

990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2004

Open to Public Inspection

Form Department of the Treasury Internal Revenue Service

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.

A For the 2004 calendar year, or tax year beginning JUL 1, 2004 and ending JUN 30, 2005

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: THE AIM CENTER, INC. D Employer identification number: 58-1718368. E Telephone number: 423-624-4800. F Accounting method: Accrual.

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). H and I are not applicable to section 527 organizations.

G Website: N/A. J Organization type: 501(c)(3). K Check here if the organization's gross receipts are normally not more than \$25,000.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: 1,323,840. 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

Table with columns for Revenue, Expenses, and Net Assets. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less: rental expenses; 6c Net rental income or (loss); 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less: cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less: direct expenses other than fundraising expenses; 9c Net income or (loss) from special events; 10a Gross sales of inventory, less returns and allowances; 10b Less: cost of goods sold; 10c Gross profit or (loss) from sales of inventory; 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.

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**Part II Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. Page 2

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22			
23	Specific assistance to individuals (attach schedule)	23	30,186.	30,186.	STATEMENT 5
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc.	25	123,575.	69,832.	53,743. 0.
26	Other salaries and wages	26	598,544.	554,679.	43,865.
27	Pension plan contributions	27	10,880.	3,957.	6,923.
28	Other employee benefits	28	112,414.	105,523.	6,891.
29	Payroll taxes	29	55,183.	44,040.	11,143.
30	Professional fundraising fees	30			
31	Accounting fees	31	7,191.	6,472.	719.
32	Legal fees	32	31.		31.
33	Supplies	33	81,191.	79,406.	1,785.
34	Telephone	34	14,698.	13,766.	932.
35	Postage and shipping	35	11,166.	10,147.	1,019.
36	Occupancy	36	50,031.	45,909.	4,122.
37	Equipment rental and maintenance	37	26,230.	23,406.	2,824.
38	Printing and publications	38	13,478.	12,188.	1,290.
39	Travel	39	19,268.	19,174.	94.
40	Conferences, conventions, and meetings	40	20,862.	20,212.	650.
41	Interest	41	1,199.		1,199.
42	Depreciation, depletion, etc. (attach schedule)	42	60,526.	52,408.	8,118.
43	Other expenses not covered above (itemize):				
a	_____	43a			
b	_____	43b			
c	_____	43c			
d	_____	43d			
e	SEE STATEMENT 3	43e	231,580.	102,411.	8,379. 120,790.
44	<b>Total functional expenses</b> (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	1,468,233.	1,193,716.	153,727. 120,790.

**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? <b>SEE STATEMENT 4</b>	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)
<b>a THE A.I.M. CENTER INC. PROVIDES ENCOURAGEMENT AND ASSISTANCE TO MENTALLY HANDICAPPED INDIVIDUALS FOR THE PURPOSE OF EQUIPING THOSE INDIVIDUALS TO LIVE AND WORK INDEPENDENTLY IN THE COMMUNITY.</b> (Grants and allocations \$ 978,075.)	1,193,716.
<b>b</b> _____ (Grants and allocations \$ _____)	
<b>c</b> _____ (Grants and allocations \$ _____)	
<b>d</b> _____ (Grants and allocations \$ _____)	
<b>e Other program services</b> (attach schedule) (Grants and allocations \$ _____)	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)	1,193,716.

**Part IV Balance Sheets**

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing	48,057.	45 62,703.
	46 Savings and temporary cash investments	1,073,147.	46 995,365.
	47 a Accounts receivable	47a 1,444.	
	b Less: allowance for doubtful accounts	47b	47c 1,444.
	48 a Pledges receivable	48a 56,740.	
	b Less: allowance for doubtful accounts	48b	48c 56,740.
	49 Grants receivable	127,775.	49 120,076.
	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	30,308.	53 27,249.
	54 Investments - securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54
	55 a Investments - land, buildings, and equipment: basis	55a	
	b Less: accumulated depreciation	55b	55c
56 Investments - other		56	
57 a Land, buildings, and equipment: basis	57a 1,509,336.		
b Less: accumulated depreciation	57b 645,821.	57c 917,671.	
58 Other assets (describe <input type="checkbox"/> SEE STATEMENT 6 )	169,642.	58 160,709.	
<b>59 Total assets (add lines 45 through 58) (must equal line 74)</b>	<b>2,424,587.</b>	<b>59 2,287,801.</b>	
Liabilities	60 Accounts payable and accrued expenses	77,940.	60 86,355.
	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	23,932.	64b 23,124.
	65 Other liabilities (describe <input type="checkbox"/> )		65 0.
<b>66 Total liabilities (add lines 60 through 65)</b>	<b>101,872.</b>	<b>66 109,479.</b>	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	2,137,136.	67 1,992,136.
	68 Temporarily restricted	185,579.	68 186,186.
	69 Permanently restricted		69
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		70
	71 Paid-in or capital surplus, or land, building, and equipment fund		71
	72 Retained earnings, endowment, accumulated income, or other funds		72
<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>2,322,715.</b>	<b>73 2,178,322.</b>	
<b>74 Total liabilities and net assets / fund balances (add lines 66 and 73)</b>	<b>2,424,587.</b>	<b>74 2,287,801.</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 IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return		Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return	
a Total revenue, gains, and other support per audited financial statements	▶ a	1,323,840.	
b Amounts included on line a but not on line 12, Form 990:			
(1) Net unrealized gains on investments \$			
(2) Donated services and use of facilities \$			
(3) Recoveries of prior year grants \$			
(4) Other (specify): \$			
Add amounts on lines (1) through (4)	▶ b	0.	
c Line a minus line b	▶ c	1,323,840.	
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	0.	
e Total revenue per line 12, Form 990 (line c plus line d)	▶ e	1,323,840.	
a Total expenses and losses per audited financial statements	▶ a	1,468,233.	
b Amounts included on line a but not on line 17, Form 990:			
(1) Donated services and use of facilities \$			
(2) Prior year adjustments reported on line 20, Form 990 \$			
(3) Losses reported on line 20, Form 990 \$			
(4) Other (specify): \$			
Add amounts on lines (1) through (4)	▶ b	0.	
c Line a minus line b	▶ c	1,468,233.	
d Amounts included on line 17, Form 990 but not on line a:			
(1) Investment expenses not included on line 6b, Form 990 \$			
(2) Other (specify): \$			
Add amounts on lines (1) and (2)	▶ d	0.	
e Total expenses per line 17, Form 990 (line c plus line d)	▶ e	1,468,233.	

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated.)				
(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
BONNIE CURREY 1903 MCCALLIE AVENUE CHATTANOOGA, TN 37404	CEO 40+	69,832.	0.	0.
KELLY BASS 1903 MCCALLIE AVENUE CHATTANOOGA, TN 37404	COO 40+	53,743.	1,071.	0.
TONYA CAMMON 4 WATSON STREET LOOKOUT MTN, TN 37350	CHAIRMAN 1	0.	0.	0.
BO WALKER 300 EAST 8TH STREET CHATTANOOGA, TN 37403	VICE CHAIR 1	0.	0.	0.
FRANK COWDEN, III P.O. BOX 408 HIXSON, TN 37343	SECRETARY 1	0.	0.	0.
ANNE WILKINS 430 CHESTNUT STREET CHATTANOOGA, TN 37402	TREASURER 1	0.	0.	0.
KAREN KRUESI 5213 WILSON AVENUE SIGNAL MTN, TN 37377	IMMEDIATE PAST CHAIR 1	0.	0.	0.
SEE ATTACHED LIST	BOARD MEMBERS 1	0.	0.	0.

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

Part VI Other Information

76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity
77 Were any changes made in the organizing or governing documents but not reported to the IRS?
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
78 b If "Yes," has it filed a tax return on Form 990-T for this year?
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year?
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?
80 b If "Yes," enter the name of the organization and check whether it is exempt or nonexempt.
81 a Enter direct or indirect political expenditures. See line 81 instructions
81 b Did the organization file Form 1120-POL for this year?
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?
82 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.)
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?
83 b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84 a Did the organization solicit any contributions or gifts that were not tax deductible?
84 b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?
85 b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85 c Dues, assessments, and similar amounts from members
85 d Section 162(e) lobbying and political expenditures
85 e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85 f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85 g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
85 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?
86 501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 12
86 b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders
87 b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)
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?
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955
89 b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year?
89 c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
89 d Enter: Amount of tax on line 89c, above, reimbursed by the organization
90 a List the states with which a copy of this return is filed
90 b Number of employees employed in the pay period that includes March 12, 2004
91 The books are in care of Telephone no.

Located at 1903 MCCALLIE AVENUE, CHATTANOOGA, TN ZIP + 4 37404

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

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

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a <b>LUNCH &amp; SNACK BAR SALES</b>					27,742.
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	16,853.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					111,460.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a <b>MANAGEMENT FEES</b>					28,000.
b _____					
c <b>OTHER INCOME</b>					1,187.
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		16,853.	168,389.
105 Total (add line 104, columns (B), (D), and (E))					185,242.

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).

- 93-A LUNCH/SNACKBAR UNIT HELPS MENTALLY HANDICAPPED INDIVIDUALS BUILD WORK AND SOCIAL SKILLS
- 101 SPECIAL EVENTS HELD BY MEMBERS AND BOARD
- 103 MANGEMENT FEES CHARGES TO OTHER HOUSING ENTITES

**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)

I have prepared this return and accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and I am not aware of any information of which preparer has any knowledge

Date 12/23/05 Type or print name and title. Kelly A. Bass Chief Operations Officer

Date	Check if self	Preparer's SSN or PTIN
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**SCHEDULE A**  
**(Form 990 or 990-EZ)**

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

OMB No 1545-0047

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

**2004**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information-(See separate instructions.)**

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

Name of the organization

**THE AIM CENTER, INC.**

Employer identification number

**58 1718368**

**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>BONNIE CURREY</u> 1903 MCCALLIE AVENUE, CHATTANOOGA, TN 37404	EXEC. DIR 40+	69,832.		
<u>KELLY BASS</u> 1903 MCCALLIE AVENUE, CHATTANOOGA, TN 37404	COO 40+	53,743.	1,071.	
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Total number of other employees paid over \$50,000 ▶	0			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None")

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

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

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities <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>
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?		<b>X</b>
b	Lending of money or other extension of credit?		<b>X</b>
c	Furnishing of goods, services, or facilities?		<b>X</b>
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		<b>X</b>
e	Transfer of any part of its income or assets?		<b>X</b>
3 a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)		<b>X</b>
b	Do you have a section 403(b) annuity plan for your employees?		<b>X</b>
4 a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		<b>X</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
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,050,236.	1,142,349.	1,124,783.	1,038,772.	4,356,140.
16 Membership fees received				11,121.	11,121.
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	26,856.	26,864.	30,016.	29,698.	113,434.
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	13,371.	7,495.	24,381.	56,930.	102,177.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	1,090,463.	1,176,708.	1,179,180.	1,136,521.	4,582,872.
24 Line 23 minus line 17	1,063,607.	1,149,844.	1,149,164.	1,106,823.	4,469,438.
25 Enter 1% of line 23	10,905.	11,767.	11,792.	11,365.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 89,389.
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 0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 4,469,438.
d Add: Amounts from column (e) for lines: 18 102,177. 19 _____ 22 _____ 26b _____					26d 102,177.
e Public support (line 26c minus line 26d total)					26e 4,367,261.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 97.7139%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A	(2003)	(2002)	(2001)	(2000)	
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A	(2003)	(2002)	(2001)	(2000)	
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

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

N/A

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

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
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.)		
<hr/> <hr/> <hr/>			
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	32d	
<hr/> <hr/> <hr/>			
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	33h	
<hr/> <hr/> <hr/>			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	





## FOOTNOTES

STATEMENT 1

## FIXED ASSET INFORMATION

LAND	111,200.
BUILDING	1,080,171.
FURNITURE & EQUIPMENT	232,862.
VEHICLES	85,103.

TOTAL FIXED ASSET COST	1,509,336.
------------------------	------------

LESS: ACCUMULATED DEPRECIATION	645,821.
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TOTAL BOOK VALUE:	863,515.
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FORM 990	SPECIAL EVENTS AND ACTIVITIES				STATEMENT	2
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME	
SPECIAL EVENTS-BOARD AND MEMBER SPONSORED	111,460.		111,460.		111,460.	
TO FM 990, PART I, LINE 9	111,460.		111,460.		111,460.	

FORM 990	OTHER EXPENSES				STATEMENT	3
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING		
PROFESSIONAL CONTRACTS & FEES	41,422.	37,854.	3,568.			
INSURANCE	10,536.	9,482.	1,054.			
WEB BASED MIS	29,570.	26,613.	2,957.			
DUES	4,432.	3,913.	519.			
SPECIAL PROJECTS - PROGRAM SERVICES	24,440.	24,440.				
MISCELLANEOUS	125.	109.	16.			
AWARDS	265.		265.			
FUNDRAISING EXPENSES	120,790.				120,790.	
TOTAL TO FM 990, LN 43	231,580.	102,411.	8,379.		120,790.	

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 4  
PART III

EXPLANATION

TO PROVIDE INDIVIDUALS WITH MENTAL ILLNESSES SUPPORT SERVICES TO ACHIEVE AND SUSTAIN A LEVEL OF MENTAL AND EMOTIONAL WELLBEING CONSISTENT WITH LIVING IN AND CONTRIBUTION TO THE COMMUNITY.



THE AIM CENTER  
1903 McCallie Avenue  
Chattanooga, Tennessee 37404

BOARD OF DIRECTORS  
September 2004 – September 2005

OFFICERS

Chairman

Tonya Cammon

Vice Chair

Bo Walker

Secretary

Frank Cowden

Treasurer

Anne Wilkins

Immediate Past Chair

Karen Kruesi

\*AIM Support Staff listed on last page

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899-8979 (H)

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Committee: Member Services

CAM BUSCH

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Committee: Development

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Committee: Development

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4/02 – 9/05

Committee: Executive

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✓ **SCOTT M. FERGUSON**

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**LOUIS F. GARCIA, P.E.; OED**

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4/00 – 4/03  
9/04 – 9/07  
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4/02 – 9/05

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**AIM Support Staff**

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## AIM CENTER

### Board of Directors 2005

#### Occupations

Dr. Andrew Bullard	Pastor of Area Church Retired Colonel in Military
Cam Busch	Art Therapist (Recognized nationally)
Barry Cammon	Fuller Rehabilitation & Independent Living Aids Owns Video Production Company
Tonya Cammon	Attorney with Grant Konvalinka & Harrison PC
Frank Cowden	Real Estate
Robin Derryberry	Ingram Group (Marketing)
Carla Donina	Broker with Merrill Lynch
Marcia Eason	Attorney with Miller & Martin
Scott Ferguson	Huffaker Insurance
Walter Forbes	Owns Video Production Company Retired, Signal Thread and Signal Aviation Family of Mentally Ill Adults
Ron Fugatt	Management at Electric Power Board
Martin Gadd	Management at InfoSystems (computer support company) Psychiatric RN in England prior to US Relocation
Louis Garcia	Owns Vega Company (structural engineering) Episcopal Priest
Paul Haney	Member Board Representative
Terri Holley	District Manager for Carlisle Clothing

Mai Bell Hurley	Board Chair, United Way
Karen (Candy) Kruesi	Community Volunteer (many organizations) Past Board Chair of AIM
Norma Mills	Community Volunteer Past Board Chair of AIM Chair, AIM Capital Campaign in 1994 Honorary Chair of Capital Campaign 2005
Bruce Neal	CPA
Frank (Mickey) Robbins	Patten & Patten, Inc. (Investments)
Rhoda Ruffner	Community Volunteer
Steve Spalding	Psychiatrist
Edna Varner	National Consultant, Education Counsel Past Principal, Howard High School
Bo Walker	Associate Director, Partnership for Family, Children, & Adults Masters, Social Work
Sonia Young	The Purple Lady (Societal Columnist) Teaches Communications at UTC
Bill Young	SVP, General Counsel and Chief Compliance & Risk Officer BlueCross BlueShield of Tennessee

