

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2004

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)

Open to Public Inspection

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

A For the 2004 calendar year, or tax year beginning and ending

B Check if applicable:

Address change
 Name change
 Initial return
 Final return
 Amended return
 Application pending

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

C Name of organization
ADVOCATES FOR HIGHWAY AND AUTO SAFETY

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
750 FIRST STREET, NE 901

City or town, state or country, and ZIP + 4
WASHINGTON, DC 20002

D Employer identification number
52-1648962

E Telephone number
202-408-1711

F Accounting method: Cash Accrual
 Other (specify) _____

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

H and I are not applicable to section 527 organizations.

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

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

H(c) Are all affiliates included? **N/A** Yes No
(If "No," attach a list.)

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

G Website: **WWW.SAFEROADS.ORG**

J Organization type (check only one) 501(c) (**4**) (insert no.) 4947(a)(1) or 527

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

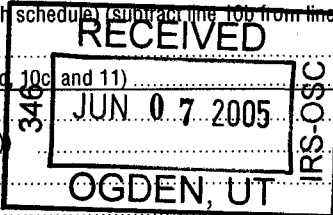
I Group Exemption Number _____

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **1,253,982.**

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

		1a		1b		1c		1d	
1 Contributions, gifts, grants, and similar amounts received:									
a Direct public support		1,228,543.							
b Indirect public support									
c Government contributions (grants)									
d Total (add lines 1a through 1c) (cash \$ 1,228,543. noncash \$ _____)								1,228,543.	
2 Program service revenue including government fees and contracts (from Part VII, line 93)								18,654.	
3 Membership dues and assessments									
4 Interest on savings and temporary cash investments								6,785.	
5 Dividends and interest from securities									
6 a Gross rents		6a							
b Less: rental expenses		6b							
c Net rental income or (loss) (subtract line 6b from line 6a)								6c	
7 Other investment income (describe _____)								7	
8 a Gross amount from sales of assets other than inventory		(A) Securities		(B) Other					
b Less: cost or other basis and sales expenses		8a		8b					
c Gain or (loss) (attach schedule)		8c							
d Net gain or (loss) (combine line 8c, columns (A) and (B))								8d	
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>									
a Gross revenue (not including \$ _____ of contributions reported on line 1a)		9a							
b Less: direct expenses other than fundraising expenses		9b							
c Net income or (loss) from special events (subtract line 9b from line 9a)								9c	
10 a Gross sales of inventory, less returns and allowances		10a							
b Less: cost of goods sold		10b							
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)								10c	
11 Other revenue (from Part VII, line 103)								11	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c and 11)								1,253,982.	
13 Program services (from line 44, column (B))								932,773.	
14 Management and general (from line 44, column (C))								462,058.	
15 Fundraising (from line 44, column (D))								237,009.	
16 Payments to affiliates (attach schedule)								16	
17 Total expenses (add lines 16 and 44, column (A))								1,631,840.	
18 Excess or (deficit) for the year (subtract line 17 from line 12)								-377,858.	
19 Net assets or fund balances at beginning of year (from line 73, column (A))								1,071,358.	
20 Other changes in net assets or fund balances (attach explanation)								SEE STATEMENT 1	
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)								736,708.	



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SCANNED JUN 29 2005

Part II Statement of Functional Expenses

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)				
	(cash \$ _____ 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	343,120.	188,716.	82,349.
26	Other salaries and wages	26	505,633.	278,098.	121,352.
27	Pension plan contributions	27	148,146.	81,480.	35,555.
28	Other employee benefits	28	78,823.	43,353.	18,918.
29	Payroll taxes	29	51,507.	28,027.	12,372.
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32			
33	Supplies	33	12,777.		12,777.
34	Telephone	34	15,756.	11,086.	4,670.
35	Postage and shipping	35	5,375.	3,655.	1,720.
36	Occupancy	36	215,219.	146,349.	68,870.
37	Equipment rental and maintenance	37			
38	Printing and publications	38	17,522.	11,045.	6,477.
39	Travel	39	33,679.		33,679.
40	Conferences, conventions, and meetings	40	5,461.		5,461.
41	Interest	41	2,409.		2,409.
42	Depreciation, depletion, etc. (attach schedule)	42	11,975.		11,975.
43	Other expenses not covered above (itemize):				
a	_____	43a			
b	_____	43b			
c	_____	43c			
d	_____	43d			
e	SEE STATEMENT 2	43e	184,438.	140,964.	43,474.
44	Total functional expenses (add lines 22 through 43) <small>Organizations completing columns (B)-(D), carry these totals to lines 13-15.</small>	44	1,631,840.	932,773.	462,058.
					237,009.

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? **SEE STATEMENT 3**

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

Program Service Expenses
 (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a	TO PROMOTE THE ADOPTION OF EFFECTIVE HIGHWAY SAFETY LEGISLATION, STANDARDS, POLICIES AND PROGRAMS AFFECTING SUCH STATE ISSUES AS DRUNK AND DRUGGED DRIVING, SAFETY BELTS, AND MOTORCYCLE HELMET USE.	(Grants and allocations \$ _____)	932,773.
b	_____	(Grants and allocations \$ _____)	
c	_____	(Grants and allocations \$ _____)	
d	_____	(Grants and allocations \$ _____)	
e	Other program services (attach schedule)	(Grants and allocations \$ _____)	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)		932,773.

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		45	
	46 Savings and temporary cash investments	1,380,205.	46	863,341.
	47 a Accounts receivable	47a 134,154.		
	b Less: allowance for doubtful accounts	47b	47c	134,154.
	48 a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable	51a		
	b Less: allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	555.	53	1,083.
	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 172,421.			
b Less: accumulated depreciation	57b 138,750.	41,928.	57c 33,671.	
58 Other assets (describe SEE STATEMENT 4)		41,713.	58 40,631.	
59 Total assets (add lines 45 through 58) (must equal line 74)		1,464,401.	59 1,072,880.	
Liabilities	60 Accounts payable and accrued expenses	62,734.	60	59,950.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe SEE STATEMENT 5)		330,309.	65 276,222.
66 Total liabilities (add lines 60 through 65)		393,043.	66 336,172.	
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	314,768.	67	-19,882.
	68 Temporarily restricted	756,590.	68	756,590.
	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	
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)		1,071,358.	73 736,708.	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)		1,464,401.	74 1,072,880.	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part VI Other Information		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		X
b	If "Yes," enter the name of the organization <input type="checkbox"/> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a	Enter direct or indirect political expenditures. See line 81 instructions 81a 0.		
b	Did the organization file Form 1120-POL for this year?		X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? N/A		
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	X	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		X
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		X
c	Dues, assessments, and similar amounts from members 85c 1,111,739.		
d	Section 162(e) lobbying and political expenditures 85d 513,033.		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e 166,761.		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f 346,272.		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		X
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?	X	
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A		
87	501(c)(12) 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.) 87b N/A		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> N/A; section 4912 <input type="checkbox"/> N/A; section 4955 <input type="checkbox"/> N/A		
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? If "Yes," attach a statement explaining each transaction		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization 0.		
90 a	List the states with which a copy of this return is filed <input type="checkbox"/> DISTRICT OF COLUMBIA		
b	Number of employees employed in the pay period that includes March 12, 2004 90b 9		
91	The books are in care of <input type="checkbox"/> ADVOCATES Telephone no. <input type="checkbox"/> 202-408-1711		

Located at **750 FIRST ST, NE, SUITE 901, WASHINGTON, DC**

ZIP + 4 **20002**

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here
and enter the amount of tax-exempt interest received or accrued during the tax year **92 N/A**

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a CONTRACT INCOME					18,654.
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			14	6,785.	
96 Dividends and interest from securities					
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					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		6,785.	18,654.
105 Total (add line 104, columns (B), (D), and (E))					25,439.

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).
93A	REIMBURSEMENT FOR PROGRAM EXPENSES

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, the preparer, certify that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I am not aware of any information that would cause me to believe that this return or any information on which it is based is false or fraudulent.

Date: 1/31/05
 Type or print name and title: Judith Lee Stone
 Preparer's SSN or PTIN: 523105

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 1

DESCRIPTION	AMOUNT
PENSION MINIMUM LIABILITY ADJUSTMENT	43,208.
TOTAL TO FORM 990, PART I, LINE 20	43,208.

FORM 990 OTHER EXPENSES STATEMENT 2

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
NATIONAL PRIORITIES	94,067.	94,067.		
STATE PRIORITIES	46,338.	46,338.		
GENERAL PROMOTIONS	559.	559.		
SUBSCRIPTIONS	8,706.		8,706.	
AUTOMATION	10,504.		10,504.	
INSURANCE	4,656.		4,656.	
PAYROLL SERVICES	2,361.		2,361.	
PROFESSIONAL SERVICES	16,003.		16,003.	
MISCELLANEOUS	1,244.		1,244.	
TOTAL TO FM 990, LN 43	184,438.	140,964.	43,474.	

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 3
PART III

EXPLANATION

ADVOCATES FOR HIGHWAY AND AUTO SAFETY (ADVOCATES) PROMOTES, INITIATES, ENCOURAGES, AND CONDUCTS PROGRAMS, BOTH PUBLIC AND PRIVATE, TO FURTHER HIGHWAY SAFETY AND AID IN THE CONSERVATION AND PRESERVATION OF LIFE AND PROPERTY.

SUPPLEMENTARY SCHEDULES
FOR YEAR ENDING 12/31/2004

ADVOCATES FOR HIGHWAY AND AUTO SAFETY

52-1648962

STATEMENT: 990 PART IV-1

LINE 57a – LAND, BUILDINGS, AND EQUIPMENT: BASIS

<u>DESCRIPTION</u>	<u>BEG YEAR</u>	<u>ADDITIONS</u>	<u>RETIREMENTS</u>	<u>END YEAR</u>
VARIOUS ASSETS	168,703	3,718	-0-	172,421
TOTALS	168,703	3,718	-0-	172,421

STATEMENT: 990 PART IV-1

LINE 57b – LAND, BUILDINGS, AND EQUIPMENT: ACCUMULATED DEPRECIATION

<u>DESCRIPTION</u>	<u>BEG YEAR</u>	<u>ADDITIONS</u>	<u>RETIREMENTS</u>	<u>END YEAR</u>
A.D./ALL ASSETS	126,775	11,975	-0-	138,750
TOTALS	126,775	11,975	-0-	138,750

**Advocates for Highway and Auto Safety
Officers and Directors
2004
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Directors*

Michael McCabe
Allstate Insurance Company
Northbrook, IL

Stephen Hargarten, M.D.
American College of Emergency Physicians
Milwaukee, WI

Georges Benjamin, M.D.
American Public Health Association
Washington, DC

Clarence Ditlow
Center for Auto Safety
Washington, DC

Jack Gillis
Consumer Federation of America
Washington, DC

Mary Jagim
Emergency Nurses Association
Fargo, ND

Wesley Bissett
Independent Insurance Agents and Brokers of America, Inc.
Alexandria, VA

Dale Hammond
Kemper Auto & Home Group, Inc., A Unitrin Company
Long Grove, IL

Janette Fennell
Kids and Cars
Leawood, KS

J. Paul Condrin III
Liberty Mutual Insurance
Weston, MA

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Wendy Hamilton
Mothers Against Drunk Driving
Irving, TX

Patricia Borowski
National Association of Professional Insurance Agents
Alexandria, VA

Hubert Williams
Police Foundation
Washington, DC

David Skove
Progressive Insurance
Richmond, VA

Joan Claybrook
Public Citizen
Washington, DC

Herman Brandau
State Farm Insurance
Bloomington, IL

Andrew McGuire
Trauma Foundation
San Francisco, CA

Steven George
USAA
San Antonio, TX

Ralf Hotchkiss
Whirlwind Wheelchair International
Oakland, CA

John McCartney
Zurich North America
Schaumburg, IL

**Advocates for Highway and Auto Safety
Officers and Directors
2004
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Officers

Mary Jagim, **Secretary**
Fargo, ND

David Lauer, **Treasurer**
Washington, DC

*The Board of Directors meets three times a year in Washington, DC. The only compensation received is reimbursement for travel expenses. Each meeting usually lasts approximately four hours.

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 **X**
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

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

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

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

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

Type or print	Name of Exempt Organization ADVOCATES FOR HIGHWAY AND AUTO SAFETY	Employer identification number 52-1648962
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. 750 FIRST STREET, NE, NO. 901	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20002	

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 ▶ **ADVOCATES**
 Telephone No. ▶ **202-408-1711** 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 **AUGUST 15, 2005** to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 - ▶ calendar year **2004** or
 - ▶ tax year beginning _____, and ending _____
- 2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____
- b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____
- c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ **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.

DROLET & ASSOCIATES, PLLC
 1140 Connecticut Avenue NW
 Suite 1000
 Washington, DC 20036
 # 52-2057543