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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

2004

Dipento Public Inspection

A For the 2004 calendar year, or tax year beginning JUL 1. 2004 and ending JUN 30. D Employer identification number Check if applicable C Name of organization Please use IRS label or X Address BOXERWOOD EDUCATION ASSOCIATION 54-1937944 pnnt or Name change type Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number] Initial return 540-463-2697 Specific 963 ROSS ROAD Cash X Accrual Final return City or town, state or country, and ZIP + 4 F Accounting method 24450 Other (specify) Amended return LEXINGTON, VA • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts H and I are not applicable to section 527 organizations. must attach a completed Schedule A (Form 990 or 990-EZ). H(a) Is this a group return for affiliates? G Website: ►WWW.BOXERWOOD.ORG H(b) If "Yes," enter number of affiliates ▶ Organization type (check only one) X 501(c) (3) (insert no) 4947(a)(1) or Are all affiliates included? (If "No," attach a list) _____ if the organization's gross receipts are normally not more than \$25,000. The is this a separate return filed by an ororganization need not file a return with the IRS, but if the organization received a Form 990 Package ganization covered by a group ruling? in the mail, it should file a return without financial data. Some states require a complete return. Group Exemption Number Check ► _____ if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF) Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 298,426. Part | Revenue, Expenses, and Changes in Net Assets or Fund Balances Contributions, gifts, grants, and similar amounts received 164,780. a Direct public support 76,123. 1b b Indirect public support 10 c Government contributions (grants) 128,940. 111,963. noncash \$ 240,903. d Total (add lines 1a through 1c) (cash \$ Program service revenue including government fees and contracts (from Part VII, line 93) 21,605. 2 2 26,520. 3 3 Membership dues and assessments 127. 4 Interest on savings and temporary cash investments 4 5 5 Dividends and interest from securities 2,850 SEE STATEMENT 2 6 a Gross rents 6a SEE STATEMENT 612. 6b b Less: rental expenses 2,238. 6c Net rental income or (loss) (subtract line 6b from line 6a) 7 Other investment income describe 30Bevenue REGERMETON sales of assets other (A) Securities (B) Other than inventory 8a Of Lest coast 2005 r bass and sales expenses 8b Gain or (loss) (attach schedule)
Net gain or (loss) (common e line 8c, columns (A) and (B)) 80 8d 🖬 🗗 ant and activities (attach schedule). If any amount is from gaming, check here Gross revenue (not including \$ 0 • of contributions 6,165 reported on line 1a) 9a 1,949. Less direct expenses other than fundraising expenses 9b SEE STATEMENT 4,216. c Net income or (loss) from special events (subtract line 9b from line 9a) 9c 10 a Gross sales of inventory, less returns and allowances 10a 10b b Less cost of goods sold Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) 10c 249. Other revenue (from Part VII, line 103) 11 11 295,865 a 12 12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 117,044. Program services (from line 44, column (B)) 13 12,084. 14 Management and general (from line 44, column (C)) 14 15,795. 15 Fundraising (from line 44, column (D)) 15 16 Payments to affiliates (attach schedule) 16 144,923. 17 17 Total expenses (add lines 16 and 44, column (A)) 18 150,942. Excess or (deficit) for the year (subtract line 17 from line 12) 18 46,129. 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 19 20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 5 12,980. 20 21 Net assets or fund balances at end of year (combine lines 18, 19, and 20) 210,051. 21

				trusts but optional for other	
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				
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc	25	0.	0.	0.	0.
26 Other salaries and wages	26	77,212.	71,587.	5,375.	250.
27 Pension plan contributions	27				
28 Other employee benefits	28	317.	282.	35.	
29 Payroll taxes	29	6,233.	5,792.	421.	<u>20.</u>
30 Professional fundraising fees	30	12,025.			12,025.
31 Accounting fees	31	280.		280.	
32 Legal fees	32	23.		23.	
33 Supplies	33	2,998.	568.	562.	1,868.
34 Telephone	34	1,245.	595.	150.	500.
35 Postage and shipping	35	1,046.	270.	213.	<u>563.</u>
36 Occupancy	36	9,600.	9,139.	261.	200.
37 Equipment rental and maintenance	37	1,418.	1,146.	192.	80.
38 Printing and publications	38	4,289.	3,719.	371.	199.
39 Travel .	39	698.	698.		
40 Conferences, conventions, and meetings	40	2,500.	1,000.	1,500.	
41 Interest	41	127.		127.	
42 Depreciation, depletion, etc. (attach schedule)	42	3,106.	2,980.	126.	
43 Other expenses not covered above (itemize)					
a	43a				
b	43b				
C	43c				
đ	43d				
e SEE STATEMENT 6	43e	21,806.	19,268.	2,448.	90.
Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	144,923.	117,044.	12,084.	15,795.
Joint Costs. Check 🕨 📖 If you are following SOP 9	8-2			_	
Are any joint costs from a combined educational campa	ign and	fundraising solicitation rep	orted in (B) Program servi	ces?	Yes X No
if "Yes," enter (i) the aggregate amount of these joint co	sts \$ _	;(ii) the amount allocated to	Program services \$;
(iii) the amount allocated to Management and general			iv) the amount allocated to	Fundraising \$	
Part III Statement of Program Serv	ice A	ccomplishments			<u>, , , , , , , , , , , , , , , , , , , </u>
What is the organization's primary exempt purpose?					
EDUCATE ENVIRONMENTALLY					Program Service Expenses
All organizations must describe their exempt purpose achieveme achievements that are not measurable (Section 501(c)(3) and (4) ((Required for 501(c)(3) and (4) orgs , and 4947(a)(1)
allocations to others)					trusts, but optional for others)
a GARDENS & PHYSICAL FAC					
LEGACY OF ROBERT S MUN			ATION HAS AD	DED	
NATURE EMULATING WASTE	TRE	EATMENT SYSTI	EM (NEWTS).		
			irants and allocations \$)	31,693.
b EDUCATION PROGRAMS-PAR					
SYSTEMS, COLLEGES AND			PROGRAMS TO	REACH	
5,447 INDIVIDUALS IN 1	0,9	19 CONTACTS.	and the same of th		
<u> </u>			Grants and allocations \$)	70,058.
c OUTREACH PROGRAMS -ACT					
EXHIBITS, SPECIAL EVEN			,000 HITS) A	ND	
PUBLICATIONS (1,200 NE	WSLI	ETTERS)		10.11170	
			Grants and allocations \$)	9,771.
d VOLUNTEER PROGRAMS-331					
HOURS IN BOXERWOOD GAR	DEN	S & ON WOODS	CREEK PROJE	CT.	
					-
			Grants and allocations \$)	5,522.
e Other program services (attach schedule)		<u>`</u>	Grants and allocations \$)	
f Total of Program Service Expenses (should equa	l line 44	, column (B), Program sen	/ices)	<u> </u>	117,044.
423011 01-13-05					Form 990 (2004)

Part IV Balance Sheets (A) (B) Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only. Beginning of year End of year 1,400. 45 Cash - non-interest-bearing 45 22,171. 25,245. Savings and temporary cash investments 46 46 2,503. 47a 47 a Accounts receivable 2,503. b Less allowance for doubtful accounts 47b 47c 48 a Pledges receivable 48a b Less, allowance for doubtful accounts 48b 48c 49 Grants receivable 49 50 Receivables from officers, directors, trustees, 50 and key employees 51a 51 a Other notes and loans receivable 51b 51 c b Less allowance for doubtful accounts 52 52 Inventories for sale or use 187. Prepaid expenses and deferred charges 53 Cost X FMV 0. 540. Investments - securities STMT 54 54 55 a Investments - land, buildings, and 55a equipment basis b Less: accumulated depreciation 55b 55c SEE STATEMENT 8 0. 10,007. 56 Investments - other 56 191,350. 57 a Land, buildings, and equipment basis 7,188. 37,192. 184,162. STMT 9 57c b Less accumulated depreciation 58 Other assets (describe 58 60,763. 222,644. Total assets (add lines 45 through 58) (must equal line 74) 59 2,594. 263. 60 Accounts payable and accrued expenses 61 61 Grants payable 9,200. 7,947. 62 62 Deferred revenue iabilities 63 Loans from officers, directors, trustees, and key employees 63 64a 64 a Tax-exempt bond liabilities 64b b Mortgages and other notes payable Other liabilities (describe PAYROLL TAXES PAYABLE 2,052. 5,171 65 65 14,634. 12,593. Total liabilities (add lines 60 through 65) Organizations that follow SFAS 117, check here X and complete lines 67 through 69 and lines 73 and 74 Net Assets or Fund Balances 46,129. 210,051. 67 67 Unrestricted 68 68 Temporarily restricted 69 Permanently restricted 69 Organizations that do not follow SFAS 117, check here 70 through 74 70 Capital stock, trust principal, or current funds 71 71 Paid-in or capital surplus, or land, building, and equipment fund 72 72 Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, 210,051 column (A) must equal line 19, column (B) must equal line 21) 46,129 Total liabilities and net assets / fund balances (add lines 66 and 73) 60,763.

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 Revenu	e per Audited	Part IV-B Reconc	iliation of Expe	enses per Au	dited
Financial Statements with Return	n Revenue per	Financia Return	al Statements	with Expense	es per
a Total revenue, gains, and other support per audited financial statements	a 298,426.	a Total expenses and los audited financial states		▶ a 1	47,484.
	2 230/1201	b Amounts included on			7 20 23
b Amounts included on line a but not on line 12, Form 990		line 17, Form 990 (1) Donated services			
(1) Net unrealized gains		and use of facilities	\$	{	
on investments \$		(2) Prior year adjustments	s		
(2) Donated services		reported on line 20,			
and use of facilities \$		Form 990	\$		
(3) Recoveries of prior		(3) Losses reported on	_		
year grants \$		line 20, Form 990	\$	— 	
(4) Other (specify) STMT 10 \$ 2,561.		(4) Other (specify) STMT 11	\$ 2,56	51.	
Add amounts on lines (1) through (4)	b 2,561.				2,561.
c Line a minus line b	c 295,865.	c Line a minus line b	, (.,oog (.,	▶ c 1	2,561. 44,923.
d Amounts included on line 12, Form	·	d Amounts included on	line 17, Form		
990 but not on line a:		990 but not on line a			
(1) Investment expenses		(1) investment expenses			
not included on		not included on			
line 6b, Form 990 \$		line 6b, Form 990	\$		
(2) Other (specify)		(2) Other (specify)	•		
Add amounts on lines (1) and (2)	0.	Add amounts on lines	• (1) and (2)	d	0.
e Total revenue per line 12, Form 990	<u> </u>	e Total expenses per lin	• • • •	u u	
(line c plus line d)	e 295,865.		16 17,101111 930	▶ e i	144,923.
Part V List of Officers, Directors,			e even if not compens		
		(B) Title and average hours	(C) Compensation	(D) Contributions to employee benefit plans & deferred	(E) Expense account and
(A) Name and address		per week devoted to position	(If not paid, enter	plans & deferred compensation	other allowances
GDD GDD DDD 10				0	0
SEE STATEMENT 12			0.	0.	0.
			ļ		
					
		Ï			
				j	
75 Did any officer, director, trustee, or key employee	receive aggregate compens	ation of more than \$100 000 fr	rom your organization	and all related	
organizations, of which more than \$10,000 was p				X No	

Pa	t VI Other Information		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		X
	If "Yes," attach a conformed copy of the changes			
78 a	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		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year?	79		X
	If "Yes," attach a statement			
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?	80a		X
b	If "Yes," enter the name of the organization			É
	and check whether it is exempt or nonexempt			
81 a	Enter direct or indirect political expenditures See line 81 instructions 81a 0 •	†	1	
b	Did the organization file Form 1120-POL for this year?	81b		X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than		.,	
	fair rental value?	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			į
	expense in Part II (See instructions in Part III)		v	ĺ
83 a		83a	X	
b 04 a	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	_	Х
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	1	
U	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	84b	1	ĺ
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A	85a	1	
	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b	<u> </u>	
	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	000		
	owed for the prior year			ĺ
C	Dues, assessments, and similar amounts from members 85c N/A			Ė
d	Section 162(e) lobbying and political expenditures 85d N/A	1	1	
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A	1		ĺ
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A	1		į
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g	1	
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? N/A	85h		
86	501(c)(7) organizations. Enter a Initiation fees and capital contributions included on line 12			
b	Gross receipts, included on line 12, for public use of club facilities . 86b N/A			
87	501(c)(12) organizations. 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.)	1		
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?	1		1
	If "Yes," complete Part IX	88	-	X
89 a	501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under			
L	section 4911 ► 0 • , section 4912 ► 0 • , section 4955 ► 0 •	F		
D	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? If "Yes," attach a statement explaining each transaction	89b		x
_	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under	เอลก	_!	_ <u></u>
٠	sections 4912, 4955, and 4958			0.
ď				0.
90 a	L VITO CITIES			
b	Number of employees employed in the pay period that includes March 12, 2004			7
91	The books are in care of ► HUNTER MOHRING Telephone no ► 540-4	63-	2697	
	Located at ► 963 ROSS ROAD, LEXINGTON, VA ZIP+4 ►	244	50	
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here	**	/ ™	
42304 01-13	and enter the amount of tax-exempt interest received or accrued during the tax year 92		/A	(2004)
U1-13	-ua	17	33U	(2004)

	er gross amounts unless otherwise	(A)	ed business income	(C)	y section 512, 513, or 514	(E)
indicated.		Business	(B) Amount	Exclu-	(D) Amount	Related or exempt
	am service revenue:	code	Amount	sion		function income
	OGRAM FEES SCHOOLS			06	15,502.	
b CAI	MP FEES CHILDREN			0.6	4,420.	
TOT	UR INCOME			0.6	1,388.	
d GAI	RDEN INCOME			06	295.	
e						
	are/Medicaid payments					
	and contracts from government agencies	•				
-				03	26,520.	
	ership dues and assessments			14	127.	
	st on savings and temporary cash investme	ents		14	7.	
	nds and interest from securities			14	/ •	
	ntal income or (loss) from real estate					
a debt-fi	inanced property					
b not de	bt-financed property			16	2,238.	
98 Net rei	ntal income or (loss) from personal proper	ty				
99 Other	investment income					
00 Gain o	or (loss) from sales of assets					
	than inventory					
	come or (loss) from special events			02	4,216.	
	profit or (loss) from sales of inventory					
02 Other						
	SCELLANEOUS INCOME			01	235.	
				01	14.	
ь ма	RKUP INCOME			01	14.	
C						
d						
e				_		
1 04 Subto	tal (add columns (B), (D), and (E))		***	0.	54,962.	0.
	(add line 104, columns (B), (D), and (E))				▶.	54,962.
Note: Line	105 plus line 1d, Part I, should equal	the amount on line 1:	2, Part I.			
Part VI	Relationship of Activities	to the Accompl	ishment of Exe	mpt Purpo	oses (See page 34 of the	instructions)
Line No.	Explain how each activity for which inco	me is reported in colum	n (E) of Part VII contrib	uted important	tly to the accomplishment o	of the organization's
▼	exempt purposes (other than by providing	ng funds for such purpo	ses)			
		- 				
						• • • • • • • • • • • • • • • • • • • •
Part IX	Information Regarding Ta	exable Subsidiar	ies and Disrega	arded Enti	ties (See page 34 of the	instructions)
	(A)	(B)	(C) Nature of activities		(D)	(E)
Name, a		entage of	Nature of activities		Total income	End-of-year
	anabia ay diayaaandad aasisti laccaasa			1	. • • • • • • • • • • • • • • • • • • •	
partn	nership, or disregarded entity owners	hip interest	<u></u>			assets
partn		%				dssets
partn	nership, or disregarded entity owners	%				dssets
partn		% %				assets
	N/A	% % % %				
partn Part X		% % % %		nal Benefi		
Part X	N/A	% % % % ransfers Associa	ated with Perso		it Contracts (See pag	
Part X (a) Did t	N/A Information Regarding Tr	% % % % mansfers Associa	ated with Perso	is on a persona	it Contracts (See pag	e 34 of the instructions)
Part X (a) Did t (b) Did t	N/A Information Regarding Tr the organization, during the year, receive a the organization, during the year, pay prem	% % % % ransfers Associa	ated with Perso rectly, to pay premium ctly, on a personal bene	is on a persona	it Contracts (See pag	e 34 of the instructions) Yes X No
Part X (a) Did t (b) Did t Note: If	N/A Information Regarding Tr the organization, during the year, receive a the organization, during the year, pay prem "Yes" to (b), file Form 8870 and Form	% % % % % ransfers Associate my funds, directly or indirectly or indirectly or indirectly or indirectly of indirectly of see instructions.	ated with Perso Irectly, to pay premium ctly, on a personal bene s).	is on a persona efit contract?	it Contracts (See pag	e 34 of the instructions) Yes X No Yes X No
Part X (a) Did t (b) Did t Note: If '	N/A Information Regarding Tr the organization, during the year, receive a the organization, during the year, pay prem	% % % % % ransfers Associate my funds, directly or indirectly or indirectly or indirectly or indirectly of indirectly of see instructions.	ated with Perso Irectly, to pay premium ctly, on a personal bene s).	is on a personal fit contract? es and statements reparer have any king.	it Contracts (See pag	e 34 of the instructions) Yes X No Yes X No
Part X (a) Did t (b) Did t Note: If '	Information Regarding Treather organization, during the year, receive a the organization, during the year, pay prem "Yes" to (h), file Form 8870 and Form Under penalties of prepuly, I declare that I have correct, and complete Declaration of prepaler to the property of t	% % % % % ransfers Associate my funds, directly or indirectly or indirectly or indirectly or indirectly of indirectly of see instructions.	ated with Perso Irectly, to pay premium ctly, on a personal bene s).	es on a personal seffit contract?	it Contracts (See pag al benefit contract? , and to the best of my knowled howledge EPHANIE BUN	e 34 of the instructions) Yes X No Yes X No
Part X (a) Did t (b) Did t Note: If '	Information Regarding Treathe organization, during the year, receive a the organization, during the year, pay premarizes to (h), file Form 8870 and Form Under penalties of genury, I declare that I have correct, and complete Declaration of prepare to Signature of officer	% % % % % ransfers Associate my funds, directly or indirectly or indirectly or indirectly or indirectly of indirectly of see instructions.	ated with Perso Irectly, to pay premium ctly, on a personal bene s).	efit contract? se and statements reparer has any ki	it Contracts (See paged benefit contract? and to the best of my knowled benefit with the Burner Burner and title	e 34 of the instructions) Yes X No Yes X No No Ige and belief, it is true ID = Vice Presi de
Part X (a) Did t (b) Did t Note: If '	Information Regarding Trees the organization, during the year, receive a the organization, during the year, pay prem "Yes" to (h), file Form 8870 and Form Under penalties of penury, I declare that I have correct, and complete Declaration of preparer to Signature of officers. Preparer's	% % % % % ransfers Associate my funds, directly or indirectly or indirectly or indirectly or indirectly of indirectly of see instructions.	ated with Perso Irectly, to pay premium ctly, on a personal bene s).	es on a personal seffit contract?	it Contracts (See pagul benefit contract? and to the best of my knowledge FHANE BUN It name and title Check if Self-	e 34 of the instructions) Yes X No Yes X No ige and belief, it is true ID = VICE PRESI de
Part X (a) Did t (b) Did t Note If ' Please Sign Here	Information Regarding Tree organization, during the year, receive a the organization, during the year, pay premediate to (h), file Form 8870 and Form Under penalties of penury, I declare that I have correct, and complete Declaration of preparer of Signature of officers. Preparer's signature	% % % % % mansfers Associa ny funds, directly or ind nums, directly or indirectly frammed this return, including than officer) is based or	ated with Perso Irectly, to pay premium city, on a personal bene s). In accompanying schedule of the party of which p	efit contract? se and statements reparer has any ki	it Contracts (See page of the	e 34 of the instructions) Yes X No Yes X No Ige and belief, it is true ID = VICE PRESI de Preparer's SSN or PTIN P00084879
Part X (a) Did t (b) Did t Note If ' Please Sign Here Paid Preparer's	Information Regarding Treather organization, during the year, receive a the organization, during the year, pay premarks to (h), file Form 8870 and Form Under penalties of seruly, I declare that I have correct, and complete Declaration of preparer of Signature of officer. Preparer's signature of RAETZ & Higher than 1 and 1	% % % % mansfers Associa ny funds, directly or indirect from the first of the first	ated with Perso Irectly, to pay premium on a personal beness). In a accompanying schedule of Information of which personal patterns of which personal patterns of which personal patterns of the per	efit contract? se and statements reparer has any ki	it Contracts (See page of the	e 34 of the instructions) Yes X No Yes X No ige and belief, it is true ID = VICE PRESI de
Part X (a) Did t (b) Did t Note: If ' Please Sign Here	Information Regarding Treather organization, during the year, receive a the organization, during the year, pay premature to (h), file Form 8870 and Form Under penalties of penalty, I declare that I have correct, and complete Declaration of preparer of Signature of officer. Preparer's signature of RAETZ & Hi	% % % % % % mansfers Associa ny funds, directly or indirectly or indirectly or indirectly or indirectly or indirectly or indirectly fund officer) is based or indirectly than officer) is based or indirectly than officer) is based or indirectly than officer) is based or indirectly indire	ated with Perso Irectly, to pay premium city, on a personal bene s). In accompanying schedule of the party of which p	es and statements reparer has any kr	it Contracts (See page of the best of my knowledge of the best of my knowledge of the best	e 34 of the instructions) Yes X No Yes X No Ige and belief, it is true ID = VICE PRESI de Preparer's SSN or PTIN P00084879

SCHEDULE A (Form 990 or 990-EZ)

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

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

,	BOXERWOOD EDUCATION ASSO			54 19379	
Part I	Compensation of the Five Highest Paid Emplo (See page 1 of the instructions List each one if there are none, enter	r "None ")	icers, Directo		
	(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	er of other employees paid	• 0		<u> </u>	
Part II		endent Contractors		al Services	
	(a) Name and address of each independent contractor paid more	than \$50,000	(b) Type of	service	(c) Compensation
NONE					
-					
		-			
	per of others receiving over	_			
\$50,000 fo	r professional services	▶ 0			

Schedule A (Form 990 or 990-EZ) 2004 BOXERWOOD EDUCATION ASSOCIATION

54-1937944

Page 2

Par	Support Schedule (Co Note: You may use the	omplete only if you che worksheet in the instr	cked a box on line 10,	, 11, or 12.) Use cash from the accrual to the	method of acco	unting.	tına.
	dar year (or fiscal year ning 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.)	101,755.	95,222.	61,474. 30,890.	39,8		298,287.
16	Membership fees received	24,535.	31,995.	30,890.	18,6	85.	106,105.
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	26,703.	18,654.	20,015.	6,5	65.	71,937.
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	253.	261.	140.	4	31.	1,085.
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			SEE STATEME	1	00	200
	sale of capital assets	152 246	146 122	110 510		00.	200.
23	Total of lines 15 through 22	153,246.				1/•	477,614. 405,677.
25	Line 23 minus line 17 Enter 1% of line 23	126,543.	127,478. 1,461.	92,504.	39,1	57.	403,077.
26	Organizations described on lines 1	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	L	· · · · · · · · · · · · · · · · · · ·	26a	N/A
_U	Prepare a list for your records to sh		* *		rnmental	200	11/ 21
	unit or publicly supported organizat						
	Do not file this list with your return	•			▶	26b	N/A
c	Total support for section 509(a)(1)				•	26c	N/A
	Add Amounts from column (e) for		19		•		i
		22	26b			26d	N/A
е	Public support (line 26c minus line	26d total)				26e	N/A
f	Public support percentage (line 26	ie (numerator) divided by	line 26c (denominator))	>	26f	N/A %
27	Organizations described on line 12	2: a For amounts included	in lines 15, 16, and 17 th	nat were received from a	"disqualified persoi	n," prepare	a list for your
	records to show the name of, and to	otal amounts received in e	ach year from, each "disc	qualified person." Do not	file this list with yo	our return	. Enter the sum of
	such amounts for each year	_			_		
	(2003)	O • (2002)	. 0 . (2	2001)	. 0 • (20)	00) .	0.
þ	For any amount included in line 17				·		
	and amount received for each year,						_
	described in lines 5 through 11, as	•		· -		en the an	nount received and
	the larger amount described in (1)			•	_	00)	^
	•	0 • (2002)	0. (i		0. (20	00)	0.
C	Add Amounts from column (e) for	15 15 15 15 15 15 15 15 15 15 15 15 15 1	298,287	• 16 <u>106</u> 21	,105.	1070	476,329.
4	Add Line 27a total		nd line 27b total	21	· `	27c 27d	470,323.
u	Public support (line 27c total minus		no mio 210 fotal	4		27u 27e	476,329
f	Total support for section 509(a)(2)	=	e 23. column (e)	▶ 27f	477,614		0 / 02 / 0
a.	Public support percentage (li				D	27g	99.7310%
-	Investment income percentage				ator))	27h	.2272%
	Unusual Grants: For an organizate	· · · · · · · · · · · · · · · · · · ·			•		

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 include these grants in line 15

NONE

NONE

Day at 17

Private School Questionnaire (See page 7 of the instructions)

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

/2

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		Yes	No
	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	į		
	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.)			
		— <u> </u> — <u> </u>	-	
32	Does the organization maintain the following	-		
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	32 <u>a</u>	+	├
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?	320	-	1
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		ļ
33	Does the organization discriminate by race in any way with respect to	 33a		
a	Students' rights or privileges?	33b		+
b	Admissions policies?	330		+-
C	Employment of faculty or administrative staff?	33d		
d	Scholarships or other financial assistance? Educational policies?	33e	+	
e	Use of facilities?	331		
'	Athletic programs?	339		†
g h	Other extracurricular activities?	33h	1	1
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
		-		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	348	ı	
b	Has the organization's right to such aid ever been revoked or suspended?	341	<u>, </u>	
	If you answered "Yes" to either 34a or b, please explain using an attached statement	F		
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	i	ĺ

Schedule A (Form 990 or 990-EZ) 2004 BOXERWOOD EDUCATION ASSOCIATION Page 5 Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions) (To be completed ONLY by an eligible organization that filed Form 5768) Check ► a if the organization belongs to an affiliated group. Check ► b if you checked "a" and "limited control" provisions apply (a) (b) Limits on Lobbying Expenditures Affiliated group To be completed for ALL totals electing organizations (The term "expenditures" means amounts paid or incurred) N/A 36 Total lobbying expenditures to influence public opinion (grassroots lobbying) 36 Total lobbying expenditures to influence a legislative body (direct lobbying) 37 37 Total lobbying expenditures (add lines 36 and 37) 38 Other exempt purpose expenditures 39 40 Total exempt purpose expenditures (add lines 38 and 39) 40 41 Lobbying nontaxable amount Enter the amount from the following table -If the amount on line 40 is -The lobbying nontaxable amount is -Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 41 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000 . . 42 Grassroots nontaxable amount (enter 25% of line 41) 43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36 43 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 N/A Calendar year (or (e) (a) (b) (c) 2004 2003 2002 2001 fiscal year beginning in) Total 45 Lobbying nontaxable 0. amount 46 Lobbying ceiling amount 0. (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 0. expenditures Part VI-B Lobbying Activity by Nonelecting Public Charities N/A (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 Yes Nο Amount influence public opinion on a legislative matter or referendum, through the use of a Volunteers b Paid staff or management (include compensation in expenses reported on lines c through h.) c Media advertisements d Mailings to members, legislators, or the public e Publications, or published or broadcast statements f Grants to other organizations for lobbying purposes Direct contact with legislators, their staffs, government officials, or a legislative body

h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means

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

i Total lobbying expenditures (Add lines c through h.)

Par				Relationships With Noncharit	apie		
 51		zations (See page 11 of the instru Irrectly or indirectly engage in any of th		organization described in section			
		section 501(c)(3) organizations) or in					
		ganization to a noncharitable exempt of		mon organizations		Yes	No
u	(i) Cash	gamzation to a nononanaolo oxompt	organization of		51a(ı)		Х
	(ii) Other assets			•	a(ii)		X
h	Other transactions	•		•			
		ets with a noncharitable exempt organi	ization		b(i)	ļ ¹	X
	• •	a noncharitable exempt organization			b(ii)		X
	(iii) Rental of facilities, equipme	· · · · · · · · · · · · · · · · · · ·			b(iii)		X
	(iv) Reimbursement arrangeme	•			b(iv)		X
	(v) Loans or loan guarantees				b(v)		X
	• •	r membership or fundraising solicitatio	ons		b(vi)	,	X
	• •	, mailing lists, other assets, or paid en		·	C		X
	•	-		lways show the fair market value of the			
	· · · · · · · · · · · · · · · · · · ·	s given by the reporting organization					
	•	ment, show in column (d) the value of	-			N/A	L
(a)	(b)	(c)		(d)			
Line n		Name of noncharitable exe	mpt organization	Description of transfers, transactions, and s	sharing ar	rranger	nents
-	-						

	1.00						
52 a	Is the organization directly or ii	ndirectly affiliated with, or related to, o	one or more tax-exempt org	anizations described in section 501(c) of the			
	Code (other than section 501(o			. •	Yes	[]	X No
b	If "Yes," complete the following	schedule. N/A					
	(1	a)	(b)	(c)			
	Name of o	rganization	Type of organization	Description of relations	hip		
		4					
	·						
			1				

FORM 990	RENTAL	INCOME			STATE	EMENT	2
KIND AND LOCATION OF PROPE	RTY			VITY BER		ROSS	OME
GARDEN RENTAL				1		2,8	50.
TOTAL TO FORM 990, PART I,	LINE 6A					2,85	50.
FORM 990	RENTAL	LEXPENSES			STATI	EMENT	3
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	ני		LATOT	
GARDEN PROJECT OTHER GARDEN EXPENSES GARDEN REPAIRS GARDEN MAINTENANCE				287. 190. 120. 15.			
	- SUBTOTAL	- 1				6.	12.
TOTAL TO FORM 990, PART I,		- 1					
TOTAL TO FORM 990, PART I,	LINE 6B	- 1	VITIES		STAT		12.
TOTAL TO FORM 990, PART I,	LINE 6B	NTS AND ACTI	VITIES GROSS REVENUE	DIRE EXPEN	ст	6	12.
TOTAL TO FORM 990, PART I, FORM 990 S DESCRIPTION OF EVENT	LINE 6B PECIAL EVEN	NTS AND ACTI	GROSS	EXPEN	CCT ISES	6 EMENT NET	12. 4
TOTAL TO FORM 990, PART I, FORM 990 S DESCRIPTION OF EVENT	LINE 6B PECIAL EVER GROSS RECEIPTS	NTS AND ACTI	GROSS REVENUE	1,9	CCT ISES	6 EMENT NET INCOM	12. 4 E
TOTAL TO FORM 990, PART I, FORM 990 S DESCRIPTION OF EVENT EVENING UNDER STARS 04 TO FM 990, PART I, LINE 9	LINE 6B PECIAL EVER GROSS RECEIPTS 6,165. 6,165.	NTS AND ACTI	GROSS REVENUE 6,165. 6,165.	1,9 1,9	GCT ISES	EMENT NET INCOM	4 E 16.
TOTAL TO FORM 990, PART I, FORM 990 S DESCRIPTION OF EVENT EVENING UNDER STARS 04 TO FM 990, PART I, LINE 9	LINE 6B PECIAL EVER GROSS RECEIPTS 6,165. 6,165.	NTS AND ACTI CONTRIBUT. INCLUDED	GROSS REVENUE 6,165. 6,165.	1,9 1,9	GCT ISES 049.	EMENT NET INCOM 4,2	12. 4 E
TOTAL TO FORM 990, PART I, FORM 990 DESCRIPTION OF EVENT EVENING UNDER STARS 04 TO FM 990, PART I, LINE 9 FORM 990 OTHER CHAN	DU-SEE FOR	CONTRIBUT. INCLUDED ASSETS OR F	GROSS REVENUE 6,165. 6,165. TUND BALANC	1,9 1,9	GCT ISES 049.	EMENT NET INCOM 4,2 4,2 EMENT	4 E 16.

FORM 990		OTHER	EXPE	NSES		STATEMENT	6
DESCRIPTION	(A) TOTA	ն	PRO	B) OGRAM EVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAIS	ING
GAS & ELECTRIC		200.		2,094.	81.		25
INFRASTRUCTURE	2	784.		784.	01.		25.
LIABILITY INSURANCE		770.		704.	770.		
PROPANE		692.		692.	770.		
PROPERTY TAXES		32.		092.	32.		
GRANT PROJECT	1	,674.		4,674.	32.		
OTHER PROGRAM	-	,0/4.		4,074.			
EXPENSES	1	,090.		4,090.			
NEWTS EDUCATION	-	,090.		4,090.			
EXPENSES	1	,574.		1,574.			
NEWTS MAINTENANCE &	1	, 3 / 4 •		1,3/4.			
SUPPLIES		156.		156.			
VOLUNTEER AWARDS &		130.		130.			
RECOGNITION	1	,582.		1,203.	379.		
ADVERTISING	1	901.		1,203.	861.		40.
INTERNET EXPENSES	1	,274.		1,274.	001.		40.
STAFF DEVELOPMENT	1	657.		657.			
COMPUTER REPAIRS		570.		570 .			
EQUIPMENT PURCHASES		568.		568.			
OTHER OFFICE		500.		500.			
EQUIPMENT EXPENSE		361.		361.			
DUES & SUBSCRIPTIONS		263.		133.	130.		
REPAIRS		370.		280.	90.		
MISCELLANEOUS		370.		200.	50.	•	
EXPENSE		208.		158.	25	_	25
BANK SERVICE CHARGES		52.		150.	52		23
LICENSES & PERMITS		25.			25		
PENALTIES		3.			3		
PENALITES -							
TOTAL TO FM 990, LN 43	21	,806.		19,268.	2,448	•	90
FORM 990	NON-GO	VERNME	NT SE	CURITIES		STATEMENT	
FORM 990	NON-GO	VERNMEI	NT SE	CURITIES		STATEMENT	
SECURITY DESCRIPTION CO		CORPORA STOCKS		CORPORA!	OTHER PUBLICLY TE TRADED SECURITIE	TOTAL NON-GO S SECURIT	V':
COMMON STOCK	FMV		540.				540
TO FORM 990, LINE 54, CO	OL B		540.				540

FORM 990 OTHE	R INVESTMENTS		STATEMENT	8
DESCRIPTION		VALUATION METHOD	AMOUNT	
EDWARD JONES MONEY MARKET		MARKET VALUE	10,0	07.
TOTAL TO FORM 990, PART IV, LINE 5	6, COLUMN B		10,0	07.
FORM 990 DEPRECIATION OF ASSE	TS NOT HELD FOR	RINVESTMENT	STATEMENT	9
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALU	E
10.35 ACRES LAND	127,500.	0.	127,5	00.
NATURE EMULATING WASTE TREATMENT SYSTEM DESK/TABLE	51,597. 259.	1,433. 48.	50,1 2	64. 11.
USED GREENHOUSE LAPTOP WITH CAMERA	568.	28.		40.
USED TABLE & CHAIRS	200. 8,984.	50. 4,918.	1 4,0	50.
USED ENGRAVER KITCHEN PLATES & GLASSES	156.	59.		97.
AUDIO VISUAL CART	169.	58.		11.
TENT	532.	209.		23.
TENT	705.	219.		86.
DISPLAY BOARD	106.	24.		82.
2 PICNIC TABLES	200.	42.		58.
DVD PLAYER VACUUM CLEANER	155. 219.	52. 48.		03.
TOTAL TO FORM 990, PART IV, LN 57	191,350.	7,188.	184,1	
FORM 990 OTHER REVENUE N	NOT INCLUDED ON	FORM 990	STATEMENT	10
DESCRIPTION			TRUOMA	
RENTAL EXPENSES SPECIAL FUND RAISING EVENTS EXPENSE	SES			512. 949.
TOTAL TO FORM 990, PART IV-A				61.

FORM 990 OTHER EXP	ENSES NOT INCLUDED ON	FORM 990	STATE	EMENT	11
DESCRIPTION			A	TRUON	
RENTAL EXPENSES SPECIAL FUND RAISING EVENTS	EXPENSES				12. 49.
TOTAL TO FORM 990, PART IV-B				2,5	61.
	IST OF OFFICERS, DIRE		STATI	EMENT	12
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB		
FRANK A PARSONS 15 WHITMORE STREET LEXINGTON, VIRGINIA 24450	PRESIDENT 0	0.	0.		0.
STEVIE BOND 160 BLUE MOON WAY LEXINGTON, VIRGINIA 24450	VICE-PRESIDENT 0	0.	0.		0.
LYNDA BASSET DE MARIA 26 HIGH MEADOW LANE LEXINGTON, VIRGINIA 24450	SECRETARY/TREA 0	SURER 0.	0.		0.
GAIL BARGER 715 PLUNKETT STREET LEXINGTON, VIRGINIA 24450	DIRECTOR 0	0.	0.		0.
BECKY HILL 10 SIXTY WEST LEXINGTON, VIRGINIA 24450	DIRECTOR 0	0.	0.		0.
KIT HUFFMAN 1409 ROSS ROAD LEXINGTON, VIRGINIA 24450	DIRECTOR 0	0.	0.		0.
LARRY MANN 5 WEST WASHINGTON STREET LEXINGTON, VIRGINIA 24450	DIRECTOR 0	0.	0.		0.
ANNE MCTHENIA 114 LEE AVENUE LEXINGTON, VIRGINIA 24450	DIRECTOR 0	0.	0.		0.

BOXERWOOD EDUCATION ASSOCIATION	ON			5	54-1937944		
PAUL LEONHARD 645 MCCURDY LANE ROCKBRIDGE BATHS, VIRGINIA 24473	DIRECTOR 0		0.	0.	0.		
BRYNN LEE CHANDLER 10 FRANK PARSONS WAY LEXINGTON, VIRGINIA 24450	DIRECTOR 0		0.	0	0.		
CHRISTINE GIORDANO 106 LEE AVENUE LEXINGTON, VIRGINIA 24450	DIRECTOR 0		0.	0	0.		
TOTALS INCLUDED ON FORM 990, PAR	RT V		0.	0	0.		
SCHEDULE A	OTHER INC	ОМЕ		STA	TEMENT 13		
DESCRIPTION	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT		2000 AMOUNT		
MISCELLANEOUS INCOME	0.	0.		0.	200.		
TOTAL TO SCHEDULE A, LINE 22	0.	0.		0.	200.		

Form 3115 (Rev December 2003) Department of the Treasury

Application for Change in Accounting Method

OMB No 1545-0152

Internal Revenue Service			
Name of filer (name of parent corporation if a consolidated group) (see instructions)	Identification number (see instructions)		
	54-1937944		
	Principal business activity code number (see instruction	ıs)	
BOXERWOOD EDUCATION ASSOCIATION			
Number, street, and room or suite no. If a P.O. box, see the instructions	Tax year of change begins (MM/DD/YYYY) 07/01/	2004	
963 ROSS ROAD	T		
City or town, state, and ZIP code	Name of contact person (see instructions)		
LEXINGTON, VA 24450	HUNTER MOHRING		
Name of applicant(s) (if different than filer) and identification number(s) (see instruction		hone nu	mber
	540-463-2697		
If the applicant is a member of a consolidated group, check this b	oox		
	ve, is attached, check this box ▶		
Check the box to indicate the applicant.			
☐ Individual ☐ Cooperative (Sec. 1		ested.	
	(see instructions)		
	V Depresietion of Americation		
(0. 057)	0404 33 🗔 '	nutios	of
	1 mariolar roddoto anaron i mariolar rod	villes	UI
corporation (Sec. 448(d)(2))			
∑ Exempt organization Enter Code section ►501 (C) (3)			
must provide all information relevant to the requested accounting method	nting method change such as an attached statement. The od change, even if not specifically requested by the Form	3115	ant
Part I Information For Automatic Change Request		Yes	No
instructions. If the requested change is not included in that li ➤ (a) Change No. 30 (b) Other □ Description ► Is the accounting method change being requested one for w	ist, check "Other," and provide a description which the scope limitations of section 4.02 of Rev	х	
* * * * * * * * * * * * * * * * * * * *			
3 Is the tax year of change the final tax year of a trade or busi			
If "Yes," the applicant is not eligible to make the change und	der automatic change request procedures		
		Yes	No
*	roup in which the applicant was a member during		
the applicable tax year(s)) have any Federal income tax return	n(s) under examination (see instructions)?		X
· · · · · · · · · · · · · · · · · · ·	nange an issue (with respect to either the applicant		
		Í	
			Х
Under penalties of perjury, I declare that I have examined this application, is knowledge and belief, the application contains all the relevant facts relating to (other than applicant) is based on all information of which preparer has any knowledge.	including accompanying schedules and statements, and to the the application, and it is true, correct, and complete. Declaration owledge.	best on of pre	of my parer
FII€I	rieparer joiner triair meriaphicanti	_ /	, ,
	New Transum	9/2	0/0
Principal business activity code number (see instructions) Number, street, and room or suite no. If a PO box, see the instructions Tax year of change begins (MM/DD/YYY)_07/.01/.2004 963 ROSS_ROAD			
Name and title (print or type)		type)	

	31 [†] 5 (Rev 12 [‡] 2003)	_	age 2
Par	t II Information For All Requests (continued)	Yes	No
4c	Is the method of accounting the applicant is requesting to change an issue pending (with respect to either the applicant or any present or former consolidated group in which the applicant was a member during the applicable tax year(s)) for any tax year under examination (see instructions)?		X_
d	Is the request to change the method of accounting being filed under the procedures requiring that the operating division director consent to the filing of the request (see instructions)?		X
	Is the request to change the method of accounting being filed under the 90-day or 120-day window period? If "Yes," check the box for the applicable window period and attach the required statement (see instructions). 90 day 120 day If you answered "Yes" to line 4a, enter the name and telephone number of the examining agent and the tax		X
	year(s) under examination. Name ► Tax year(s) ►		
_	Has a copy of this Form 3115 been provided to the examining agent identified on line 4f?		Х
b	Has a copy of this Form 3115 been provided to the Appeals officer and/or counsel for the government identified on line 5a?		
С	Is the method of accounting the applicant is requesting to change an issue under consideration by Appeals and/or a Federal court (for either the applicant or any present or former consolidated group in which the applicant was a member for the tax year(s) the applicant was a member)?		Х
6	If the applicant answered "Yes" to line 4a and/or 5a with respect to any present or former consolidated group, provide each parent corporation's (a) name, (b) identification number, (c) address, and (d) tax year(s) during which the applicant was a member that is under examination, before an Appeals office, and/or before a Federal court.		
7	If the applicant is an entity (including a limited liability company) treated as a partnership or S corporation for Federal income tax purposes, is it requesting a change from a method of accounting that is an issue under consideration in an examination, before Appeals, or before a Federal court, with respect to a Federal income tax return of a partner, member, or shareholder of that entity?		
8	Is the applicant making a change to which audit protection does not apply (see instructions)?		X
9a	Has the applicant, its predecessor, or a related party requested or made (under either an automatic change procedure or a procedure requiring advance consent) a change in accounting method within the past 5 years (including the year of the requested change)?		X
b	If "Yes," attach a description of each change and the year of change for each separate trade or business and whether consent was obtained.		
С	If any application was withdrawn, not perfected, or denied, or if a Consent Agreement was sent to the taxpayer but was not signed and returned to the IRS, or if the change was not made or not made in the requested year of change, include an explanation.		
l0a	Does the applicant, its predecessor, or a related party currently have pending any request (including any concurrently filed request) for a private letter ruling, change in accounting method, or technical advice?		X
b	If "Yes," for each request attach a statement providing the name(s) of the taxpayer, identification number(s), the type of request (private letter ruling, change in accounting method, or technical advice), and the specific issue(s) in the request(s).		
1	Is the applicant requesting to change its overall method of accounting?	X	-
	If "Yes," check the appropriate boxes below to indicate the applicant's present and proposed methods of accounting. Also, complete Schedule A on page 4 of the form.		
	Present method: ☐ Cash ☐ Accrual ☐ Hybrid (attach description) Proposed method: ☐ Cash ☐ Accrual ☐ Hybrid (attach description)		

for each of the following: a The item(s) being changed.

12 If the applicant is not changing its overall method of accounting, attach a detailed and complete description

- The applicant's present method for the Item(s) being changed.
- The applicant's proposed method for the item(s) being changed.
- The applicant's present overall method of accounting (cash, accrual, or hybrid).

Form	31 ¹ 5 (Rev 12 ² -2003)	P	age 3
Par		Yes	
13	Attach a detailed and complete description of the applicant's trade(s) or business(es), and the principal business activity code for each. If the applicant has more than one trade or business as defined in Regulations section 1.446-1(d), describe: whether each trade or business is accounted for separately; the goods and services provided by each trade or business and any other types of activities engaged in that generate gross income; the overall method of accounting for each trade or business; and which trade or business is requesting to change its accounting method as part of this application or a separate application.		
14	Will the proposed method of accounting be used for the applicant's books and records and financial statements? For insurance companies, see the instructions	Х	
15a	Has the applicant engaged, or will it engage, in a transaction to which section 381(a)applies (e.g., a reorganization, merger, or liquidation) during the proposed tax year of change determined without regard to any potential closing of the year under section 381(b)(1)?		X
b	If "Yes," for the items of income and expense that are the subject of this application, attach a statement identifying the methods of accounting used by the parties to the section 381(a) transaction immediately before the date of distribution or transfer and the method(s) that would be required by section 381(c)(4) or (c)(5) absent consent to the change(s) requested in this application.		
16	Does the applicant request a conference of right with the IRS National Office if the IRS proposes an adverse		Х
17	response?		
	1st preceding year ended mo JUNE yr 2004 2nd preceding year ended mo JUNE yr 2003 2nd preceding year ended mo JUNE yr 2002		
Par	\$ 153,246 \\$ 146,132 \\$ 112,519 \\ [] Information For Advance Consent Request	Yes	No
	•	162	NO
18	Is the applicant's requested change described in any revenue procedure, revenue ruling, notice, regulation, or other published guidance as an automatic change request?		
	If "Yes," attach an explanation describing why the applicant is submitting its request under advance consent request procedures.		
19	Attach a full explanation of the legal basis supporting the proposed method for the item being changed. Include a detailed and complete description of the facts that explains how the law specifically applies to the applicant's situation and that demonstrates that the applicant is authorized to use the proposed method. Include all authority (statutes, regulations, published rulings, court cases, etc.) supporting the proposed method. The applicant should include a discussion of any authorities that may be contrary to its use of the proposed method.		
20	Attach a copy of all documents related to the proposed change (see instructions).		
21 22	Attach a statement of the applicant's reasons for the proposed change If the applicant is a member of a consolidated group for the year of change, do all other members of the		
	consolidated group use the proposed method of accounting for the item being changed?		
23a	Enter the amount of user fee attached to this application (see instructions). > \$		
	If the applicant qualifies for a reduced user fee, attach the necessary information or certification required by Rev. Proc. 2003-1 (or its successor) (see instructions).		
Par	t IV Section 481(a) Adjustment	Yes	No
24	Do the procedures for the accounting method change being requested require the use of the cut-off method? If "Yes," do not complete lines 25, 26, and 27 below.	Х	
25	Enter the section 481(a) adjustment. Indicate whether the adjustment is an increase (+) or a decrease (-) in income. Attach a summary of the computation and an explanation of the methodology used to determine the section 481(a) adjustment. If it is based on more than one component, show		
	the computation for each component. If more than one applicant is applying for the method change on the same application, attach a list of the name, identification number, principal business activity code (see instructions),		

and the amount of the section 481(a) adjustment attributable to each applicant.

Form **3115** (Rev 12-2003)

If "Yes," attach an explanation.

27

Schedule A — Change in Overall Method of Accounting (If Schedule A applies, Part I below must be completed.) Part I Change in Overall Method (see instructions)

1	Enter the following amounts as of the close of the tax year preceding the y	year (of change	If none,	state	"None."	Also
	attach a statement providing a breakdown of the amounts entered on lines 1a	throu	ugh 1g				

		1	ranounc
а	Income accrued but not received	\$	5,300
b	Income received or reported before it was earned. Attach a description of the income and the legal basis for the proposed method		
С	Expenses accrued but not paid		(232
d	Prepaid expenses previously deducted		
e	Supplies on hand previously deducted and/or not previously reported		
f	Inventory on hand previously deducted and/or not previously reported. Complete Schedule D, Part II		
g	Other amounts (specify) ▶		
	Not section 481(a) adjustment (Combine lines 1a – 1a.)	S	5.068.00

2 Is the applicant also requesting the recurring item exception under section 461(h)(3)? Yes

Attach copies of the profit and loss statement (Schedule F (Form 1040) for farmers) and the balance sheet, if applicable, as of the close of the tax year preceding the year of change. On a separate sheet, state the accounting method used when preparing the balance sheet. If books of account are not kept, attach a copy of the business schedules submitted with the Federal income tax return or other return (e.g., tax-exempt organization returns) for that period. If the amounts in Part I, lines 1a through 1g, do not agree with those shown on both the profit and loss statement and the balance sheet, explain the differences on a separate sheet.

Part II Change to the Cash Method For Advance Consent Request (see instructions)

Applicants requesting a change to the cash method must attach the following information:

- 1 A description of inventory items (items whose production, purchase, or sale is an income-producing factor) and materials and supplies used in carrying out the business.
- 2 An explanation as to whether the applicant is required to use the accrual method under any section of the Code or regulations.

Schedule B — Change in Reporting Advance Payments (see instructions)

- 1 If the applicant is requesting to defer advance payment for services under Rev. Proc 71-21, 1971-2 C.B. 549, attach the following information:
 - a Sample copies of all service agreements used by the applicant that are subject to the requested change in accounting method. Indicate the particular parts of the service agreement that require the taxpayer to perform services
 - **b** If any parts or materials are provided, explain whether the obligation to provide parts or materials is incidental (of minor or secondary importance) to an agreement providing for the performance of personal services.
 - c If the change relates to contingent service contracts, explain how the contracts relate to merchandise that is sold, leased, installed, or constructed by the applicant and whether the applicant offers to sell, lease, install, or construct without the service agreement.
- d A description of the method the applicant will use to determine the amount of income earned each year on service contracts and why that method clearly reflects income earned and related expenses in each year.
- e An explanation of how the method the applicant will use to determine the amount of gross receipts each year will be no less than the amount included in gross receipts for purposes of its books and records. See section 3.11 of Rev. Proc. 71-21.
- 2 If the applicant is requesting a deferral of advance payments for goods under Regulations section 1.451-5, attach the following information:
- a Sample copies of all agreements for goods or items requiring advance payments used by the applicant that are subject to the requested change in accounting method. Indicate the particular parts of the agreement that require the applicant to provide goods or items.
- **b** A statement providing that the entire advance payment is for goods or items. If not entirely for goods or items, a statement that an amount equal to 95% of the total contract price is properly allocable to the obligation to provide activities described in Regulations section 1.451-5(a)(1)(i)or (ii) (including services as an integral part of those activities).
- c An explanation of how the method the applicant will use to determine the amount of gross receipts each year will be no less than the amount included in gross receipts for purposes of its books and records. See Regulations section 1.451-5(b)(1).

Schedule C — Changes Within the LIFO Inventory Method (see instructions)

Part I General LIFO Information

Complete this section if the requested change involves changes within the LIFO inventory method. Also, attach a copy of all Forms 970, Application To Use LIFO Inventory Method, filed to adopt or expand the use of the LIFO method.

- 1 Attach a description of the applicant's present and proposed LIFO methods and submethods for each of the following items:
 - a Valuing inventory (e.g., unit method or dollar-value method).
 - b Pooling (e.g., by line or type or class of goods, natural business unit, multiple pools, raw material content, simplified dollar-value method, inventory price index computation (IPIC) pools, etc.).
- c Pricing dollar-value pools (e.g., double-extension, index, link-chain, link-chain index, IPIC method, etc.).
- d Determining the current year cost of goods in the ending inventory (e.g., most recent purchases, earliest acquisitions during the year, average cost of purchases during the year, etc.).
- 2 If any present method or submethod used by the applicant is not the same as indicated on Form(s) 970 filed to adopt or expand the use of the method, attach an explanation
- 3 If the proposed change is not requested for all the LIFO inventory, specify the inventory to which the change is and is not applicable.
- 4 If the proposed change is not requested for all of the LIFO pools, specify the LIFO pool(s) to which the change is applicable.
- 5 Attach a statement addressing whether the applicant values any of its LIFO inventory on a method other than cost. For example, if the applicant values some of its LIFO inventory at retail and the remainder at cost, the applicant should identify which inventory items are valued under each method.
- 6 If changing to the IPIC method, attach a completed Form 970 and a statement indicating the indexes, tables, and categories the applicant proposes to use.

Part II Change in Pooling Inventories

- 1 If the applicant is proposing to change its pooling method or the number of pools, attach a description of the contents of, and state the base year for, each dollar-value pool the applicant presently uses and proposes to use.
- 2 If the applicant is proposing to use natural business unit (NBU) pools or requesting to change the number of NBU pools, attach the following information (to the extent not already provided) in sufficient detail to show that each proposed NBU was determined under Regulations section 1.472-8(b)(1)and (2):
- a A description of the types of products produced by the applicant. If possible, attach a brochure.
- **b** A description of the types of processes and raw materials used to produce the products in each proposed pool.
- c If all of the products to be included in the proposed NBU pool(s) are not produced at one facility, the applicant should explain the reasons for the separate facilities, indicate the location of each facility, and provide a description of the products each facility produces.
- d A description of the natural business divisions adopted by the taxpayer. State whether separate cost centers are maintained and if separate profit and loss statements are prepared.
- e A statement addressing whether the applicant has inventories of items purchased and held for resale that are not further processed by the applicant, including whether such items, if any, will be included in any proposed NBU pool.
- f A statement addressing whether all items including raw materials, goods-in-process, and finished goods entering into the entire inventory investment for each proposed NBU pool are presently valued under the LIFO method. Describe any items that are not presently valued under the LIFO method that are to be included in each proposed pool.
- g A statement addressing whether, within the proposed NBU pool(s), there are items both sold to unrelated parties and transferred to a different unit of the applicant to be used as a component part of another product prior to final processing.
- 3 If the applicant is engaged in manufacturing and is proposing to use the multiple pooling method or raw material content pools, attach information to show that each proposed pool will consist of a group of items that are substantially similar. See Regulations section 1.472-8(b)(3).
- 4 If the applicant is engaged in the wholesaling or retailing of goods and is requesting to change the number of pools used, attach information to show that each of the proposed pools is based on customary business classifications of the applicant's trade or business. See Regulations section 1.472-8(c).

Form **3115** (Rev 12-2003)

Form 3115 (Rev 12-2003) Schedule D — Change in the Treatment of Long-Term Contracts Under Section 460, Inventories, or Other Section 263A Assets (see instructions) Change in Reporting Income From Long-Term Contracts (Also complete Part III on pages 7 and 8.) To the extent not already provided, attach a description of the applicant's present and proposed methods for reporting income and expenses from long-term contracts. If the applicant is a construction contractor, include a detailed description of its construction activities. 2a Are the applicant's contracts long-term contracts as defined in section 460(f)(1) (see instructions)? Yes If line 2b is "No," attach an explanation. c If line 2b is "Yes," is the applicant requesting to use the percentage-of-completion method using cost-to-cost d If line 2c is "No," is the applicant requesting to use the exempt-contract percentage-of-completion method If line 2d is "Yes," explain what cost comparison the applicant will use to determine a contract's completion factor. If line 2d is "No," explain what method the applicant is using and the authority for its use. ☐ No b If "Yes," explain the applicant's present and proposed method(s) of accounting for long-term manufacturing contracts. c Describe the applicant's manufacturing activities, including any required installation of manufactured goods. To determine a contract's completion factor using the percentage-of-completion method: a Will the applicant use the cost-to-cost method in Regulations section 1.460-4(b)? Yes b If line 4a is "No," is the applicant electing the simplified cost-to-cost method (see section 460(b)(3) and Regulations section 1.460-5(c))? Yes Attach a statement indicating whether any of the applicant's contracts are either cost-plus long-term contracts or Federal long-term contracts. Change in Valuing Inventories Including Cost Allocation Changes (Also complete Part III on pages 7 and 8.) Part II Attach a description of the inventory goods being changed. 1 Attach a description of the inventory goods (if any) NOT being changed. 2 If the applicant is subject to section 263A, is its present inventory valuation method in compliance with Inventory Not Inventory Being Changed Being Changed 4a Check the appropriate boxes below. Present method Present method | Proposed method Identification methods: FIFO LIFO Other (attach explanation)...... Valuation methods: Cost or market, whichever is lower **b** Enter the value at the end of the tax year preceding the year of change If the applicant is changing from the LIFO inventory method to a non-LIFO method, attach the following information (see instructions).

a Copies of Form(s) 970 filed to adopt or expand the use of the method.

b Only for applicants requesting advance consent. A statement describing whether the applicant is changing to the method required by Regulations section 1.472-6(a) or (b), or whether the applicant is proposing a different method.

c Only for applicants requesting an automatic change. Attach the statement required by section 10.01(4) of the Appendix of Rev Proc. 2002-9 (or its successor).



Part III Method of Cost Allocation (Complete this part if the requested change involves either property subject to section 263A or long-term contracts as described in section 460 (see instructions).)

Section A — Allocation and Capitalization Methods

Attach a description (including sample computations) of the present and proposed method(s) the applicant uses to capitalize direct and indirect costs properly allocable to real or tangible personal property produced and property acquired for resale, or to allocate and, where appropriate, capitalize direct and indirect costs properly allocable to long-term contracts. Include a description of the method(s) used for allocating indirect costs to intermediate cost objectives such as departments or activities prior to the allocation of such costs to long-term contracts, real or tangible personal property produced, and property acquired for resale. The description must include the following:

- 1 The method of allocating direct and indirect costs (i.e., specific identification, burden rate, standard cost, or other reasonable allocation method).
- 2 The method of allocating mixed service costs (i.e., direct reallocation, step-allocation, simplified service cost using the labor-based allocation ratio, simplified service cost using the production cost allocation ratio, or other reasonable allocation method).
- 3 The method of capitalizing additional section 263A costs (i.e., simplified production with or without the historic absorption ratio election, simplified resale with or without the historic absorption ratio election including permissible variations, the U.S. ratio, or other reasonable allocation method).

Section B — Direct and Indirect Costs Required To Be Allocated (Check the appropriate boxes in Section B showing the costs that are or will be fully included, to the extent required, in the cost of real or tangible personal property produced or property acquired for resale under section 263A or allocated to long-term contracts under section 460 Mark "N/A" in a box if those costs are not incurred by the applicant. If a box is not checked, it is assumed that those costs are not fully included to the extent required. Attach an explanation for boxes that are not checked.)

		Present method	Proposed method
1	Direct material		
2	Direct labor		
3	Indirect labor		
4	Officers' compensation (not including selling activities)	1	
5	Pension and other related costs		
6	Employee benefits	1	
7	Indirect materials and supplies		
8	Purchasing costs		
9	Handling, processing, assembly, and repackaging costs		
10	Offsite storage and warehousing costs		
11	Depreciation, amortization, and cost recovery allowance for equipment and facilities placed in		
	service and not temporarily idle		
12	Depletion		
13	Rent		
14	Taxes other than state, local, and foreign income taxes		
15	Insurance		
16	Utilities		
17	Maintenance and repairs that relate to a production, resale, or long-term contract activity		
18	Engineering and design costs (not including section 174 research and experimental		
	expenses)		
19	Rework labor, scrap, and spoilage		
20	Tools and equipment		
21	Quality control and inspection		
22	Bidding expenses incurred in the solicitation of contracts awarded to the applicant		
23	Licensing and franchise costs		
24	Capitalizable service costs (including mixed service costs)		
25	Administrative costs (not including any costs of selling or any return on capital)		
26	Research and experimental expenses attributable to long-term contracts		
27	Interest		
<u> 28</u>	Other costs (Attach a list of these costs.)	L	

Form 3115 (Rev 12-2003)

Pai	Method of Cost Allocation (see instructions) (continued)		
Sect	ion C — Other Costs Not Required To Be Allocated (Complete Section C only if the applicant	is requesting to	change its
neth	od for these costs.)		
		Present method	Proposed method
1	Marketing, selling, advertising, and distribution expenses		
2	Research and experimental expenses not included on line 26 above		
3	Bidding expenses not included on line 22 above		
4	General and administrative costs not included in Section B above		
5	Income taxes		
6	Cost of strikes		
7	Warranty and product liability costs		
8	Section 179 costs		
9	On-site storage		
10	Depreciation, amortization, and cost recovery allowance not included on line 11 above Other costs (Attach a list of those costs)		
11 Sch	Other costs (Attach a list of these costs.)		
			41-1
	cants requesting approval to change their method of accounting for depreciation or amortiz		this section.
	cants must provide this information for each item or class of property for which a change is request. See the List of Automatic Accounting Method Changes in the instructions for information of		notio changes
	er sections 56, 167, 168, 197, 1400I, 1400L, or former section 168. Do not file Form 3115 with re-		
	election revocations (see instructions).	spoot to cortain	iato otootiono
1	Is depreciation for the property determined under Regulations section 1.167(a)-11 (CLADR)?		Yes 🗓 No
•	If "Yes," the only changes permitted are under Regulations section 1.167(a)-11(c)(1)(iii)	—	
2	Is any of the depreciation or amortization required to be capitalized under any Code section (e.	g., section	_
	263A)?		Yes 🗓 No
	If "Yes," enter the applicable section ▶		
3	Has a depreciation or amortization election been made for the property (e.g., the election und	er section	
	168(f)(1))?	Ц	Yes 🛛 No
	If "Yes," state the election made ▶		
4a	To the extent not already provided, attach a statement describing the property being changed		
	type of property, the year the property was placed in service, and the property's use in the appropriate the property of the p	olicant's trade o	or business or
	income-producing activity. SEE LANDSCAPE BAR SCHEDULE ATTACHED.	<u> </u>	
	If the property is residential rental property, did the applicant live in the property before renting		
	Is the property public utility property?		
5	To the extent not already provided in the applicant's description of its present method, explain		
	under the applicant's present method (e.g., depreciable property, inventory property, supplie	_	ations section
_	1.162-3, nondepreciable section 263(a) property, property deductible as a current expense, etc.	•	
6	If the property is not currently treated as depreciable or amortizable property, provide the factorization to depreciate or amortize the property. AUTOMATIC ACCOUNTING METHOD	cis supporing Сидиск #	rne proposed
-			
7	If the property is currently treated and/or will be treated as depreciable or amortizable proinformation under both the present (if applicable) and proposed methods:	perty, provide	the following
_	The Code section under which the property is or will be depreciated or amortized (e.g., section	169(a))	
	The applicable asset class from Rev. Proc. 87-56, 1987-2 C.B. 674, for each asset depreciated		168 (MACRS)
V	or under section 1400L; the applicable asset class from Rev. Proc. 83-35, 1983-1 C.B. 745, for ϵ		•
	former section 168 (ACRS); an explanation why no asset class is identified for each asset for	•	
	been identified by the applicant.		5.455 H45 H0t
c	The facts to support the asset class for the proposed method.		
	The depreciation or amortization method of the property, including the applicable Code section (e a., 200% dec	lining balance
-	method under section 168(b)(1)).		
e	The useful life, recovery period, or amortization period of the property		
	The applicable convention of the property. SEE LANDSCAPE BAR SCHEDULE A	TTACHED	
		 •	

FOOTNOTES

STATEMENT

FORM 3115, PAGE 2, PART II, QUESTION 11

PRESENT METHOD TAXPAYER INITIALLY ADOPTED THE CASH METHOD OF ACCOUNTING IN FISCAL YEAR ENDED JUNE 30, 2000. JUNE 30, 2002 TAXPAYER UNWITTINGLY BEGAN TO USE A HYBRID METHOD THAT REPORTED EXPENSES FOR UNPAID PAYROLL TAXES. BY JUNE 30, 2004 TAXPAYER ALSO DEFERRED THE REVENUE ASSOCIATED WITH A GRANT RECEIVED JUST BEFORE YEAR END. SEE AMOUNTS AT LINES 62 AND 65, COLUMN A, FORM 990, PAGE 3, PART IV.

FORM 3115, PAGE 3, PART II, QUESTION 13 TAXPAYER IS A PUBLIC CHARITY, EXEMPT UNDER IRC SECTION 501(C)(3)

FORM 3115, PAGE 4, SCHEDULE A, PART I FORM 990 PAGES 1 AND 3 AT JUNE 30, 2005 HAVE BEEN PRESENTED ON THE OVERALL ACCRUAL BASIS OF ACCOUNTING. THE ADJUSTMENT SHOWN AT LINE 1(H) IS ALSO SHOWN AT FORM 990, PAGE 1, LINE 20.

Asset No	Description	Date Acquired Method	1 Lrfe	No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
	SYSTEM	082904SL	30.0016	9 [51,597,			51,597.			1,433,
	* 990 PAGE 2 TOTAL BUILDINGS				51,597.		0	51,597.	0	•	1,433.
	FURNITURE & FIXTURES		·····		····						
	3DESK/TABLE	090503SL	10.0016	16	259.			259.	22.		26.
	BLE & CHAIRS	063001SE	10.001	9≣	200.			200.	30.		20.
	KITCHEN PLATES & 7GLASSES	110201SL	10.0016	16	156.			156.	43.		16.
₩	122 PICNIC TABLES	061303SL	10.001	9 11	200			200.	22.		20.
	14VACUUM CLEANER	052304SL	5.00	16	219.			219.	4.		44.
	* 990 PAGE 2 TOTAL FURNITURE & FIXTURES				1,034.		0	1,034.	121,	•0	126,
	MACHINERY & EQUIPMENT USED GREENHOUSE LAPTOP WITH CAMERA	032605SL	00 10	9	568.			568,			23
	6USED ENGRAVER	082101SL	7.00	16	8,984.			8,984.	3,635.		1,283.
	SAUDIO VISUAL CART	031302SL	10,0016	9 ==	169.			169	***************************************	······	17.
	9TENT	100102SL	7.00	16	532.			532.	133.		16.
(++)	1 of Ent	042103SL	7,00	1 6	705.			705.	118,		101.
	11DISPLAY BOARD	042103SL	10.0016	016	106.			106.	13.		11.
(****	13DVD PLAYER	110303SL	5,00	16	155.			155,	21.		31,

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

 _	,						 ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Amount Of Depreciation	1,547.	0	Ö	3,106.					
Current Sec 179	0		Ċ	0					
Accumulated Depreciation	3,961.	-1	0.	4,082.					
Basis For Depreciation	11,219.	127.500.		191,350.					
Reduction In Basis	0		ó	0	,			······	
Bus % Excl							 	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Unadjusted Cost Or Basis	11,219.	127.500.	127,500.	191,350.					
S C		 -					 ·		
Lıfe							 		
Method			L.,,			,	 		
Date Acquired		021805	 				 		
Description	* 990 PAGE 2 TOTAL MACHINERY & EQUIPMENT	ACRES LAND	* 990 PAGE 2 TOTAL	* GRAND TOTAL 990 PAGE 2 DEPR					
Asset No		-	1				 		

(D) - Asset disposed

428102 10-08-04

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction