

Form **990-EZ**

**Short Form**

**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)

For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.

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

OMB No. 1545-1150

**2004**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

40717 \*\*\*\*\*AUTO\*\*5-DIGIT 04901  
 HEART OF AMERICA QUILT INCORPORATED I  
 C/O SUSAN MORISSETTE P229 R  
 7 1ST ST B 31 S  
 WINSLOW ME 04901-6729

**D** Employer identification number  
 030492306

**E** Telephone number  
 (207) 878-3573

**F** Group Exemption Number

Accounting method:  Cash  Accrual

Section 501(c)(3)

is completed Schedule A (Form 990 or 990-EZ).

Other (specify)

**1** Website:

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

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

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ. **\$**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 37 of the instructions.)**

Revenue		
1	Contributions, gifts, grants, and similar amounts received	1
2	Program service revenue including government fees and contracts	2
3	Membership dues and assessments	3
4	Investment income	4
5a	Gross amount from sale of assets other than inventory	5a
5b	Less: cost or other basis and sales expenses	5b
5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	5c
6	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	
6a	Gross revenue (not including \$ of contributions reported on line 1)	6a
6b	Less: direct expenses other than fundraising expenses	6b
6c	Net income or (loss) from special events and activities (line 6a less line 6b)	6c
7a	Gross sales of inventory, less returns and allowances	7a
7b	Less: cost of goods sold	7b
7c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c
8	Other revenue (describe)	8
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9
Expenses		
10	Grants and similar amounts paid (attach schedule)	10
11	Benefits paid to or for members	11
12	Salaries, other compensation, and employee benefits	12
13	Professional fees and other payments to independent contractors	13
14	Occupancy, rent, utilities, and maintenance	14
15	Printing, publications, postage, and shipping	15
16	Other expenses (describe)	16
17	Total expenses (add lines 10 through 16)	17
Net Assets		
18	Excess or (deficit) for the year (line 9 less line 17)	18
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19
20	Other changes in net assets or fund balances (attach explanation)	20
21	Net assets or fund balances at end of year (combine lines 18 through 20)	21

**Part II Balance Sheets—If total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.**

(See page 40 of the instructions.)

	(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	22
23	Land and buildings	23
24	Other assets (describe)	24
25	Total assets	25
26	Total liabilities (describe)	26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	27

<b>Part III Statement of Program Service Accomplishments</b> (See page 41 of the instructions.)		<b>Expenses</b> (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
What is the organization's primary exempt purpose? Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.		
28	(Grants \$ )	28a
29	(Grants \$ )	29a
30	(Grants \$ )	30a
31 Other program services (attach schedule)	(Grants \$ )	31a
<b>32 Total program service expenses</b> (add lines 28a through 31a)		<b>32</b>

<b>Part IV List of Officers, Directors, Trustees, and Key Employees</b> (List each one even if not compensated. See page 41 of the instructions.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances

<b>Part V Other Information</b> (Note the attachment requirement in General Instruction V, page 14.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.		
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or 5033(e) notice, reporting, and proxy tax requirements?		
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
b	Did the organization file Form 1120-POL for this year?		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved. 38b		
39	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
40a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
b	501(c)(3) and (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 an explanation.		
c	Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 ▶		
d	Enter: Amount of tax on line 40c, above, reimbursed by the organization ▶		
41	List the states with which a copy of this return is filed. ▶		
42	The books are in care of ▶ Telephone no. ▶ ( )		
	Located at ▶ ZIP + 4 ▶		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Please Sign Here**

Signature of officer: [Signature] Date: 4-7-05

Type or print name and title: Susan Morissette, President

**Paid Preparer's Use Only**

Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check if self-employed

Firm's name (or yours if self-employed), address, and ZIP + 4: \_\_\_\_\_ EIN: \_\_\_\_\_

Phone no.: \_\_\_\_\_