**Asset Summary Report - Sorted by - ASSET A/C#**

Company THE A.I.M CENTER, INC  
 Method: 1 - BOOK Std Conv Applied  
 Range 1800-000 - 1830-440

Date 06/30/05  
 File C:\AKDATA\89210

Page 1  
 Date 11/16/05  
 Time 12 13 31

ASSET A/C#	Account Name	Beg. Bal.	Beg Assets	Additions	Disposals	Ending Balance
<b>1800-000 - LAND</b>						
Totals for: ASSET A/C#: 1800-000	Cost	111,200 00	-	0 00	0 00	111,200 00
	Accum. Depr.	0 00	-	0 00	0 00	0 00
	Curr. Depr.	-	0 00	0 00	0 00	0 00
	Number	1	-	0	0	1
<b>1810-400 - BUILDING - 1903 MCCALLIE</b>						
Totals for: ASSET A/C#: 1810-400	Cost	1,080,171 31	-	0 00	0 00	1,080,171 31
	Accum. Depr.	338,168 80	-	36,042 28	0 00	374,211 08
	Curr. Depr.	-	36,042 28	0 00	0 00	36,042 28
	Number	27	-	0	0	27
<b>1820-420 - FURN &amp; EQUIP - 1903 MC</b>						
Totals for: ASSET A/C#: 1820-420	Cost	226,492 35	-	6,370 00	0 00	232,862 35
	Accum. Depr.	180,162 74	-	17,087 36	0 00	197,250 10
	Curr. Depr.	-	16,575 82	511 54	0 00	17,087 36
	Number	86	-	2	0	88
<b>1830-440 - VEHICLES</b>						
Totals for: ASSET A/C#: 1830-440	Cost	85,101 95	-	0 00	0 00	85,101 95
	Accum. Depr.	66,962 96	-	7,396 80	0 00	74,359 76
	Curr Depr.	-	7,396 80	0 00	0 00	7,396 80
	Number	5	-	0	0	5
<b>Grand Totals:</b>	Cost	1,502,965 61	-	6,370 00	0 00	1,509,335 61
	Accum. Depr.	585,294 50	-	60,526 44	0 00	645,820 94
	Curr. Depr.	-	60,014 90	511 54	0 00	60,526 44
	Number	119	-	2	0	121

**Additional Summary Statistics for Assets:**

	Cost	Current Year Section 179	Depreciable Basis	Beginning Accum. Depr.	Current Depreciation	Ending Accum. Depr.	Net Book Value
Grand Totals for all assets	1,509,335 61	0 00	1,509,335 61	585,294 50	60,526 44	645,820 94	863,514 67
Less: Inactive Assets	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Disposed Assets	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Traded Assets	0 00	0 00	0 00	0 00	0 00	0 00	0 00
<b>Net Totals (Active Assets)</b>	<b>1,509,335 61</b>	<b>0 00</b>	<b>1,509,335 61</b>	<b>585,294 50</b>	<b>60,526 44</b>	<b>645,820 94</b>	<b>863,514 67</b>

## Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

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

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

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

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

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

<b>Type or print</b>	Name of Exempt Organization <b>THE AIM CENTER, INC.</b>	Employer identification number <b>58-1718368</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions <b>1903 MCCALLIE AVENUE</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>CHATTANOOGA, TN 37404</b>	

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

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

- The books are in the care of ▶ GEORGE AYOUB  
 Telephone No ▶ 423-624-4800 FAX No ▶ \_\_\_\_\_
- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the **whole** group, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover

- 1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until FEBRUARY 15, 2006 to file the exempt organization return for the organization named above. The extension is for the organization's return for:
  - ▶  calendar year \_\_\_\_\_ or
  - ▶  tax year beginning JUL 1, 2004, and ending JUN 30, 2005
- 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. \$ N/A

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions