Form **990** Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2004

Open to Public Inspection

A For the 2004 cal , 20

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

#87812 **AUTO**SCH 5-DIGIT 43615
CENTRAL AMERICAN MINISTRIES I
C/O JOSEPH A RIDEOUT P155 R
5901 AIRPORT HWY B 9 S
TOLEDO OH 43615-7344

D Employer identification number 34 : 1811907

E Telephone number (419) 865-5743

F Accounting method: ☐ Cash ☐ Accrual ☐ Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? ☐ Yes ☐ No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? ☐ Yes ☐ No (If "No," attach a list. See instructions.)

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

I Group Exemption Number ▶

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

G Website: ▶

J **Organization type** (check only one) ▶ ☑ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check here ▶ ☐ if the organization's gross receipts are normally not more than $25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶

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

Revenue	1	Contributions, gifts, grants, and similar amounts received:				
	a	Direct public support	1a	805169		
	b	Indirect public support	1b	—		
	c	Government contributions (grants)	1c	—		
	d	**Total** (add lines 1a through 1c) (cash $ ______ noncash $ ______)			1d	805169
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	
	3	Membership dues and assessments			3	—
	4	Interest on savings and temporary cash investments			4	
	5	Dividends and interest from securities			5	87925
	6a	Gross rents	6a	—		
	b	Less: rental expenses	6b	—		
	c	Net rental income or (loss) (subtract line 6b from line 6a)			6c	—
	7	Other investment income (describe ▶)			7	
	8a	Gross amount from sales of assets other than inventory	(A) Securities: ATTACHED	8a	(B) Other:	
	b	Less: cost or other basis and sales expenses		8b		
	c	Gain or (loss) (attach schedule)	58352	8c		
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))			8d	58352
	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	—
	10a	Gross sales of inventory, less returns and allowances	10a			
	b	Less: cost of goods sold	10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c	—
	11	Other revenue (from Part VII, line 103) UNREALIZED GAIN ON INV			11	353608
	12	**Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	1305054
Expenses	13	Program services (from line 44, column (B))			13	188414
	14	Management and general (from line 44, column (C))			14	59434
	15	Fundraising (from line 44, column (D))			15	16591
	16	Payments to affiliates (attach schedule)			16	—
	17	**Total expenses** (add lines 16 and 44, column (A))			17	264439
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)			18	1040615
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	3713482
	20	Other changes in net assets or fund balances (attach explanation)			20	—
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21	4754097

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13-14 16

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash $ ______ noncash $ ______)	22	108008	108008		
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc.	25	3000		3000	
26 Other salaries and wages	26	93396	78646	10450	4300
27 Pension plan contributions	27				
28 Other employee benefits	28				
29 Payroll taxes	29				
30 Professional fundraising fees	30	10531			10531
31 Accounting fees	31	5185		5185	
32 Legal fees	32				
33 Supplies	33	6240		6240	
34 Telephone	34				
35 Postage and shipping	35				
36 Occupancy	36				
37 Equipment rental and maintenance	37				
38 Printing and publications	38				
39 Travel	39	5280	1760	1760	1760
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc. (attach schedule)	42				
43 Other expenses not covered above (itemize): a	43a				
b TRUSTEE Fees	43b	32799		32799	
c	43c				
d	43d				
e	43e				
44 **Total functional expenses** (add lines 22 through 43). ***Organizations completing columns (B)-(D), carry these totals to lines 13—15***	44	264439	188414	59434	16591

Joint Costs. Check ▶ ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in **(B)** Program services? ▶ ☐ Yes ☑ No

If "Yes," enter **(i)** the aggregate amount of these joint costs $______; **(ii)** the amount allocated to Program services $______; **(iii)** the amount allocated to Management and general $______; and **(iv)** the amount allocated to Fundraising $______

Part III Statement of Program Service Accomplishments (See page 25 of the instructions.)

What is the organization's primary exempt purpose? ▶ Exhibit B

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

	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a Exhibit A (Grants and allocations $)	108008
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). ▶	

Part IV **Balance Sheets** (See page 25 of the instructions.)

Note: *Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.*			(A) Beginning of year		(B) End of year
Assets	45	Cash—non-interest-bearing	738810	45	492868
	46	Savings and temporary cash investments		46	
	47a	Accounts receivable 47a			
	b	Less: allowance for doubtful accounts 47b		47c	
	48a	Pledges receivable 48a			
	b	Less: allowance for doubtful accounts 48b		48c	
	49	Grants receivable		49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a	Other notes and loans receivable (attach schedule) 51a			
	b	Less: allowance for doubtful accounts 51b		51c	
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges	3844	53	
	54	Investments—securities (attach schedule) ▶ ☐ Cost ☑ FMV	2970828	54	4261229
	55a	Investments—land, buildings, and equipment: basis 55a			
	b	Less: accumulated depreciation (attach schedule) 55b		55c	
	56	Investments—other (attach schedule)		56	
	57a	Land, buildings, and equipment: basis 57a			
	b	Less: accumulated depreciation (attach schedule) 57b		57c	
	58	Other assets (describe ▶)		58	
	59	**Total assets** (add lines 45 through 58) (must equal line 74)	3713482	59	4754097
Liabilities	60	Accounts payable and accrued expenses		60	
	61	Grants payable		61	
	62	Deferred revenue		62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a	Tax-exempt bond liabilities (attach schedule)		64a	
	b	Mortgages and other notes payable (attach schedule)		64b	
	65	Other liabilities (describe ▶)		65	
	66	**Total liabilities** (add lines 60 through 65)		66	
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶** ☐ and complete lines 67 through 69 and lines 73 and 74.			
	67	Unrestricted	3713482	67	4739862
	68	Temporarily restricted		68	14235
	69	Permanently restricted		69	
		Organizations that do not follow SFAS 117, check here ▶ ☐ 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)		73	
	74	**Total liabilities and net assets / fund balances** (add lines 66 and 73)	3713482	74	4754097

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-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 27 of the instructions.)

a	Total revenue, gains, and other support per audited financial statements ▶	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
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 page 27 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than $100,000 from your organization and all related organizations, of which more than $10,000 was provided by the related organizations? ▶ ☐ Yes ☐ No
If "Yes," attach schedule—see page 28 of the instructions.

Part IV-A **Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See page 27 of the instructions.)

a	Total revenue, gains, and other support per audited financial statements . . ▶	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	
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 page 27 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
MR. CLAY MATHILE 6450 SANDLAKE DAYTON OH	BOARD COUNCIL	0	0	0
MRS KAREN PULTE 1222 ORCHARD LAKE RD BLOOMFIELD HILLS MI 48304	BOARD COUNCIL	0	0	0
MR. JOSEPH RINEOUT, ESQ 1006 JACKSON TOLEDO OH 43624	TRUSTEE	0	0	0
MR ALVARO ANDRADE 3 CALLE 7-49 ZONA 14 GUATAMALA	TRUSTEE	0	0	0
FR DON VETTESSE SJ 5901 AIRPORT HWY TOLEDO OH 43615	TRUSTEE	0	0	0
JOHN + JOAN VATTEROTT 510 SECOND STREET NAPLES FLA 34102	BOARD COUNCIL	0	0	0
WELLINGTON MARA *	BOARD COUNCIL	0	0	0

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than $100,000 from your organization and all related organizations, of which more than $10,000 was provided by the related organizations? ▶ ☐ Yes ☑ No
If "Yes," attach schedule—see page 28 of the instructions.

* PRESIDENT
NEW YORK FOOTBALL GIANTS
GIANTS STADIUM
EAST RUTHERFORD NJ 07073

Part VI Other Information (See page 28 of the instructions.)

			Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.	76		✓
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.	77		✓
78a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		✓
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		✓
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?	80a	✓	
b	If "Yes," enter the name of the organization ▶ ST. John's Jesuit HS and check whether it is ☐ exempt **or** ☐ nonexempt.			
81a	Enter direct and indirect political expenditures. See line 81 instructions — 81a: -0-			
b	Did the organization file **Form 1120-POL** for this year?	81b		NA
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		✓
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) — 82b:			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	✓	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b		NA
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		NA
85	*501(c)(4), (5), or (6) organizations.* **a** Were substantially all dues nondeductible by members?	85a		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less? If "Yes" was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b		
c	Dues, assessments, and similar amounts from members — 85c: NA			
d	Section 162(e) lobbying and political expenditures — 85d:			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices — 85e:			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) — 85f:			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
86	*501(c)(7) orgs.* Enter: **a** Initiation fees and capital contributions included on line 12 — 86a: NA			
b	Gross receipts, included on line 12, for public use of club facilities — 86b:			
87	*501(c)(12) orgs.* Enter: **a** Gross income from members or shareholders — 87a:			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) — 87b:			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		✓
89a	*501(c)(3) organizations.* Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ ______ ; section 4912 ▶ ______ ; section 4955 ▶ ______			
b	*501(c)(3) and 501(c)(4) orgs.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		✓
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ NA			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ NA			
90a	List the states with which a copy of this return is filed ▶ Ohio			

[redacted] arch 12, 2004 (See instructions.) 90b

[redacted] Telephone no. ▶ (419) 865-5743

[redacted] ledo OH ZIP + 4 ▶ 43615-2344

[redacted] in lieu of Form 1041—Check here ▶ ☐

[redacted]

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		
		(A) Business code	**(B)** Amount	**(C)** Exclusion code	**(D)** Amount	**(E)** Related or exempt function income
93	Program service revenue:					
a	DONATIONS					805169
b						
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					
96	Dividends and interest from securities					87925
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 UNREALIZED GAIN					353608
100	Gain or (loss) from sales of assets other than inventory					58352
101	Net income or (loss) from special events					
102	Gross profit or (loss) from sales of inventory					
103	Other revenue: a					
b						
c						
d						
e						
104	Subtotal (add columns (B), (D), and (E))					1305054

105 Total (add line 104, columns (B), (D), and (E)) ▶ 1305054

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).
	CENTRAL AMERICAN MINISTRIES IS SUPPORTED SOLELY BY GIFTS FROM INDIVIDUALS & FOUNDATIONS. THE GIFTS ARE USED TO PROVIDE A NURSERY FOR GUATEMALAN CHILDREN WORKING IN GARBAGE DUMPS.

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

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

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See 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 Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

▶ Signature of officer — Date 8-15-05

▶ DON VETTESE, SJ, PRESIDENT — Type or print name and title.

Paid Preparer's Use Only

Preparer's signature ▶	Date 8/13/05	Check if self-employed ▶ ☐	Preparer's SSN or PTIN (See Gen. Inst. W) 291-58-7531
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶		EIN ▶	Phone no. ▶ ( )

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: Central American Ministries

Employer identification number: 34 : 1811907

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 . . . . ▶				

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 . . . . ▶		

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.)	1		✓
	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.			
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		✓
b	Lending of money or other extension of credit?	2b		✓
c	Furnishing of goods, services, or facilities?	2c		✓
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)?	2d		✓
e	Transfer of any part of its income or assets?	2e		✓
3a	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		✓
b	Do you have a section 403(b) annuity plan for your employees?	3b		✓
4a	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		✓
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		✓

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 33⅓%** 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 33⅓%** 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.)	1442297	870582	755438	1172672	4240989
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					
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	48385	32442	67514	7749	156090
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	1490692	903024	822952	1180421	
24 Line 23 minus line 17	1490692	903024	822952	1180421	4397089
25 Enter 1% of line 23	14906	9030	8229	11804	

26 **Organizations described on lines 10 or 11:** a Enter 2% of amount in column (e), line 24 ▶ **26a** 87942

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** 3585723

c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶ **26c** 4397089

d Add: Amounts from column (e) for lines: 18 156090 19 – 22 – 26b 3585723 ▶ **26d** 3741813

e Public support (line 26c minus line 26d total) ▶ **26e** 655276

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ **26f** 15 %

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:

(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**

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.

Part V Private School Questionnaire (See page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

			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?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
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?	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
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?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34a	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		

Part VI-A **Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.) (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
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— / **The lobbying nontaxable amount is—**			
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	41		
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		

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.)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	**(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 nontaxable 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 page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines **c** through **h.**)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines **c** through **h.**)			

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

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

			Yes	No
a	Transfers from the reporting organization to a noncharitable exempt organization of:			
(i)	Cash	51a(i)		
(ii)	Other assets	a(ii)		
b	Other transactions:			
(i)	Sales or exchanges of assets with a noncharitable exempt organization	b(i)		
(ii)	Purchases of assets from a noncharitable exempt organization	b(ii)		
(iii)	Rental of facilities, equipment, or other assets	b(iii)		
(iv)	Reimbursement arrangements	b(iv)		
(v)	Loans or loan guarantees	b(v)		
(vi)	Performance of services or membership or fundraising solicitations	b(vi)		
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		

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

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

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

b If "Yes," complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Central American Ministries
Statement of Program Service Accomplishments
Form 990 Part III

Exhibit A

12/31/04

During 2004, the following program costs were incurred in furthering the mission of Central American Ministries, which is summarized in Exhibit B attached hereto.

Guatemala Student Service $8474
Santa Clara Nursery $2500
Donor Consciousness Raising $3100
Coll School Christmas in July program $2700
Honduras project $25655
Maria Claret School remodel $10000
Coll School expansion $43265
Sacred Heart, Haiti 1000
Other $11314

CENTRAL AMERICAN MINISTRIES

c/o 5901 Airport Highway
Toledo, Ohio 43615
E.I. No: 34-1811907
Form 990-EZ

Part III.

Central American Ministries (the "Corporation"), has been organized to assist the people of Guatemala and other Central American countries in upgrading the deplorable living conditions found in these areas. Based on assessments to date, it is anticipated that the Corporation's programs will emphasize improving housing and general living conditions and also advancing education.

The Corporation plans to communicate its charitable purposes and goals, and its interest in assisting Central American people, through Jesuit-sponsored communities and churches in the area. People in the area will be encouraged to submit proposals and business plans to the Corporation. People who submit proposals will be encouraged to focus on projects that will generate local jobs if funding from the Corporation becomes available.

The Corporation is focusing its initial activities on improving general housing conditions, health and educational levels of the people who will benefit from the Corporation's programs.

The planned activities of the Corporation will provide relief to the poor and underprivileged, advance education and promote health, thereby qualifying the Corporation as a charitable organization.

August 9, 2005

Position Performance Summary

From 12/31/2003 to 12/31/2004

CENTRAL AMERICAN MINISTRIES
Donald Vettese

Description	12/31/2003 Value	Additions Purchase	Withdrawals Sales	Realized Gain (Loss)	Unrealized Gain (Loss)	Income/ (Expense)	12/31/2004 Value	Actual Net (IRR)
EQUITIES								
American Express Co	34,726	38,412	(77,181)	3,971	0	72	0	11.4
Amgen Inc W/RTS To Pur C	22,248	23,537	(46,650)	865	0	0	0	3.8
Anheuser Busch Company	33,188	32,729	(65,659)	(397)	0	139	0	-1.2
Berkshire Hathaway Cl B\	36,595	39,780	(80,000)	3,625	0	0	0	9.7
Coca-Cola Co	39,331	39,944	(79,491)	216	0	0	0	0.5
Dell Computer Corp.	17,829	17,656	(35,669)	184	0	0	0	1.0
General Dynamics Corp	23,953	18,282	(43,473)	1,153	0	85	0	6.0
Harley Davidson	17,111	19,235	(38,557)	2,211	0	0	0	12.7
Hershey Foods Corp.	33,106	34,159	(68,639)	1,374	0	0	0	4.1
Johnson and Johnson	33,062	34,944	(69,396)	1,236	0	154	0	3.7
Leggett & Platt Inc	0	2,970	(2,825)	(145)	0	0	0	-4.9
McGraw-Hill Cos.	38,456	42,147	(84,621)	4,019	0	0	0	10.2
Medtronics	45,936	45,048	(90,945)	(108)	0	69	0	-0.1
Microsoft Corp.	39,933	39,092	(77,955)	(1,070)	0	0	0	-2.6
Minnesota Mining & Manu.	34,012	32,392	(64,527)	(2,022)	0	144	0	-5.8
Pepsico Inc	35,664	38,954	(78,587)	3,847	0	122	0	10.9
Pfizer Inc.	37,803	40,371	(80,665)	2,309	0	182	0	6.0
United Parcel SVC Inc Class	37,275	35,555	(71,408)	(1,687)	0	265	0	-4.1
	560,229	575,205	(1,156,248)	19,583	0	1,231	0	-4.9
LARGE CAP EQUITY								
DFA U.S. Large Cap Value	183,057	277,000	0	0	65,259	5,730	531,047	17.4
DFA U.S. Large Company	181,086	276,000	0	0	31,510	8,386	496,982	9.8
	364,143	553,000	0	0	96,769	14,116	1,028,029	13.6
SMALL CAP EQUITY								
Axa Rosenberg U.S. Small	110,196	117,787	(233,441)	5,459	0	0	0	4.9
DFA U.S. Micro Cap Portfoli	91,706	140,000	0	6,036	23,233	4,569	265,545	16.0
DFA U.S. Small Cap Value P	91,521	140,000	0	13,323	32,250	4,288	281,382	23.7
	293,423	397,787	(233,441)	24,818	55,483	8,857	546,926	20.6
REAL ESTATE								
DFA Real Estate Securities	92,160	71,000	0	3,533	37,995	8,830	213,518	34.5
INTERNATIONAL EQUITY								
DFA Emerging Markets Valu	93,667	129,000	0	1,134	68,299	4,421	296,521	37.5
DFA International Small Cap	46,555	62,000	0	3,494	24,144	2,466	138,659	31.1
DFA International Small Co	46,702	62,000	0	3,016	21,036	2,398	135,153	27.3
DFA International Value	93,217	131,000	0	0	48,289	6,104	278,610	27.3
	280,142	384,000	0	7,645	161,768	15,388	848,943	31.3
BALANCED EQUITY								
Gateway Fund	128,544	421,025	(276,025)	2,481	12,829	3,446	292,299	7.1
FIXED INCOME								
Commercial Credit 12/01/2005 6.125%	54,180	54,260	(108,266)	(625)	0	706	0	-0.3
Credit Suisse F 08/01/2006 5.875%	55,194	54,244	(109,702)	(168)	0	1,656	0	0.5
DFA 1 Year Fixed Income	219,755	60,000	0	0	(2,081)	4,381	282,055	0.8
DFA 2 Year Global Fixed In	282,443	220,000	0	0	(5,179)	7,760	505,024	0.5
Federal Home Loan Bank 04/16/2004 4.875%	51,039	51,139	(102,216)	(293)	0	840	0	0.1
Federal National Mortgage A 02/15/2008 5.75%	56,008	55,383	(112,121)	338	0	1,477	0	1.3

Position Performance Summary

From 12/31/2003 to 12/31/2004

CENTRAL AMERICAN MINISTRIES

Description	12/31/2003 Value	Additions Purchase	Withdrawals Sales	Realized Gain (Loss)	Unrealized Gain (Loss)	Income/ (Expense)	12/31/2004 Value	Actual Net (IRR)
FIXED INCOME								
Federal National Mortgage A 05/15/2011 6.00%	55,805	57,041	(113,939)	685	0	792	0	1.9
Federal National Mortgage A 06/15/2006 5.25%	53,601	54,069	(108,053)	26	0	474	0	0.7
Profunds Rising Rates	0	50,000	0	0	(3,464)	0	46,536	-6.9
Schwab Ultra Short Bond Fu	0	60,000	0	0	(248)	1,261	61,014	1.7
Strong Ultra Short-term Inco	220,223	0	0	0	(2,406)	6,729	224,545	2.0
United Tech 06/01/2009 6.50%	56,906	57,795	(115,058)	(85)	0	713	0	0.6
Vanguard Inflation Protected	75,328	0	0	415	2,275	3,542	81,560	8.3
Wells Fargo Short Term Hig	75,550	50,000	0	0	(134)	5,366	130,782	4.4
	1,256,031	823,930	(769,356)	293	(11,236)	35,697	1,331,515	1.6
							4261299	
CASH AND EQUIV.								
Schwab Money Market	593,963	1,341,345	(1,893,487)	0	0	(32,799)	9,022	CMB 1st
	3,568,635	4,567,291	(4,328,556)	58,352	353,608	54,766	4,270,251	12.2

Form **8868**
(Rev. December 2004)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

- 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*.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization Central American Ministries	Employer identification number 34 1811907
	Number, street, and room or suite no. If a P.O. box, see instructions. 5901 Airport Hwy	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Toledo Ohio 43615	

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

☒ Form 990 ☐ Form 990-T (corporation) ☐ Form 4720
☐ Form 990-BL ☐ Form 990-T (sec. 401(a) or 408(a) trust) ☐ Form 5227
☐ Form 990-EZ ☐ Form 990-T (trust other than above) ☐ Form 6069
☐ Form 990-PF ☐ Form 1041-A ☐ Form 8870

- The books are in the care of ▶ Carol Struckholtz

Telephone No. ▶ (419) 865-5743 FAX No. ▶ (419) 865-5049

- 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 20 04 or
▶ ☐ tax year beginning ......, 20..., and ending ......, 20....

2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions . . . . $ ______

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 . . . . $ ______

RECEIVED
AUG 22 2005
OGDEN, UT

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.