	<u>ACCUM. DEPREC.</u>	<u>BOOK VALUE</u>
AUTOMOBILES / TRANSPORTATION EQUIPMENT	\$ 9,500.	\$ 950.	\$ 8,550.
FURNITURE AND FIXTURES	37,531.	22,468.	15,063.
MACHINERY AND EQUIPMENT	41,446.	34,103.	7,343.
IMPROVEMENTS	10,908.	786.	10,122.
<b>TOTAL</b>	<b>\$ 99,385.</b>	<b>\$ 58,307.</b>	<b>\$ 41,078.</b>

**STATEMENT 6  
FORM 990, PART IV, LINE 58  
OTHER ASSETS**

DEPOSITS			
			\$ 3,945.
			<b>\$ 3,945.</b>

**STATEMENT 7  
SCHEDULE A, PART III, LINE 3  
QUALIFICATIONS OF RECIPIENTS RECEIVING GRANTS OR LOANS**

THE MINISTRY SUPPORTS OTHER EXEMPT ORGANIZATIONS THAT ADVOCATE SIMILAR THEOLOGICAL BELIEFS. FUNDS ARE DISBURSED AT THE DISCRETION OF THE BOARD OF DIRECTORS.

# 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).

Type or print File by the due date for filing your return See instructions.	Name of Exempt Organization	Employer identification number
	THE HEIDI GROUP, INC.	74-2757919
	Number, street, and room or suite number If a P.O. box, see instructions	
	P. O. BOX 5099	
	City, town or post office For a foreign address, see instructions	state ZIP code
	ROUND ROCK, TX 78683-5099	

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 ▶ CAROL EVERETT

Telephone No. ▶ 512-255-2088 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, 2005, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- ▶  calendar year 2004 or
- ▶  tax year beginning \_\_\_\_\_, 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.**

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (not automatic) 3-Month Extension of Time – Must File Original and One Copy.**

Type or print File by the extended due date for filing the return. See instructions. POSTMARK DATE AUG 16 2005	Name of Exempt Organization <b>THE HEIDI GROUP, INC.</b>	Employer identification number <b>74-2757919</b>
	Number, street, and room or suite number. If a P.O. box, see instructions. <b>P. O. BOX 5099</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>ROUND ROCK, TX 78683-5099</b>	

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

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

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

The books are in care of **CAROL EVERETT**  
 Telephone No. **512-255-2088** 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 organizations four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is **part** of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 11/15, 2005  
 5 For calendar year 2004, or other tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_  
 6 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period  
 7 State in detail why you need the extension: Taxpayer respectfully requests additional time to gather information necessary to file a complete and accurate tax return.  
 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ \_\_\_\_\_  
 b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. \$ \_\_\_\_\_  
 c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ \_\_\_\_\_

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.  
 Signature Carrie Brindley Title CPA Date 8-15-2005

**Notice to Applicant – To be Completed by the IRS**

We **have** approved this application. Please attach this form to the organization's return.  
 We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely filed return. Please attach this form to the organization's return.  
 We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.  
 We **cannot consider** this application because it was filed after the extended due date of the return for which an extension was requested.  
 Other \_\_\_\_\_

**EXTENSION APPROVED**  
**SEP 13 2005**  
 FIELD DIRECTOR  
 SUBMISSION PROCESSING, OGDEN, UT

Director \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_  
 Alternate Mailing Address – Enter the address if you want the copy of this application for an additional 3-month extension forwarded to an address different than the one entered above.

Type or print	Name <b>Pena Swayze &amp; Co., L.L.P.</b>	RECEIVED AUG 18 2005 OGDEN, UT IRS OGDEN
	Number and street (include suite, room, or apartment number) or a P O box number <b>P.O. Box 250</b>	
	City or town, province or state, and country (including postal or ZIP code) <b>Round Rock, TX 78680</b>	

24/24