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 calendar year, or tax year beginning , 2004, and ending

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
HOPE COTTAGE, INC.

Number and street (or P O box if mail is not delivered to street address) Room/suite
4209 MCKINNEY AVE

City or town, state or country, and ZIP + 4
DALLAS, TX 75205

D Employer identification number
75-0800652

E Telephone number
(214) 526-8721

F Accounting method: [ ] Cash [X] 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).

G Website: ▶ WWW.HOPECOTTAGE.ORG

J Organization type (check only one) ▶ [X] 501(c) (3) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

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

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 1,539,397.

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? [ ] Yes [X] 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 [X] No

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** (See page 18 of the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received			
	a	Direct public support	1a	235,456.	
	b	Indirect public support	1b	403,272.	
	c	Government contributions (grants)	1c		
	d	Total (add lines 1a through 1c) (cash $ 584,988. noncash $ 53,740.)			1d 638,728.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2 555,350.
	3	Membership dues and assessments			3
	4	Interest on savings and temporary cash investments			4
	5	Dividends and interest from securities			5 848.
	6a	Gross rents	6a	75,071.	
	b	Less rental expenses	6b	93,853.	
	c	Net rental income or (loss) (subtract line 6b from line 6a)			6c -18,782.
	7	Other investment income (describe ▶)			7 128,950.
	8a	Gross amount from sales of assets other than inventory (A) Securities (B) Other	8a		
	b	Less: cost or other basis and sales expenses	8b		
	c	Gain or (loss) (attach schedule)	8c		
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))			8d
	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) STMT 1.	9a	73,120.	
	b	Less direct expenses other than fundraising expenses	9b	17,423.	
	c	Net income or (loss) from special events (subtract line 9b from line 9a)			9c 55,697.
	10a	Gross sales of inventory, less returns and allowances	10a	67,330.	
	b	Less cost of goods sold STMT 2.	10b	58,707.	
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c 8,623.
	11	Other revenue (from Part VII, line 103)			11
	12	**Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12 1,369,414.
Expenses	13	Program services (from line 44, column (B))			13 1,250,415.
	14	Management and general (from line 44, column (C))			14 220,774.
	15	Fundraising (from line 44, column (D))			15 152,475.
	16	Payments to affiliates (attach schedule)			16
	17	**Total expenses** (add lines 16 and 44, column (A))			17 1,623,664.
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)			18 -254,250.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19 2,990,568.
	20	Other changes in net assets or fund balances (attach explanation) STMT 3			20 1,011,475.
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21 3,747,793.

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				
23 Specific assistance to individuals (attach schedule)	23	64,895.	64,895.		
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc	25	131,814.	105,358.	15,543.	10,913.
26 Other salaries and wages	26	779,348.	622,926.	91,900.	64,522.
27 Pension plan contributions	27	27,431.	23,618.	2,575.	1,238.
28 Other employee benefits	28	88,170.	70,550.	12,782.	4,838.
29 Payroll taxes	29	78,161.	61,894.	10,300.	5,967.
30 Professional fundraising fees	30				
31 Accounting fees	31	6,000.	4,320.	1,020.	660.
32 Legal fees	32				
33 Supplies	33				
34 Telephone	34	16,872.	12,350.	3,010.	1,512.
35 Postage and shipping	35	10,810.	6,973.	1,158.	2,679.
36 Occupancy	36				
37 Equipment rental and maintenance	37				
38 Printing and publications	38	12,539.	1,399.	374.	10,766.
39 Travel	39	7,897.	6,957.	312.	628.
40 Conferences, conventions, and meetings	40	9,944.	3,197.	6,577.	170.
41 Interest	41	15,431.	11,230.	3,167.	1,034.
42 Depreciation, depletion, etc (attach schedule)	42	75,050.	45,030.	22,515.	7,505.
43 Other expenses not covered above (itemize) STMT 5	43a	299,302.	209,718.	49,541.	40,043.
b	43b				
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	1,623,664.	1,250,415.	220,774.	152,475.

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? ▶ STMT 6

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	STMT 7 (Grants and allocations $)	310,087.
b	(Grants and allocations $)	114,441.
c	(Grants and allocations $)	219,830.
d	(Grants and allocations $)	89,261.
e	Other program services (attach schedule) STMT 8 (Grants and allocations $)	516,796.
f	**Total of Program Service Expenses** (should equal line 44, column (B), Program services). ▶	1,250,415.

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			54,692.	45	12,700.
	46 Savings and temporary cash investments			144,306.	46	NONE
	47a Accounts receivable	47a	71,128.			
	b Less: allowance for doubtful accounts	47b		165,391.	47c	71,128.
	48a Pledges receivable	48a	94,006.			
	b Less: allowance for doubtful accounts	48b		103,997.	48c	94,006.
	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			22,010.	52	17,043.
	53 Prepaid expenses and deferred charges STMT. 9.			32,428.	53	39,568.
	54 Investments - securities (attach schedule) STMT 10 ▶ ☐ Cost ☒ FMV			37,756.	54	977,668.
	55a Investments - land, buildings, and equipment: basis	55a				
	b Less: accumulated depreciation (attach schedule)	55b			55c	
	56 Investments - other (attach schedule) STMT. 11.			454,000.	56	516,001.
	57a Land, buildings, and equipment: basis	57a	3,506,160.			
	b Less: accumulated depreciation (attach schedule)	57b	691,449.	2,873,269.	57c	2,814,711.
	58 Other assets (describe ▶ STMT 12)			3,230.	58	3,230.
	59 **Total assets** (add lines 45 through 58) (must equal line 74)			3,891,079.	59	4,546,055.
Liabilities	60 Accounts payable and accrued expenses			30,338.	60	25,247.
	61 Grants payable				61	
	62 Deferred revenue			222,930.	62	97,499.
	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)			557,173.	64b	545,162.
	65 Other liabilities (describe ▶ STMT 13)			90,070.	65	130,354.
	66 **Total liabilities** (add lines 60 through 65)			900,511.	66	798,262.
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			2,851,255.	67	2,670,406.
	68 Temporarily restricted			101,557.	68	1,039,105.
	69 Permanently restricted			37,756.	69	38,282.
	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)			2,990,568.	73	3,747,793.
	74 **Total liabilities and net assets / fund balances** (add lines 66 and 73)			3,891,079.	74	4,546,055.

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	1,658,925.
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments $ 61,783.		
(2)	Donated services and use of facilities $		
(3)	Recoveries of prior year grants $		
(4)	Other (specify). STMT 14 $ 227,728.		
	Add amounts on lines (1) through (4) ▶	b	289,511.
c	Line a minus line b ▶	c	1,369,414.
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	1,369,414.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements ▶	a	1,793,647.
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) STMT 15 $ 169,983.		
	Add amounts on lines (1) through (4) ▶	b	169,983.
c	Line a minus line b ▶	c	1,623,664.
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	1,623,664.

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
SEE STATEMENT 16		131,814.	12,317.	-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

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		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	77		X
78a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a	X	
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	78b	X	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc , to any other exempt or nonexempt organization?	80a		X
b	If "Yes," enter the name of the organization ▶ _____ and check whether it is ☐ exempt or ☐ nonexempt			
81a	Enter direct and indirect political expenditures See line 81 instructions. 81a			
b	Did the organization file **Form 1120-POL** for this year?	81b		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		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) 82b N/A			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
85	*501(c)(4), (5), or (6) organizations.* a Were substantially all dues nondeductible by members?	85a	N/A	
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	85b	N/A	
	If "Yes" was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year			
c	Dues, assessments, and similar amounts from members 85c N/A			
d	Section 162(e) lobbying and political expenditures 85d N/A			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A	
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	N/A	
86	*501(c)(7) orgs* Enter a Initiation fees and capital contributions included on line 12 86a N/A			
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A			
87	*501(c)(12) orgs* Enter. a Gross income from members or shareholders 87a N/A			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		X
89a	*501(c)(3) organizations* Enter. Amount of tax imposed on the organization during the year under. section 4911 ▶ N/A , section 4912 ▶ N/A , section 4955 ▶ N/A			
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		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ N/A			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization ▶ N/A			
90a	List the states with which a copy of this return is filed ▶ NONE			
b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions)	90b 26		
91	The books are in care of ▶ OWEN WINDHAM Telephone no ▶ 214-526-8721			
	Located at ▶ 4209 MCKINNEY AVE DALLAS, TX ZIP + 4 ▶ 75205			
92	*Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041* - Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 N/A			

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

Note: *Enter gross amounts unless otherwise indicated*	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue.					
a ADOPTION, COUNSELI					555,350.
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			14	848.	
97 Net rental income or (loss) from real estate:					
a debt-financed property	531120	-18,782.			
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income			15	128,950.	
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			01	55,697.	
102 Gross profit or (loss) from sales of inventory			05	8,623.	
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		-18,782.		194,118.	555,350.
105 **Total** (add line 104, columns (B), (D), and (E)) ▶					730,686.

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)
	STMT 21

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

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

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

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

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

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

Please 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

Rebecca Utley — Signature of officer — Date 10-22-05

Executive Director — Type or print name and title

tion	Date 7/21/05	Check if self-employed ▶ ☐	Preparer's SSN or PTIN (See Gen Inst W) P00146008
& ASSOC, PC		EIN ▶	
XPRESSWAY STE 1130		Phone	

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

HOPE COTTAGE, INC.

Employer identification number

75-0800652

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 ▶	NONE			

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 ▶	NONE	

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

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

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

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

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

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

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

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

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

Calendar year (or fiscal year beginning in) ▶	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28)	704,399.	805,099.	815,732.	1,080,514.	3,405,744.
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	527,668.	461,181.	373,582.	494,991.	1,857,422.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	2,795.	1,463.	3,749.	7,560.	15,567.
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	STMT 22 68,783.	74,767.	77,677.	73,272.	294,499.
23 Total of lines 15 through 22	1,303,645.	1,342,510.	1,270,740.	1,656,337.	5,573,232.
24 Line 23 minus line 17	775,977.	881,329.	897,158.	1,161,346.	3,715,810.
25 Enter 1% of line 23	13,036.	13,425.	12,707.	16,563.	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ▶	26a	74,316.
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	364,561.
c Total support for section 509(a)(1) test Enter line 24, column (e) ▶	26c	3,715,810.
d Add Amounts from column (e) for lines 18 15,567. 19 ____ 22 294,499. 26b 364,561. STMT 23 ▶	26d	674,627.
e Public support (line 26c minus line 26d total) ▶	26e	3,041,183.
f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶	26f	81.8444 %

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) NOT APPLICABLE (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.) NOT APPLICABLE
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	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) NOT APPLICABLE

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; 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	41		
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** NOT APPLICABLE
(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		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
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)		X
(ii) Other assets	a(ii)		X
b Other transactions:			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		X
(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		X
(iii) Rental of facilities, equipment, or other assets	b(iii)		X
(iv) Reimbursement arrangements	b(iv)		X
(v) Loans or loan guarantees	b(v)		X
(vi) Performance of services or membership or fundraising solicitations	b(vi)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

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

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

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

b If "Yes," complete the following schedule:

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

FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES

DESCRIPTION	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
ANNUAL GOLF TOURNAMENT	33,649.	8,823.	24,826.
TROLLEY FOR TOYS	16,800.	13.	16,787.
MOTHER'S DAY EVENT	21,261.	6,657.	14,604.
OTHER FUNDRAISING EVENTS	1,410.	1,930.	-520.
TOTALS	73,120.	17,423.	55,697.

FORM 990, PART I - COST OF GOODS SOLD

INVENTORY AT BEGINNING OF YEAR	22,010.
PURCHASES	53,740.
SALARIES AND WAGES	
OTHER COSTS	
SUBTOTAL	75,750.
MINUS ENDING INVENTORY	17,043.
COST OF GOODS SOLD	58,707.

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES

DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INVESTMENTS	61,783.
CHANGE IN NET ASSETS OF INVESTMENT IN CHARITABLE TRUST	57,745.
INVESTMENT IN CHARITABLE TRUST	891,947.
TOTAL	1,011,475.

FORM 990, PART II - SPECIFIC ASSISTANCE TO INDIVIDUALS

DESCRIPTION	PROGRAM SERVICES
ADOPTION FEES	17,630.
FOOD, SHELTER, AND CLOTHING FOR INDIGENTS	31,447.
MEDICAL, DENTAL & HOSPITAL SERVICES	15,818.
TOTALS	64,895.

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
ADVERTISING	26,357.	16,171.	4,885.	5,301.
BANK FEES	6,361.	1,494.	4,740.	127.
CLIENT SVCS-LEGAL FEES	46,872.	46,872.		
CLIENT SVCS-MISCELLANEOUS EXPS	3,982.	3,788.	178.	16.
CLIENT SVCS-PROFESSIONAL FEES	6,545.	4,120.	1,822.	603.
CLIENT SVCS-LODGING & TRAVEL	42,059.	41,853.	170.	36.
DUES & SUBSCRIPTIONS	1,930.	1,643.	178.	109.
INSURANCE EXPENSE	29,186.	19,763.	6,420.	3,003.
MISCELLANEOUS EXPS	30,690.	5,610.	3,990.	21,090.
OFFICE EXPENSE	12,778.	6,497.	4,201.	2,080.
PROPERTY TAXES	1,814.	1,421.	280.	113.
REPAIRS & MAINTENANCE	58,125.	40,903.	12,130.	5,092.
SECURITY	1,893.	1,481.	268.	144.
TRUSTEE FEES	4,560.		4,560.	
UTILITIES	26,150.	18,102.	5,719.	2,329.
TOTALS	299,302.	209,718.	49,541.	40,043.

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE AGENCY IS DALLAS' OLDEST ADOPTION CENTER. IT IS A NON-SECTARIAN, NON-PROFIT, UNITED WAY AFFILIATED ORGANIZATION WHOSE MISSION IS TO FACILITATE ADOPTIONS & PROVIDE EDUCATION AND SUPPORT TO ALL MEMBERS OF THE ADOPTION TRIAD (BIRTH FAMILY, ADOPTION FAMILY & ADOPTED INDIVIDUALS). THE AGENCY ALSO PROVIDES COUNSELING & FINANCIAL ASSISTANCE FOR WOMEN IN CRISIS PREGNANCIES.

FORM 990, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	EXPENSES
PREGNANCY & FOSTER CARE - HOPE COTTAGE PROVIDES SERVICES TO ANY WOMAN EXPERIENCING AN UNPLANNED PREGNANCY. LICENSED SOCIAL WORKERS COUNSEL, EDUCATE, AND ASSIST IN HELPING THE MOTHER PLAN FOR HER AND HER CHILD'S FUTURE. CRISIS INTERVENTION AND EMERGENCY ASSISTANCE IS PROVIDED FOR BASIC NEEDS SUCH AS FOOD, HOUSING, CLOTHING, MEDICAL CARE, AND TRANSPORTATION FOR PREGNANCY CLIENTS. FOSTER CARE IS PROVIDED FOR SOME INFANTS WHILE THEIR MOTHERS FINALIZE THEIR PLANS. THE EXTENDED BIRTH FAMILY IS ALSO SERVED THROUGHT COUNSELING. IN 2004, HOPE COTTAGE SERVED 351 PREGNANCY RELATED CLIENTS THROUGH 928 SERVICE HOURS.	310,087
DOMESTIC ADOPTION - AS A LICENSED CHILD PLACEMENT AGENCY OF THE STATE OF TEXAS, HOPE COTTAGE PROVIDES SERVICES TO FAMILIES WHO ARE WANTING TO BUILD A FAMILY THROUGH ADOPTION. SERVICES INCLUDE FREE ORIENTATIONS, EDUCATIONAL SEMINARS, MONTHLY EDUCATIONAL & SUPPORT GROUPS, HOME STUDIES, AND POST PLACEMENT SUPERVISION. INTENSIVE COUNSELING IS PROVIDED TO ADOPTIVE COUPLES, BIRTHPARENTS, AND EXTENDED FAMILY. IN 2004, HOPE COTTAGE WORKED WITH 200 DOMESTIC ADOPTION CLIENTS USING 670 SERVICE HOURS. THIS WORK CULMINATED IN THE PLACEMENT OF 11 CHILDREN.	114,441
FAMILIES NOW ADOPTION - THIS PROGRAM IS AIMED AT PROVIDING LOVING, STABLE FAMILIES FOR MINORITY CHILDREN WHO MIGHT OTHERWISE WAIT IN FOSTER CARE. SERVICES NOT ONLY INCLUDE THE TRADITIONAL ADOPTION SERVICES PROVIDED IN THE REGULAR DOMESTIC ADOPTION PROGRAM, BUT ALSO INCLUDES EXTENSIVE RECRUITMENT IN THE COMMUNITY FOR AFRICAN AMERICAN ADOPTIVE FAMILIES, TRANSRACIAL TRAINING AND ONGOING EDUCATION IN CULTURAL DIVERSITY AND IDENTITY ISSUED. IN 2004, HOPE COTTAGE WORKED WITH 1,195 CLIENTS PROVIDING 1,746 SERVICE HOURS WHILE PLACING 12 CHILDREN.	219,830
PARTNERS IN HOPE - MENTORING PROGRAM DESIGNED TO INCREASE SELF-SUFFICIENCY, PARENTING SKILLS, AND SELF-ESTEM OF YOUNG MOTHERS. THE PROGRAM MATCHES PREGNANT OR PARENTING TEENS AND WOMEN WITH A TRAINED VOLUNTEER WHO PROVIDES SUPPORT AND GUIDANCE ON A WEEKLY BASIS. IN 2004, SERVICES WERE PROVIDED TO 305 CLIENTS USING 1,492 SERVICE HOURS.	89,261

FORM 990, PART III - OTHER PROGRAM SERVICES (LINE E)

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
POST ADOPTION SUPPORT SERVICES		92,185.
GIVNG LIFE A SECOND CHANCE PROGRAM		39,414.
INTERNATIONAL ADOPTION SERVICES		385,197.
TOTALS		516,796.

HOPE COTTAGE, INC. 75-0800652

FORM 990, PART IV - PREPAID EXPENSES AND DEFERRED CHARGES

DESCRIPTION	ENDING BOOK VALUE
LOAN ORIGINATION FEES	8,814.
PREPAID INSURANCE	29,461.
PREPAID OTHER	1,293.
TOTALS	39,568.

HOPE COTTAGE, INC. 75-0800652

FORM 990, PART IV - INVESTMENTS - SECURITIES

DESCRIPTION	ENDING BOOK VALUE
MONEY MARKET FUNDS	27,977.
INVESTMENT IN CHARITABLE TRUST	949,691.
TOTALS	977,668.

HOPE COTTAGE, INC. 75-0800652

FORM 990, PART IV - INVESTMENTS - OTHER

DESCRIPTION	ENDING BOOK VALUE
MINERAL INTERESTS	516,001.
TOTALS	516,001.

HOPE COTTAGE, INC. 75-0800652

FORM 990, PART IV - OTHER ASSETS

DESCRIPTION	ENDING BOOK VALUE
INTANGIBLES	3,230.
TOTALS	3,230.

HOPE COTTAGE, INC. 75-0800652

FORM 990, PART IV - OTHER LIABILITIES

DESCRIPTION	ENDING BOOK VALUE
ACCRUED LIABILITES	104,196.
LT DEBT - CURRENT PORTION	12,129.
TENANT SECURITY DEPOSITS	14,029.
TOTALS	130,354.

HOPE COTTAGE, INC. 75-0800652

FORM 990, PART IV-A - OTHER REVENUE ON BOOKS BUT NOT ON RETURN

DESCRIPTION	AMOUNT
COST OF MERCHANDISE SOLD	58,707.
RENTAL EXPENSES	93,853.
DIRECT FUNDRAISING EXPENSES	17,423.
NET CHANGE IN CHARITABLE TRUST	57,745.
TOTAL	227,728.

STATEMENT 14

HOPE COTTAGE, INC. 75-0800652

FORM 990, PART IV-B - OTHER EXPENSES ON BOOKS BUT NOT ON RETURN

DESCRIPTION	AMOUNT
RENTAL EXPENSES	93,853.
COST OF MERCHANDISE SOLD	58,707.
DIRECT EXPENSES	17,423.
TOTAL	169,983.

HOPE COTTAGE, INC. 75-0800652

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
REBECCA UTLEY 4209 MCKINNEY AVE DALLAS, TX 75205	EXEC DIRECTOR 40.0	80,683.	3,767.	
ALAN B ADLER 4209 MCKINNEY AVE DALLAS, TX 75205	CFO 40.0	51,131.	8,550.	
PHILLIP ALLBRITTEN 4209 MCKINNEY AVE DALLAS, TX 75205	PRES/DIRECTOR 1.0			
LINDA CASEY 4209 MCKINNEY AVE DALLAS, TX 75205	PRES-ELECT/DIRECTOR 1.0			
JAMES A ELLIOTT 4209 MCKINNEY AVE DALLAS, TX 75205	VICE-PRES/DIRECTOR 1.0			
S ADAM TREVINO 4209 MCKINNEY AVE DALLAS, TX 75205	VICE-PRES/DIRECTOR 1.0			
KRISTI FRANCIS	TREAS/DIRECTOR 1.0			

HOPE COTTAGE, INC. 75-0800652

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
4209 MCKINNEY AVE DALLAS, TX 75205				
CLIFTON GRIFFIN 4209 MCKINNEY AVE DALLAS, TX 75205	ASST TREAS/DIRECTOR 1.0			
BILL O'DWYER 4209 MCKINNEY AVE DALLAS, TX 75205	SECRETARY/DIRECTOR 1.0			
NANCY J HUGGINS 4209 MCKINNEY AVE DALLAS, TX 75205	EX-OFFICIO/DIRECTOR 1.0			
RICHARD W ADKISSON 4209 MCKINNEY AVE DALLAS, TX 75205	DIRECTOR 1.0			
ROBERT F AGNICH 4209 MCKINNEY AVE DALLAS, TX 75205	DIRECTOR 1.0			
M SCOTT BENNETT 4209 MCKINNEY AVE	DIRECTOR 1.0			

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
DALLAS, TX 75205				
GREGORY S BERGMAN 4209 MCKINNEY AVE DALLAS, TX 75205	DIRECTOR 1.0			
JANEY CAMACHO CARPENTER 4209 MCKINNEY AVE DALLAS, TX 75205	DIRECTOR 1.0			
KATHY DICKEY 4209 MCKINNEY AVE DALLAS, TX 75205	DIRECTOR 1.0			
DAN H EASLEY 4209 MCKINNEY AVE DALLAS, TX 75205	DIRECTOR 1.0			
KIMBERLEE GROMATZKY 4209 MCKINNEY AVE DALLAS, TX 75205	DIRECTOR 1.0			
EMILY KERN 4209 MCKINNEY AVE DALLAS, TX 75205	DIRECTOR 1.0			

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
GRACE LEAL 4209 MCKINNEY AVE DALLAS, TX 75205	DIRECTOR 1.0			
STEVE LUCE 4209 MCKINNEY AVE DALLAS, TX 75205	DIRECTOR 1.0			
KATHI L DEVLIN PAGE 4209 MCKINNEY AVE DALLAS, TX 75205	DIRECTOR 1.0			
PAT PAPE 4209 MCKINNEY AVE DALLAS, TX 75205	DIRECTOR 1.0			
ANNETTE L PLANEY 4209 MCKINNEY AVE DALLAS, TX 75205	DIRECTOR 1.0			
LINDY POTTINGER, PH.D 4209 MCKINNEY AVE DALLAS, TX 75205	DIRECTOR 1.0			
NADINE RIGGS	DIRECTOR 1.0			

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
4209 MCKINNEY AVE DALLAS, TX 75205				
DON RUSSELL 4209 MCKINNEY AVE DALLAS, TX 75205	DIRECTOR 1.0			
JANICE V SHARRY 4209 MCKINNEY AVE DALLAS, TX 75205	DIRECTOR 1.0			
MOLLY STEELE 4209 MCKINNEY AVE DALLAS, TX 75205	DIRECTOR 1.0			
GRAND TOTALS		131,814.	12,317.	

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE NO.	EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES
93A	FEES ARE CHARGED TO STUDY PROSPECTIVE PARENTS AND COUNSEL THEM ABOUT THE RAMIFICATIONS OF ADOPTION AND TO ARRANGE MEETINGS WITH BIRTH PARENTS AND TO LEGALLY TRANSFER PARENTAL RIGHTS. EDUCATION FEES ARE CHARGED FROM PROSPECTIVE ADOPTIVE PARENTS. COUNSELING SESSIONS ARE PROVIDED A FEE FOR PARENTS WITH ADOPTIVE ISSUES. POST-ADOPT FEES ARE CHARGED FOR WORKSHOPS, SUPPORT GROUPS, AND PREPARATION OF BACK-GROUND HISTORIES. FEES ARE ALSO CHARGED FOR PROFESSIONAL EDUCATION, ADOPTION COURSES, AND TRAINING.

SCHEDULE A, PART IV-A - OTHER INCOME

DESCRIPTION	2003	2002	2001	2000	TOTAL
SALE OF INVENTORY	68,783.	74,767.	77,677.	73,272.	294,499.
TOTALS	68,783.	74,767.	77,677.	73,272.	294,499.

4E7000 1 000

RENT AND ROYALTY INCOME

Taxpayer's Name	Identifying Number
HOPE COTTAGE, INC.	75-0800652

DESCRIPTION OF PROPERTY

OFFICE SPACE

☐ Yes ☐ No Did you actively participate in the operation of the activity during the tax year?

RENTAL INCOME	75,071.	
OTHER INCOME		
TOTAL GROSS INCOME		75,071.
OTHER EXPENSES:		
AUTO AND TRAVEL	2.	
COMMISSIONS	5,111.	
INSURANCE	4,805.	
OTHER INTEREST	6,581.	
REPAIRS	7,006.	
TAXES	14,857.	
UTILITIES	11,206.	
OTHER EXPENSES	12,120.	
DEPRECIATION (SHOWN BELOW) 32,165.		
LESS: Beneficiary's Portion		
AMORTIZATION		
LESS: Beneficiary's Portion		
DEPLETION		
LESS: Beneficiary's Portion		
TOTAL EXPENSES		93,853.
TOTAL RENT OR ROYALTY INCOME (LOSS)		-18,782.
Less Amount to		
Rent or Royalty		
Depreciation		
Depletion		
Investment Interest Expense		
Other Expenses		
Net Income (Loss) to Others		
Net Rent or Royalty Income (Loss)		-18,782.
Deductible Rental Loss (if Applicable)		

SCHEDULE FOR DEPRECIATION CLAIMED

(a) Description of property	(b) Cost or unadjusted basis	(c) Date acquired	(d) ACRS des	(e) Bus %	(f) Basis for depreciation	(g) Depreciation in prior years	(h) Method	(i) Life or rate	(j) Depreciation for this year
SEE STATEMENT									
JSA Totals									32,165.

SUPPLEMENT TO RENT AND ROYALTY SCHEDULE

OTHER DEDUCTIONS

BAD DEBTS	1,501.
BANK FEES	118.
CONFERENCES	64.
DUES & SUBSCRIPTIONS	29.
EMPLOYEE BENEFITS	271.
MISCELLANEOUS EXPENSE	4.
OFFICE EXPENSE	101.
POSTAGE	16.
PRINTING	406.
RETIREMENT CONTRIBUTIONS	313.
SALARIES	9,229.
SECURITY	9.
TELEPHONE	59.
	12,120.

RENT AND ROYALTY SUMMARY

PROPERTY	TOTAL INCOME	DEPLETION/ DEPRECIATION	OTHER EXPENSES	ALLOWABLE NET INCOME
OFFICE SPACE	75,071.	32,165.	61,688.	-18,782.
TOTALS	75,071.	32,165.	61,688.	-18,782.

Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2004

Attachment Sequence No **67**

Name(s) shown on return

Identifying number

HOPE COTTAGE, INC.

75-0800652

Business or activity to which this form relates

GENERAL DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: *If you have any listed property, complete Part V before you complete Part I.*

1	Maximum amount See page 2 of the instructions for a higher limit for certain businesses	1	
2	Total cost of section 179 property placed in service (see page 3 of the instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see page 3 of the instructions	5	

	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6			
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2003 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2005 Add lines 9 and 10, less line 12 ▶	13	

Note: *Do not use Part II or Part III below for listed property Instead, use Part V.*

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see page 3 of the instructions)	14	
15	Property subject to section 168(f)(1) election (see page 4 of the instructions)	15	
16	Other depreciation (including ACRS) (see page 4 of the instructions)	16	75,050.

Part III MACRS Depreciation (Do not include listed property.) (See page 5 of the instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2004	17	
18	If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B - Assets Placed in Service During 2004 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2004 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (see page 8 of the instructions)

21	Listed property Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr	22	75,050.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable*

Section A - Depreciation and Other Information (Caution: *See page 9 of the instructions for limits for passenger automobiles.*)

24a Do you have evidence to support the business/investment use claimed? Yes [X] No 24b If "Yes," is the evidence written? Yes [X] No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see page 8 of the instructions)						25		
26 Property used more than 50% in a qualified business use (see page 8 of the instructions)								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use (see page 8 of the instructions)								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (do not include commuting miles - See page 2 of the instructions)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see page 10 of the instructions)

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See page 10 of the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See page 10 of the instructions)		

Note: *If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles*

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2004 tax year (see page 11 of the instructions)					
43 Amortization of costs that began before your 2004 tax year				43	
44 **Total.** Add amounts in column (f) See page 12 of the instructions for where to report				44	

Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2004

Attachment Sequence No **67**

Name(s) shown on return

Identifying number

HOPE COTTAGE, INC.

75-0800652

Business or activity to which this form relates

OFFICE SPACE

Part I Election To Expense Certain Property Under Section 179

Note: *If you have any listed property, complete Part V before you complete Part I.*

1	Maximum amount See page 2 of the instructions for a higher limit for certain businesses	1	
2	Total cost of section 179 property placed in service (see page 3 of the instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	
4	Reduction in limitation. Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see page 3 of the instructions	5	

	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6			

7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2003 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2005 Add lines 9 and 10, less line 12 ▶	13	

Note: *Do not use Part II or Part III below for listed property. Instead, use Part V*

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see page 3 of the instructions)	14	
15	Property subject to section 168(f)(1) election (see page 4 of the instructions)	15	
16	Other depreciation (including ACRS) (see page 4 of the instructions)	16	32,165.

Part III MACRS Depreciation (Do not include listed property.) (See page 5 of the instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2004	17	
18	If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B - Assets Placed in Service During 2004 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2004 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (see page 8 of the instructions)

21	Listed property Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr	22	32,165.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

Section A - Depreciation and Other Information (Caution: *See page 9 of the instructions for limits for passenger automobiles.*)

24a Do you have evidence to support the business/investment use claimed? Yes [X] No 24b If "Yes," is the evidence written? Yes [X] No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see page 8 of the instructions)						25		
26 Property used more than 50% in a qualified business use (see page 8 of the instructions):								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use (see page 8 of the instructions):								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (do not include commuting miles - See page 2 of the instructions)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see page 10 of the instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See page 10 of the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See page 10 of the instructions)		

Note: *If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles*

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2004 tax year (see page 11 of the instructions)					
43 Amortization of costs that began before your 2004 tax year				43	
44 Total. Add amounts in column (f). See page 12 of the instructions for where to report				44	

EIN: 75-0800652
FYE:

FORM 990, PART II, LINE 42 AND PART IV, LINE 57 - FIXED ASSETS and DEPRECIATION

Description	Cost	Current Depreciation	Accumulated Depreciation	Net Book Value
Land	771,410.	NONE	NONE	771,410.
Land Improvements				
Buildings	2,408,872.	14,950.	470,955.	1,937,917.
Leasehold Improvements	51,130.	71,250.	3,186.	47,944.
Equipment	155,710.	9,791.	126,444.	29,266.
Furniture & Fixtures	119,038.	11,224.	90,864.	28,174.
Property, Plant & Equipment	3,506,160.	107,215.	691,449.	2,814,711.
Construction in Progress		NONE	NONE	
Total Fixed Assets, line 57	3,506,160.		691,449.	2,814,711.
Total Depreciation Expense, line 42		107,215.		

NOTE: Depreciation is calculated using the straight-line method over the estimated useful life of the asset.

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** . . . . . ▶ [X]
- If you are filing for an **Additional (not automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless **you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

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

Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only. . . . . . ▶ [ ]

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

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

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer Identification number
	HOPE COTTAGE, INC.	75-0800652
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	4209 MCKINNEY AVE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	DALLAS, TX 75205	

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

[X]	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 ▶ ALAN ADLER, CFO

Telephone No. ▶ 214 526-8721 FAX No. ▶ 214 528-7168

- 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 08/15, 2005, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [X] calendar year 2004 or
▶ [ ] tax year beginning _____, _____, and ending _____, _____.

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 . . . . . $

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.

For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form **8868** (Rev 12-2004)

JSA
4F8054 3.000