

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2004

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

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

Open to Public
Inspection

A For the 2004 calendar year, or tax year beginning

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
Instruc-
tions

C Name of organization

CAPTAIN YOUTH & FAMILY SERVICES INC.

Number and street (or P O box if mail is not delivered to street address)

5 MUNICIPAL PLAZA

City or town, state or country, and ZIP + 4

CLIFTON PARK, NY 12065

D Employer identification number

14-1637304

E Telephone number

(518) 371-1185

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? N/A ☐ Yes ☐ NoH(d) Is this a separate return filed by an or-
ganization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number ▶

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

G Website ▶ N/A

J Organization type (check only one) ☒ 501(c) (3) (insert no) ☐ 4947(a)(1) or ☐ 527K Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The
organization need not file a return with the IRS, but if the organization received a Form 990 Package
in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 1,469,235.

Part 1 Revenue, Expenses, and Changes in Net Assets or Fund Balances

SCANNED SEP 12 2005

Revenue

Expenses

Net
Assets

1 Contributions, gifts, grants, and similar amounts received

a Direct public support

b Indirect public support

c Government contributions (grants)

d Total (add lines 1a through 1c) (cash \$ 1,003,170. noncash \$)

1a 221,043.

1b

1c 782,127.

1d 1,003,170.

2 Program service revenue including government fees and contracts (from Part VII, line 93)

2 296,564.

3 Membership dues and assessments

3

4 Interest on savings and temporary cash investments

4 1,782.

5 Dividends and interest from securities

5

6 a Gross rents

6a

b Less rental expenses

6b

c Net rental income or (loss) (subtract line 6b from line 6a)

6c

7 Other investment income (describe ▶)

7

8 a Gross amount from sales of assets other
than inventory

(A) Securities

(B) Other

8a

b Less cost or other basis and sales expenses

8b 4,103.

c Gain or (loss) (attach schedule)

8c -4,103.

d Net gain or (loss) (combine line 8c, columns (A) and (B))

STMT 1

8d -4,103.

9 Special events and activities (attach schedule) If any amount is from gaming, check here ☐a Gross revenue (not including \$ of contributions
reported on line 1a)

9a

b Less direct expenses other than fundraising expenses

9b

c Net income or (loss) from special events (subtract line 9b from line 9a)

9c

10 a Gross sales of inventory, less returns and allowances

10a

b Less cost of goods sold

10b

c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)

10c

11 Other revenue (from Part VII, line 103)

11 167,719.

12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)

12 1,465,132.

13 Program services (from line 44, column (B))

13 1,163,030.

14 Management and general (from line 44, column (C))

14 75,715.

15 Fundraising (from line 44, column (D))

15 144,601.

16 Payments to affiliates (attach schedule)

16

17 Total expenses (add lines 16 and 44, column (A))

17 1,383,346.

18 Excess or (deficit) for the year (subtract line 17 from line 12)

18 81,786.

19 Net assets or fund balances at beginning of year (from line 73, column (A))

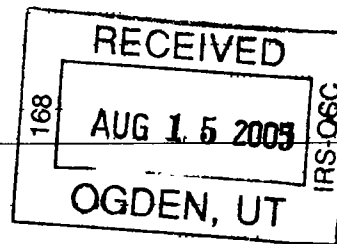
19 869,861.

20 Other changes in net assets or fund balances (attach explanation)

20 0.

21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)

21 951,647.



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

Page 2

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)				
	(cash \$ _____ noncash \$ _____)				
23	Specific assistance to individuals (attach schedule)	23 25,234.	25,234.	STATEMENT 4	
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc	25 159,520.	60,972.	36,657.	61,891.
26	Other salaries and wages	26 372,866.	372,866.		
27	Pension plan contributions	27 12,202.	4,881.	2,684.	4,637.
28	Other employee benefits	28 34,528.	14,110.	7,487.	12,931.
29	Payroll taxes	29 51,680.	20,672.	11,370.	19,638.
30	Professional fundraising fees	30			
31	Accounting fees	31 13,195.	4,015.	9,180.	
32	Legal fees	32			
33	Supplies	33 19,814.	17,888.	885.	1,041.
34	Telephone	34 13,608.	10,896.	1,356.	1,356.
35	Postage and shipping	35 6,384.	4,660.	958.	766.
36	Occupancy	36 57,864.	51,024.	2,565.	4,275.
37	Equipment rental and maintenance	37 42,021.	42,021.		
38	Printing and publications	38 3,865.	2,910.	159.	796.
39	Travel	39 10,626.	10,427.	33.	166.
40	Conferences, conventions, and meetings	40 1,078.	1,078.		
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42 36,545.	32,521.	1,509.	2,515.
43	Other expenses not covered above (itemize)				
a		43a			
b		43b			
c		43c			
d		43d			
e	SEE STATEMENT 2	43e 522,316.	486,855.	872.	34,589.
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 1,383,346.	1,163,030.	75,715.	144,601.

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 AccomplishmentsWhat is the organization's primary exempt purpose? **SEE STATEMENT 3**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
 (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)

a	CAPTAIN'S PURPOSE IS TO DETERMINE THE NEEDS OF YOUTH AND FAMILIES IN THE SOUTHERN SARATOGA COUNTY REGION OF NEW YORK AND TO DEVELOP SERVICES AND PROGRAMS TO MEET THOSE NEEDS.	
	(Grants and allocations \$ _____)	1,163,030.
b		
	(Grants and allocations \$ _____)	
c		
	(Grants and allocations \$ _____)	
d		
	(Grants and allocations \$ _____)	
e	Other program services (attach schedule)	(Grants and allocations \$ _____)
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	1,163,030.

Part IV Balance Sheets

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	2,844.	45	2,271.
	46 Savings and temporary cash investments	281,286.	46	281,457.
	47 a Accounts receivable	47a		
	b Less allowance for doubtful accounts	47b	47c	
	48 a Pledges receivable	42,000.		
	b Less allowance for doubtful accounts	48b	48c	42,000.
	49 Grants receivable	35,787.	49	89,727.
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable	51a		
	b Less allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	6,362.	53	7,234.
	54 Investments - securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
	55 a Investments - land, buildings, and equipment basis	55a		
	b Less accumulated depreciation	55b	55c	
56 Investments - other		56		
57 a Land, buildings, and equipment basis	718,604.			
b Less accumulated depreciation	168,854.			
58 Other assets (describe <input type="checkbox"/> SEE STATEMENT 5)	46,849.	58	78,495.	
59 Total assets (add lines 45 through 58) (must equal line 74)	969,160.	59	1,050,934.	
Liabilities	60 Accounts payable and accrued expenses	99,299.	60	99,287.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe <input type="checkbox"/>)		65	
	66 Total liabilities (add lines 60 through 65)	99,299.	66	99,287.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	306,674.	67	320,180.
	68 Temporarily restricted	340,061.	68	398,092.
	69 Permanently restricted	223,126.	69	233,375.
	Organizations that do not follow SFAS 117, check here <input 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		72	
	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)	869,861.	73	951,647.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	969,160.	74	1,050,934.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-B	Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
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a	Total revenue, gains, and other support per audited financial statements	a	1,534,727.
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 \$ 65,492.		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify) \$		
	Add amounts on lines (1) through (4)	b	65,492.
c	Line a minus line b	c	1,469,235.
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)		
	STMT 7 \$ -4,103.		
	Add amounts on lines (1) and (2)	d	-4,103.
e	Total revenue per line 12, Form 990 (line c plus line d)	e	1,465,132.

a	Total expenses and losses per audited financial statements	a	1,452,941.
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities \$ 65,492.		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify)		
	STMT 6 \$ 4,103.		
	Add amounts on lines (1) through (4)	b	69,595.
c	Line a minus line b	c	1,383,346.
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	0.
e	Total expenses per line 17, Form 990 (line c plus line d)	e	1,383,346.

Part V	List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated)
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[illegible]

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? If "Yes," attach schedule ☐ Yes ☒ No

	Yes	No
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ZIP + 4 ► 12065

92

N/A

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

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a PROGRAM SERVICE REVENUE					54,747.
b GRANT ADMINISTRATION					241,817.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	1,782.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					-4,103.
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a THRIFT SHOP SALES			05	155,426.	
b RENTAL INCOME			16	910.	
c MISCELLANEOUS			03	11,383.	
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		169,501.	292,461.
105 Total (add line 104, columns (B), (D), and (E))					461,962.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions.)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93A	INCOME RECEIVED FROM COURTS PERTAINING TO THE OPERATION OF CAPTAIN'S INTERVENTION AND DIVERSION SUBSTANCE ABUSE AND DIVERSION PROGRAM.
93B	INCOME RECEIVED FROM THE HOMELESS YOUTH COALITION TO ADMINISTER GRANT.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

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

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

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

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

Please 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.

Date

8/18/05

Type or print name and title

D. Brown

Date

8/3/05

Check if
self-
employed ☐

Preparer's SSN or PTIN

P00050571

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

CAPTAIN YOUTH & FAMILY SERVICES INC.

Employer identification number

14 1637304

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

(See page 1 of the instructions List each one If there are none, enter "None ")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
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 page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None ")

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

Part III Statements About Activities (See page 2 of the instructions)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) 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.	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990	2d	X
e Transfer of any part of its income or assets?	2e	X
3 a 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.)	3a	X
b Do you have a section 403(b) annuity plan for your employees?	3b	X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)The organization is not a private foundation because it is (Please check only **ONE** applicable box.)

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

Provide the following information about the supported organizations (See page 5 of the instructions.)

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

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

Part 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
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	707,774.	1,135,105.	616,279.	605,411.	3,064,569.
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	32,928.	34,772.	27,260.	10,109.	105,069.
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	2,549.	3,637.	5,980.	10,043.	22,209.
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.	145,513.	109,014.	SEE STATEMENT 9	94,038.	442,737.
23 Total of lines 15 through 22	888,764.	1,282,528.	743,691.	719,601.	3,634,584.
24 Line 23 minus line 17	855,836.	1,247,756.	716,431.	709,492.	3,529,515.
25 Enter 1% of line 23	8,888.	12,825.	7,437.	7,196.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					70,590.
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					0.
c Total support for section 509(a)(1) test. Enter line 24, column (e)					3,529,515.
d Add: Amounts from column (e) for lines 18 <u>22,209.</u> 19 <u> </u>					
22 <u>442,737.</u> 26b <u> </u>					
e Public support (line 26c minus line 26d total)					464,946.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					3,064,569.
					86.8269%
27 Organizations described on line 12: 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	N/A				
(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	N/A				
(2003)	(2002)	(2001)	(2000)		
c Add: Amounts from column (e) for lines 15 <u> </u> 16 <u> </u>					
17 <u> </u> 20 <u> </u> 21 <u> </u>					
d Add: Line 27a total <u> </u> and line 27b total <u> </u>					
e Public support (line 27c total minus line 27d total)					N/A
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)			27f	N/A	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					N/A %
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					
	NONE				

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

N/A

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

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)	31	
<hr/>		
<hr/>		
<hr/>		
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d 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)	32d	
<hr/>		
<hr/>		
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)	33h	
<hr/>		
<hr/>		
<hr/>		
34 a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
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	34b	
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Schedule A (Form 990 or 990-EZ) 2004

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

N/A

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

Check **a** ☐ if the organization belongs to an affiliated group Check **b** ☐ if you checked "a" and "limited control" provisions apply**Limits on Lobbying Expenditures**

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

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
	N/A	
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 -		
If the amount on line 40 is -		
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		
The lobbying nontaxable amount is -		
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		
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 11 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions)

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

- 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

Yes	No	Amount
		0.

Exempt Organizations (See page 11 of the 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?

- (i) Cash

(ii) Other assets

- (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.

N/A

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

[illegible]

52 a 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

N/A

[illegible]

FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 1

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
SALE OF ASSETS	VARIOUS	VARIOUS	PURCHASED	
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC
	0.	87,235.	0.	83,132.
TO FM 990, PART I, LN 8		87,235.	0.	83,132.
				NET GAIN OR (LOSS)
				-4,103.
				-4,103.

FORM 990 OTHER EXPENSES STATEMENT 2

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
ACTIVITIES	1,726.	1,726.		
ADVERTISING	1,834.	1,739.		95.
CLEANING SUPPLIES	1,000.	1,000.		
CONSULTANTS	43,809.	43,809.		
DUES & SUBSCRIPTIONS	2,730.	2,730.		
EFSP EXPENSE	1,088.	1,088.		
EVENTS	39,248.	4,891.		34,357.
FOOD	3,162.	3,162.		
INSURANCE	18,380.	17,594.	786.	
PAYROLL SERVICE	1,327.	1,135.	86.	106.
SCHOLARSHIP	600.	600.		
STAFF DEVELOPMENT	8,330.	8,299.		31.
TAB EXPENSES	275.	275.		
TRANSPORTATION	1,270.	1,270.		
VOLUNTEER				
APPRECIATION	2,238.	2,238.		
MISCELLANEOUS	11,641.	11,641.		
GRANT ADMINISTRATION	383,658.	383,658.		
TOTAL TO FM 990, LN 43	522,316.	486,855.	872.	34,589.

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT	3
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EXPLANATION

CAPTAIN'S PRIMARY PURPOSE IS A YOUTH AND FAMILY SERVICES AGENCY WHICH IDENTIFIES NEEDS & FACILITATES SERVICES AN PROGRAMS TO MEET THOSE NEEDS.

FORM 990	SPECIFIC ASSISTANCE TO INDIVIDUALS	STATEMENT	4
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DESCRIPTION

AMOUNT

FOOD, SHELTER AND CLOTHING FOR INDIGENTS, ETC.

25,234.

TOTAL TO FORM 990, PART II, LINE 23

25,234.

FORM 990	OTHER ASSETS	STATEMENT	5
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DESCRIPTION

AMOUNT

OTHER RECEIVABLES

36,823.

CASH SURRENDER VALUE OF LIFE INSURANCE

33,540.

DONATED JEWELRY

8,132.

TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B

78,495.

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT	6
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DESCRIPTION

AMOUNT

LOSS ON ASSET DISPOSAL

4,103.

TOTAL TO FORM 990, PART IV-B

4,103.

FORM 990	OTHER REVENUE INCLUDED ON FORM 990	STATEMENT	7
DESCRIPTION		AMOUNT	
LOSS ON ASSET DISPOSAL		-4,103.	
TOTAL TO FORM 990, PART IV-A		-4,103.	

FORM 990	PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT	8
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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
R. WILLIAM CASEY 5 MUNICIPAL PLAZA, SUITE 3 CLIFTON PARK, NY 12065	EXECUTIVE DIRECTOR 25	38,667.	0.	0.
JOYCE LOOMIS 5 MUNICIPAL PLAZA, SUITE 3 CLIFTON PARK, NY 12065	FINANCE MANAGER 40	27,639.	0.	0.
JULIE HOLLICK 5 MUNICIPAL PLAZA, SUITE 3 CLIFTON PARK, NY 12065	ASST DEVELOPMENT DIRECTOR 40	25,381.	0.	0.
JOAN OSTROW 5 MUNICIPAL PLAZA, SUITE 3 CLIFTON PARK, NY 12065	DEVELOPMENT DIRECTOR 40	45,583.	0.	0.
NANCY FREUH 5 MUNICIPAL PLAZA, SUITE 3 CLIFTON PARK, NY 12065	ADMINISTRATOR 40	22,250.	3,405.	0.
LYNLEE BARBOUR 5 MUNICIPAL PLAZA, SUITE 3 CLIFTON PARK, NY 12065	BOARD MEMBER 1	0.	0.	0.
ANAMARIE BONAR 5 MUNICIPAL PLAZA, SUITE 3 CLIFTON PARK, NY 12065	SECRETARY 1	0.	0.	0.
KATHLEEN BRYANT 5 MUNICIPAL PLAZA, SUITE 3 CLIFTON PARK, NY 12065	BOARD MEMBER 1	0.	0.	0.

KENNETH CLEMENTS 5 MUNICIPAL PLAZA, SUITE 3 CLIFTON PARK, NY 12065	BOARD MEMBER 1	0.	0.	0.
SONDRA D'AGOSTINO 5 MUNICIPAL PLAZA, SUITE 3 CLIFTON PARK, NY 12065	BOARD MEMBER 1	0.	0.	0.
MICHAEL DUTKOWSKY 5 MUNICIPAL PLAZA, SUITE 3 CLIFTON PARK, NY 12065	BOARD MEMBER 1	0.	0.	0.
DAVID HORAN 5 MUNICIPAL PLAZA, SUITE 3 CLIFTON PARK, NY 12065	VP DEVELOPMENT 1	0.	0.	0.
PATTY KILGORE 5 MUNICIPAL PLAZA, SUITE 3 CLIFTON PARK, NY 12065	BOARD MEMBER 1	0.	0.	0.
LISA LENGYEL 5 MUNICIPAL PLAZA, SUITE 3 CLIFTON PARK, NY 12065	BOARD MEMBER 1	0.	0.	0.
GREGORY LIBERATORE 5 MUNICIPAL PLAZA, SUITE 3 CLIFTON PARK, NY 12065	BOARD MEMBER 1	0.	0.	0.
WILLIAM LONG 5 MUNICIPAL PLAZA, SUITE 3 CLIFTON PARK, NY 12065	VP PERSONNEL 1	0.	0.	0.
SANDRA JEAN LYKE 5 MUNICIPAL PLAZA, SUITE 3 CLIFTON PARK, NY 12065	BOARD MEMBER 1	0.	0.	0.
BRITTANY LYTE 5 MUNICIPAL PLAZA, SUITE 3 CLIFTON PARK, NY 12065	BOARD MEMBER 1	0.	0.	0.
JAMES MURPHY III 5 MUNICIPAL PLAZA, SUITE 3 CLIFTON PARK, NY 12065	BOARD MEMBER 1	0.	0.	0.
JOE NOONAN 5 MUNICIPAL PLAZA, SUITE 3 CLIFTON PARK, NY 12065	BOARD MEMBER 1	0.	0.	0.
THOMAS REDDY 5 MUNICIPAL PLAZA, SUITE 3 CLIFTON PARK, NY 12065	TREASURER 1	0.	0.	0.

ALAN RHODES 5 MUNICIPAL PLAZA, SUITE 3 CLIFTON PARK, NY 12065	BOARD MEMBER 1	0.	0.	0.
JOSEPH ROSSI 5 MUNICIPAL PLAZA, SUITE 3 CLIFTON PARK, NY 12065	BOARD MEMBER 1	0.	0.	0.
DENISE RUTLEDGE 5 MUNICIPAL PLAZA, SUITE 3 CLIFTON PARK, NY 12065	BOARD MEMBER 1	0.	0.	0.
ROBERT RYBACK 5 MUNICIPAL PLAZA, SUITE 3 CLIFTON PARK, NY 12065	BOARD MEMBER 1	0.	0.	0.
TOM SCHROEDER 5 MUNICIPAL PLAZA, SUITE 3 CLIFTON PARK, NY 12065	BOARD MEMBER 1	0.	0.	0.
SCHUYLER TILLY 5 MUNICIPAL PLAZA, SUITE 3 CLIFTON PARK, NY 12065	PRESIDENT 1	0.	0.	0.
KARA WISENBURN 5 MUNICIPAL PLAZA, SUITE 3 CLIFTON PARK, NY 12065	BOARD MEMBER 1	0.	0.	0.
JOHN WISNIEWSKI 5 MUNICIPAL PLAZA, SUITE 3 CLIFTON PARK, NY 12065	BOARD MEMBER 1	0.	0.	0.
GAIL ZIEGLER 5 MUNICIPAL PLAZA, SUITE 3 CLIFTON PARK, NY 12065	BOARD MEMBER 1	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		159,520.	3,405.	0.

SCHEDULE A	OTHER INCOME			STATEMENT	9
DESCRIPTION	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT	
CAPTAINS TREASURES	140,119.	104,800.	91,742.	90,900.	
MISCELLANEOUS	5,394.	4,214.	2,430.	3,138.	
TOTAL TO SCHEDULE A, LINE 22	145,513.	109,014.	94,172.	94,038.	

CAPTAIN YOUTH & FAMILY SERVICES, INC.

FUNCTIONAL EXPENSES

Year Ended December 31, 2004

(with comparative totals for 2003)

	Youth and Family Services	Youth Shelter Home	CAPTAIN'S Treasures	Total Program Services	Management and General	Fundraising	2004 Totals	2003 Totals
Salaries	\$ 228,632	\$ 360,943	\$ 35,508	\$ 625,083	\$ 36,657	\$ 61,891	\$ 723,631	\$ 545,735
Payroll taxes and employee benefits	45,292	78,828	7,215	131,335	6,674	10,973	148,982	99,869
Total salaries and related expenses	273,924	439,771	42,723	756,418	43,331	72,864	872,613	645,604
Activities	-	2,270	-	2,270	-	-	2,270	2,953
Advertising	309	1,430	-	1,739	-	95	1,834	4,225
Assistance to individuals	-	4,232	-	4,232	-	-	4,232	3,665
Cleaning supplies	-	1,000	-	1,000	-	-	1,000	897
Conferences, conventions, and meetings	-	1,078	-	1,078	-	-	1,078	75
Consultants	26,637	27,572	-	54,209	-	-	54,209	19,154
Depreciation	12,780	19,741	-	32,521	1,509	2,515	36,545	35,117
Direct aid to individuals	37,665	-	-	37,665	-	-	37,665	20,372
Dues and subscriptions	2,334	396	-	2,730	-	-	2,730	2,362
EFSP expense	1,088	-	-	1,088	-	-	1,088	998
Equipment and maintenance	29,523	9,605	5,762	44,890	-	-	44,890	26,521
Events	4,891	-	-	4,891	-	61,837	66,728	88,539
Food	-	4,002	-	4,002	-	-	4,002	2,963
Insurance	8,783	7,263	1,548	17,594	786	-	18,380	20,293
Occupancy	26,437	7,172	22,272	55,881	2,565	4,275	62,721	63,011
Office supplies	16,269	2,099	175	18,543	885	1,041	20,469	14,109
Pass-through grant	-	141,841	-	141,841	-	-	141,841	16,924
Payroll service	1,135	-	-	1,135	86	106	1,327	2,019
Postage	4,660	-	-	4,660	958	766	6,384	6,161
Printing and promotion	2,730	180	-	2,910	159	796	3,865	6,082
Professional fees	1,620	2,395	-	4,015	9,180	-	13,195	11,838
Scholarship	600	-	-	600	-	-	600	1,100
Staff development and training	7,304	544	451	8,299	-	31	8,330	11,746
TAB expenses	275	-	-	275	-	-	275	478
Telephone	6,328	4,111	457	10,896	1,356	1,356	13,608	12,433
Transportation	-	1,270	-	1,270	-	-	1,270	800
Travel and meals	5,195	6,242	174	11,611	33	166	11,810	10,902
Volunteer appreciation	2,238	-	-	2,238	-	-	2,238	1,990
Miscellaneous	6,294	4,164	1,183	11,641	-	-	11,641	5,780
	\$ 479,019	\$ 688,378	\$ 74,745	\$ 1,242,142	\$ 60,848	\$ 145,848	\$ 1,448,838	\$ 1,039,111

See Report of Independent Certified Public Accountants on Supplemental Information.

CAPTAIN ~~Un~~ten.
Comprehensive Depreciation Letter Size [Depreciation]
GAAP
For the Period January 1, 2004 to December 31, 2004

Class	Selected Dates			Asset Balances			Depreciable Basis			Current & Accum Depreciation					Net Book Value
	Beginning	Additions	Deletions	Ending	Book Cost	Acquisition Cost	Net STWMA Depreciation & APTD	This Period	Depreciable Basis	Beginning Accum Depr	Current Depr & APTD	Net Sec 179/179A	Net Additions Deletions	Ending Accum Depr	
BLDG	201,668	0	900	200,768	200,766	200,766	0	7,407	290,766	42,235	7,407	0	-170	49,473	241,293
EQUIT	208,826	52,896	86,335	175,187	175,187	175,187	0	18,313	135,883	158,889	18,851	0	-82,962	94,787	80,400
LHI	219,538	6,038	0	225,574	225,574	225,574	0	5,862	224,834	9,184	5,862	0	0	15,025	210,548
Vehicle	20,577	6,500	0	27,077	27,077	27,077	0	4,425	27,077	5,144	4,425	0	0	9,569	17,508
Grand Total	740,408	65,431	87,235	718,604	718,604	718,604	0	36,007	678,560	215,442	38,545	0	-83,132	168,855	540,750

Note There may be differences due to rounding

Σ ① 516,340 FN

2106
JMC 3/30/05
PA
3/31/05

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

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

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	CAPTAIN YOUTH & FAMILY SERVICES INC.	14-1637304
	Number, street, and room or suite no. If a P.O. box, see instructions. 5 MUNICIPAL PLAZA, NO. 3	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CLIFTON PARK, NY 12065	

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

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

- The books are in the care of ► **JOYCE LOOMIS**
Telephone No. ► **518-371-1185** 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.

- I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until **AUGUST 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 _____, and ending _____.
- 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 \$ _____
- 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 \$ _____
- 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 \$ **N/A**

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.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form **8868** (Rev. 12-2004)