

**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)

Department of the Treasury  
Internal Revenue Service

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

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

**and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C Name of organization</b> <b>UNITED WAY OF WACO-MCLENNAN COUNTY</b>		<b>D Employer identification number</b> <b>74-1189027</b>
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>4224 COBBS DRIVE</b>		<b>E Telephone number</b> <b>254-752-2753</b>
		City or town, state or country, and ZIP + 4 <b>WACO, TX 76710</b>		<b>F Accounting method</b> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)
		<b>Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).</b>		

**G Website:** [HTTP://WWW.WACOUNITEDWAY.COM/](http://WWW.WACOUNITEDWAY.COM/)

**J Organization type** (check only one)  501(c)(3) (insert no.  4947(a)(1) or  527

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

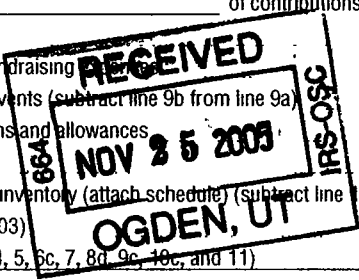
**H(c)** Are all affiliates included? **N/A**  Yes  No (If "No," attach a list.)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **1,877,568.**

**I** Group Exemption Number  
**M** Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

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

<b>Net Revenue</b> <b>1</b> Contributions, gifts, grants, and similar amounts received:	<b>a</b> Direct public support	<b>1a</b>	<b>1,672,915.</b>	<b>12</b> <b>Total revenue</b> (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) <b>1,877,568.</b>
	<b>b</b> Indirect public support	<b>1b</b>	<b>197,339.</b>	
	<b>c</b> Government contributions (grants)	<b>1c</b>		
	<b>d Total</b> (add lines 1a through 1c) (cash \$ <b>1,870,254.</b> noncash \$ )	<b>1d</b>	<b>1,870,254.</b>	
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>	<b>1,064.</b>	
	<b>3</b> Membership dues and assessments	<b>3</b>		
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>	<b>6,250.</b>	
	<b>5</b> Dividends and interest from securities	<b>5</b>		
	<b>6 a</b> Gross rents	<b>6a</b>		
	<b>b</b> Less: rental expenses	<b>6b</b>		
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>		
	<b>7</b> Other investment income (describe )	<b>7</b>		
<b>8 a</b> Gross amount from sales of assets other than inventory	(A) Securities	<b>8a</b>		
	(B) Other	<b>8b</b>		
		<b>8c</b>		
	<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8d</b>		
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	<b>a</b> Gross revenue (not including \$ of contributions reported on line 1a)	<b>9a</b>		
	<b>b</b> Less: direct expenses other than fundraising	<b>9b</b>		
	<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>		
<b>10 a</b> Gross sales of inventory, less returns and allowances		<b>10a</b>		
	<b>b</b> Less: cost of goods sold	<b>10b</b>		
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>		
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>			
<b>12</b> <b>Total revenue</b> (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>	<b>1,877,568.</b>		
<b>Expenses</b>	<b>13</b> Program services (from line 44, column (B))	<b>13</b>	<b>1,553,163.</b>	
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>	<b>67,103.</b>	
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>	<b>216,259.</b>	
	<b>16</b> Payments to affiliates (attach schedule) <b>SEE STATEMENT 1</b>	<b>16</b>	<b>13,513.</b>	
	<b>17</b> <b>Total expenses</b> (add lines 16 and 44, column (A))	<b>17</b>	<b>1,850,038.</b>	
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>	<b>27,530.</b>	
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>	<b>1,340,265.</b>	
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>	<b>0.</b>	
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>	<b>1,367,795.</b>	



**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ <b>1,287,603.</b> noncash \$ )	1,287,603.	1,287,603.	<b>STATEMENT 3</b>	
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc.	125,700.	3,282.	29,121.	93,297.
26	Other salaries and wages	61,719.	1,612.	14,299.	45,808.
27	Pension plan contributions	7,702.	262.	2,298.	5,142.
28	Other employee benefits	24,610.	954.	6,938.	16,718.
29	Payroll taxes	14,759.	383.	3,342.	11,034.
30	Professional fundraising fees				
31	Accounting fees	11,520.	527.	2,636.	8,357.
32	Legal fees				
33	Supplies	710.			710.
34	Telephone	3,223.	139.	648.	2,436.
35	Postage and shipping	7,008.	364.	1,800.	4,844.
36	Occupancy	6,000.	300.	1,500.	4,200.
37	Equipment rental and maintenance	2,597.	130.	649.	1,818.
38	Printing and publications	6,525.			6,525.
39	Travel				
40	Conferences, conventions, and meetings	8,839.	67.	757.	8,015.
41	Interest				
42	Depreciation, depletion, etc. (attach schedule)	2,998.	150.	750.	2,098.
43	Other expenses not covered above (itemize):				
a					
b					
c					
d					
e	<b>SEE STATEMENT 2</b>	265,012.	257,390.	2,365.	5,257.
44	<b>Total functional expenses</b> (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	1,836,525.	1,553,163.	67,103.	216,259.

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

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

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

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? **▶**

**TO MEET HEALTH & HUMAN SERVICE NEEDS OF PEOPLE.**

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.)

<b>a</b>	<b>ALLOCATIONS TO 24 MEMBER HEALTH AND HUMAN SERVICE AGENCIES IN WACO-MCLENNAN COUNTY SERVING OVER 100,000 INDIVIDUALS.</b>	(Grants and allocations \$ 1,287,603.)	1,296,312.
<b>b</b>		(Grants and allocations \$ )	
<b>c</b>	<b>DESIGNATED GIFTS</b>	(Grants and allocations \$ 256,851.)	256,851.
<b>d</b>		(Grants and allocations \$ )	
<b>e</b>	Other program services (attach schedule)	(Grants and allocations \$ )	
<b>f</b>	<b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)		<b>1,553,163.</b>

**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	
<b>Assets</b>	45 Cash - non-interest-bearing	124,866.	45	172,197.	
	46 Savings and temporary cash investments	309,208.	46	310,078.	
	47 a Accounts receivable	47a 12,047.			
	b Less: allowance for doubtful accounts	47b	47c	12,047.	
	48 a Pledges receivable	48a 1,679,265.			
	b Less: allowance for doubtful accounts	48b 371,600.	1,236,455.	48c	1,307,665.
	49 Grants receivable		49		
	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		6,201.	53	26,884.
	54 Investments - securities	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55 a Investments - land, buildings, and equipment: basis	55a 48,369.			
	b Less: accumulated depreciation	55b 43,571.	7,796.	55c	4,798.
56 Investments - other	SEE STATEMENT 4	2,500.	56	2,500.	
57 a Land, buildings, and equipment: basis	57a				
b Less: accumulated depreciation	57b		57c		
58 Other assets (describe ▶ _____)			58		
<b>59 Total assets (add lines 45 through 58) (must equal line 74)</b>		<b>1,700,523.</b>	<b>59</b>	<b>1,836,169.</b>	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	360,258.	60	468,374.	
	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 ▶ _____)		65		
<b>66 Total liabilities (add lines 60 through 65)</b>		<b>360,258.</b>	<b>66</b>	<b>468,374.</b>	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 67 through 69 and lines 73 and 74.</b>				
	67 Unrestricted	144,308.	67	162,898.	
	68 Temporarily restricted	1,195,957.	68	1,204,897.	
	69 Permanently restricted		69		
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 70 through 74.</b>				
	70 Capital stock, trust principal, or current funds		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds		72		
	<b>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)</b>		<b>1,340,265.</b>	<b>73</b>	<b>1,367,795.</b>
	<b>74 Total liabilities and net assets / fund balances (add lines 66 and 73)</b>		<b>1,700,523.</b>	<b>74</b>	<b>1,836,169.</b>

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 VI Other Information		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? <span style="float:right">N/A</span>		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	X	
b	If "Yes," enter the name of the organization <b>GREATER WACO UNITED FUND FOUNDATION</b> and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a	Enter direct or indirect political expenditures. See line 81 instructions <span style="float:right">81a 0.</span>		
b	Did the organization file Form 1120-POL for this year?		X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	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.) <span style="float:right">82b N/A</span>		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? <span style="float:right">N/A</span>		
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? <span style="float:right">N/A</span>		
85	<b>501(c)(4), (5), or (6) organizations.</b> a Were substantially all dues nondeductible by members? <span style="float:right">N/A</span>		
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. <span style="float:right">N/A</span>		
c	Dues, assessments, and similar amounts from members <span style="float:right">85c N/A</span>		
d	Section 162(e) lobbying and political expenditures <span style="float:right">85d N/A</span>		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices <span style="float:right">85e N/A</span>		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) <span style="float:right">85f N/A</span>		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? <span style="float:right">N/A</span>		
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? <span style="float:right">N/A</span>		
86	<b>501(c)(7) organizations.</b> Enter: a Initiation fees and capital contributions included on line 12 <span style="float:right">86a N/A</span>		
b	Gross receipts, included on line 12, for public use of club facilities <span style="float:right">86b N/A</span>		
87	<b>501(c)(12) organizations.</b> Enter: a Gross income from members or shareholders <span style="float:right">87a N/A</span>		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) <span style="float:right">87b N/A</span>		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
89 a	<b>501(c)(3) organizations.</b> Enter: Amount of tax imposed on the organization during the year under: section 4911 <span style="float:right">0.</span> ; section 4912 <span style="float:right">0.</span> ; section 4955 <span style="float:right">0.</span>		
b	<b>501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float:right">0.</span>		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization <span style="float:right">0.</span>		
90 a	List the states with which a copy of this return is filed <b>NONE</b>		
b	Number of employees employed in the pay period that includes March 12, 2004 <span style="float:right">90b 6</span>		
91	The books are in care of <b>UNITED WAY OF WACO</b> Telephone no. <b>(254) 752-2753</b>		
Located at <b>4224 COBBS DRIVE, WACO, TX</b>		ZIP + 4 <b>76710</b>	
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float:right">92 N/A</span>		

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

Table with 5 columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include Program service revenue, interest on savings, dividends, and other revenue.

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.)

Table with 2 columns: 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.

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

Table with 5 columns: (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?
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

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

accompanying schedules and statements, and to the best of my knowledge and belief, it is true, information of which preparer has any knowledge. Date: 11/15/05. Signature: James Lewis, Executive Director. Preparer's SSN or PTIN.

**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

**UNITED WAY OF WACO-MCLENNAN COUNTY**

Employer identification number

**74 1189027**

**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
<u>NONE OTHER THAN ON FORM 990, PT V</u>				
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Total number of other employees paid over \$50,000 ▶ <b>0</b>				

**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
<u>NONE</u>		
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Total number of others receiving over \$50,000 for professional services ▶ <b>0</b>		

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

**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
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,788,806.	1,635,198.	1,733,737.	1,704,523.	6,862,264.
<b>16</b> Membership fees received					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	16,453.	15,781.	1,108.	656.	33,998.
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	7,417.	11,826.	21,178.	22,623.	63,044.
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
<b>23</b> Total of lines 15 through 22	1,812,676.	1,662,805.	1,756,023.	1,727,802.	6,959,306.
<b>24</b> Line 23 minus line 17	1,796,223.	1,647,024.	1,754,915.	1,727,146.	6,925,308.
<b>25</b> Enter 1% of line 23	18,127.	16,628.	17,560.	17,278.	
<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24					<b>26a</b> 138,506.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					<b>26b</b> 0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					<b>26c</b> 6,925,308.
d Add: Amounts from column (e) for lines: 18 <u>63,044.</u> 19 _____					<b>26d</b> 63,044.
22 _____ 26b _____					<b>26e</b> 6,862,264.
e Public support (line 26c minus line 26d total)					<b>26e</b> 6,862,264.
f <b>Public support percentage (line 26e (numerator) divided by line 26c (denominator))</b>					<b>26f</b> 99.0897%
<b>27 Organizations described on line 12:</b> 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: <b>N/A</b>	(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: <b>N/A</b>	(2003)	(2002)	(2001)	(2000)	
c Add: Amounts from column (e) for lines: 15 _____ 16 _____					<b>27c</b> N/A
17 _____ 20 _____ 21 _____					<b>27d</b> N/A
d Add: Line 27a total _____ and line 27b total _____					<b>27e</b> N/A
e Public support (line 27c total minus line 27d total)					<b>27e</b> N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					<b>27f</b> N/A
g <b>Public support percentage (line 27e (numerator) divided by line 27f (denominator))</b>					<b>27g</b> N/A %
h <b>Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))</b>					<b>27h</b> 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.

**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?		
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?		
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.)		
_____			
_____			
_____			
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
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.)		
_____			
_____			
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
_____			
_____			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
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.		
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		

**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.

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

**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
<b>45</b> Lobbying nontaxable amount					0.
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					0.
<b>47</b> Total lobbying expenditures					0.
<b>48</b> Grassroots nontaxable amount					0.
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					0.
<b>50</b> 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:	Yes	No	Amount
<b>a</b> Volunteers			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines e through h.)			
<b>c</b> Media advertisements			
<b>d</b> Mailings to members, legislators, or the public			
<b>e</b> Publications, or published or broadcast statements			
<b>f</b> Grants to other organizations for lobbying purposes			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
<b>i</b> Total lobbying expenditures (Add lines c through h.)			0.



FORM 990

PAYMENTS TO AFFILIATES

STATEMENT 1

AFFILIATE'S NAME

AFFILIATE'S ADDRESS

UNITED WAY OF AMERICA

PURPOSE OF PAYMENT

AMOUNT

13,513.

TOTAL TO FORM 990, PART I, LINE 16

13,513.

FORM 990

OTHER EXPENSES

STATEMENT 2

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
DATA PROCESSING	4,187.	130.	650.	3,407.
PAPER INK & DUPLICATING MATERIALS	968.	48.	238.	682.
FILM & PINS	203.			203.
SUBSCRIPTIONS	20.			20.
PROPERTY INSURANCE	5,718.	222.	1,111.	4,385.
AWARDS	948.	66.		882.
STATE & FEDERAL CAMPAIGN EXP	<6,998.>			<6,998.>
WORKMAN'S COMP.	2,077.	73.	366.	1,638.
DESIGNATED GIFTS	256,851.	256,851.		
INDIVIDUAL DUES	908.			908.
TRAINING	130.			130.
<b>TOTAL TO FM 990, LN 43</b>	<b>265,012.</b>	<b>257,390.</b>	<b>2,365.</b>	<b>5,257.</b>

FORM 990

CASH GRANTS AND ALLOCATIONS

STATEMENT 3

<u>CLASSIFICATION</u>	<u>DONEE'S NAME</u>	<u>DONEE'S ADDRESS</u>	<u>DONEE'S RELATIONSHIP</u>	<u>AMOUNT</u>
SEE ATTACHED			NONE	1287603.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				<u>1287603.</u>

FORM 990

OTHER INVESTMENTS

STATEMENT 4

<u>DESCRIPTION</u>	<u>VALUATION METHOD</u>	<u>AMOUNT</u>
BENEFICAL INTEREST IN WACO FOUNDATION INVESTMENTS	COST	2,500.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		2,500.

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FORM 990                      OTHER REVENUE INCLUDED ON FORM 990                      STATEMENT      5

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DESCRIPTION	AMOUNT
DESIGNATED GIFTS	256,851.
TOTAL TO FORM 990, PART IV-A	256,851.

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FORM 990	OTHER EXPENSES INCLUDED ON FORM 990	STATEMENT	6
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DESCRIPTION	AMOUNT
DESIGNATED GIFTS	256,851.
TOTAL TO FORM 990, PART IV-B	256,851.

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FORM 990

PART V - LIST OF OFFICERS, DIRECTORS,  
TRUSTEES AND KEY EMPLOYEES

STATEMENT 7

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
STEWART KELLY 4224 COBBS DRIVE WACO, TX 76710	PRESIDENT 0.	0.	0.	0.
DE SMITH 4224 COBBS DRIVE WACO, TX 76710	PRESIDENT ELECT 0.	0.	0.	0.
RANDY CRAWFORD 4224 COBBS DRIVE WACO, TX 76710	SECRETARY/TREASURER 0.	0.	0.	0.
KANDACE MENNING 4224 COBBS DRIVE WACO, TX 76710	ALLOCATIONS CHAIR 0.	0.	0.	0.
ROBERT JOHNSON 4224 COBBS DRIVE WACO, TX 76710	COMMUNICATIONS CHAIR 0.	0.	0.	0.
MARTY ENGLANDER 4224 COBBS DRIVE WACO, TX 76710	CAMPAIGN CHAIR 0.	0.	0.	0.
GARY MOORE 4224 COBBS DRIVE WACO, TX 76710	PAST PRESIDENT 0.	0.	0.	0.
HOMER TREVINIO 4224 COBBS DRIVE WACO, TX 76710	CEO 40	77,218.	4,170.	0.
JOSEPH A VONASEK 4224 COBBS DRIVE WACO, TX 76710	DIRECTOR OF ADMINISTRATION 40	48,482.	2,618.	0.
ED PAGE 4224 COBBS DRIVE WACO, TX 76710	CHAMPAIN CHAIR ELECT 0.	0.	0.	0.
SAMATHA ROBERTS 4224 COBBS DRIVE WACO, TX 76710	DIRECTOR 0.	0.	0.	0.

UNITED WAY OF WACO-MCLENNAN COUNTY

74-1189027

RUBEN SANTOS 4224 COBBS DRIVE WACO, TX 76710	DIRECTOR 0.	0.	0.	0.
MARK BOYD 4224 COBBS DRIVE WACO, TX 76710	DIRECTOR 0.	0.	0.	0.
SAM BROWN 4224 COBBS DRIVE WACO, TX 76710	DIRECTOR 0.	0.	0.	0.
SHARON FOWLER 4224 COBBS DRIVE WACO, TX 76710	DIRECTOR 0.	0.	0.	0.
SHERYL GROPPE 4224 COBBS DRIVE WACO, TX 76710	DIRECTOR 0.	0.	0.	0.
LARRY GROTH 4224 COBBS DRIVE WACO, TX 76710	DIRECTOR 0.	0.	0.	0.
JIMMIE HANES 4224 COBBS DRIVE WACO, TX 76710	DIRECTOR 0.	0.	0.	0.
DEAN HAUN 4224 COBBS DRIVE WACO, TX 76710	DIRECTOR 0.	0.	0.	0.
THOMAS HOFFMEYER 4224 COBBS DRIVE WACO, TX 76710	DIRECTOR 0.	0.	0.	0.
ART HOHENBERGER 4224 COBBS DRIVE WACO, TX 76710	DIRECTOR 0.	0.	0.	0.
K PAUL HOLT 4224 COBBS DRIVE WACO, TX 76710	DIRECTOR 0.	0.	0.	0.
DEBORAH KEEL 4224 COBBS DRIVE WACO, TX 76710	DIRECTOR 0.	0.	0.	0.
CAROL LOWE 4224 COBBS DRIVE WACO, TX 76710	DIRECTOR 0.	0.	0.	0.

UNITED WAY OF WACO-MCLENNAN COUNTY

74-1189027

DAVID NEMEC 4224 COBBS DRIVE WACO, TX 76710	DIRECTOR 0.	0.	0.	0.
DR. JERRY MAJOR 4224 COBBS DRIVE WACO, TX 76710	DIRECTOR 0.	0.	0.	0.
JEFF MOODY 4224 COBBS DRIVE WACO, TX 76710	DIRECTOR 0.	0.	0.	0.
JOE NESBITT 4224 COBBS DRIVE WACO, TX 76710	DIRECTOR 0.	0.	0.	0.
KATHY SCHROEDER 4224 COBBS DRIVE WACO, TX 76710	DIRECTOR 0.	0.	0.	0.
GWYNN SLAVIK 4224 COBBS DRIVE WACO, TX 76710	DIRECTOR 0.	0.	0.	0.
TERRELL TIPTON 4224 COBBS DRIVE WACO, TX 76710	DIRECTOR 0.	0.	0.	0.
DAVID LACY 4224 COBBS DRIVE WACO, TX 76710	DIRECTOR 0.	0.	0.	0.
RODNEY GREEN 4224 COBBS DRIVE WACO, TX 76710	DIRECTOR 0.	0.	0.	0.
JOHN HENDERSON 4224 COBBS DRIVE WACO, TX 76710	DIRECTOR 0.	0.	0.	0.
RICK HUGHES 4224 COBBS DRIVE WACO, TX 76710	DIRECTOR 0.	0.	0.	0.
DARYL MEYER 4224 COBBS DRIVE WACO, TX 76710	DIRECTOR 0.	0.	0.	0.
JODY ORSAG 4224 COBBS DRIVE WACO, TX 76710	DIRECTOR 0.	0.	0.	0.

TOTALS INCLUDED ON FORM 990, PART V

125,700.	6,788.	0.
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**United Way of Waco-McLennan County**

**Schedule of Allocations to Agencies**

Year Ended December 31, 2004

<u>Agency</u>	<u>Budgeted Allocation</u>	<u>Actual</u>	<u>Actual Over (Under) Allocation</u>
<b>Distributions to local agencies:</b>			
Advocacy Center for Crime Victims and and Children	\$ 87,000	87,000	-
American Red Cross, Heart of Texas Chapter	127,200	127,200	-
Association for Retarded Citizens	41,000	41,000	-
Advance Waco	10,000	10,000	-
Big Brothers/BigSisters	30,000	30,000	-
Boy Scouts of America Longhorn Council	15,000	15,000	-
Boys and Girls Clubs of Waco	88,834	88,834	-
Camp Fire USA, Tejas Council	85,943	85,943	-
Caritas of Waco	10,000	10,000	-
Central Texas Youth Services	5,000	5,000	-
Community Cancer Association	120,153	120,153	-
Compassion Ministries	46,260	46,260	-
Family Abuse Center	24,079	24,079	-
Family Counseling and Children's Services	143,960	143,960	-
Family Practice Center	25,000	25,000	-
Freeman Center	30,304	30,304	-
Girl Scouts Bluebonnet Council	23,935	23,935	-
Heart of Texas Region Mental Health - Mental Retardation Center	32,976	32,976	-
Kids & Company	53,000	53,000	-
Salvation Army	158,167	158,167	-
Y.M.C.A. - Doris Miller	94,831	89,792	(5,039)
	<u>1,252,642</u>	<u>1,247,603</u>	<u>(5,039)</u>
<b>Child Care Initiatives</b>	<u>40,000</u>	<u>40,000</u>	<u>-</u>

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

<b>Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.</b>		
Type or print.	Name of Exempt Organization <b>UNITED WAY OF WACO-MCLENNAN COUNTY</b>	Employer identification number <b>74-1189027</b>
File by the extended due date for filing the return See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. <b>4224 COBBS DRIVE</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WACO, TX 76710</b>	

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

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

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

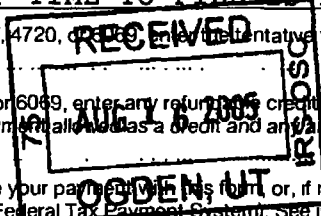
ENVELOPE POSTMARK DATE AUG 11 2005

- The books are in the care of **UNITED WAY OF WACO**
- Telephone No. **(254) 752-2753** 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 is for

- 4 I request an additional 3-month extension of time until **NOVEMBER 15, 2005**
- 5 For calendar year **2004**, or other tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_
- 6 If this tax year is for less than 12 months, check reason:  Initial return     Final return     Change in accounting period
- 7 State in detail why you need the extension

**INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN IS PENDING; THEREFORE, AN EXTENSION OF TIME TO FILE IS REQUESTED.**

- 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter any tentative tax, less any nonrefundable credits. See instructions. \$ \_\_\_\_\_
- b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and an amount paid previously with Form 8868. \$ \_\_\_\_\_
- c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ \_\_\_\_\_ **N/A**



**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **Nancy A. Toups** Title **CPTA** Date **8/9/05**

**Notice to Applicant - To Be Completed by the IRS**

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

Director \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Type or print	Name <b>JAYNES, REITMEIER, BOYD &amp; THERRELL, P.C.</b>
	Number and street (include suite, room, or apt. no.) or a P.O. box number <b>5400 BOSQUE BLVD STE 500</b>
	City or town, province or state, and country (including postal or ZIP code) <b>WACO, TX 76710-4485</b>

**EXTENSION APPROVED**  
**AUG 24 2005**