

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

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)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2008

Open to Public
Inspection

A For the 2008 calendar year, or tax year beginning , 2008, and ending , 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization Community Addiction Recovery, Inc. Number and street (or P O box, if mail is not delivered to street address) Room/suite P. O. Box 1412 City or town, state or country, and ZIP + 4 Greensboro, Georgia 30642	D Employer identification number 20 2032047 E Telephone number (706) 453-9940 F Group Exemption Number ▶
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• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).** **G Accounting method** Cash Accrual Other (specify) ▶

I Website: ▶ www.recoveryhelp.org **H Check** if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

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

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **100247**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

		1 Contributions, gifts, grants, and similar amounts received		1 61085
		2 Program service revenue including government fees and contracts		2 39162
		3 Membership dues and assessments		3
		4 Investment income		4
Revenue		5a Gross amount from sale of assets other than inventory	5a	
		b Less: cost or other basis and sales expenses	5b	
		c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)		5c
		6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
		a Gross revenue (not including \$ of contributions reported on line 1)	6a	
		b Less: direct expenses other than fundraising expenses	6b	
		c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c
		7a Gross sales of inventory, less returns and allowances	7a	
		b Less: cost of goods sold	7b	
		c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c
		8 Other revenue (describe ▶)		8
		9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8.		9 100.247

		10 Grants and similar amounts paid (attach schedule)		
		11 Benefits paid to or for members		11 3,635
		12 Salaries, other compensation, and employee benefits		12 58,661
Expenses		13 Professional fees and other payments to independent contractors		13 1,778
		14 Occupancy, rent, utilities, and maintenance		14 11,975
		15 Printing, publications, postage, and shipping		15 1,652
		16 Other expenses (describe ▶ See Statement 1)		16 32,247
		17 Total expenses. Add lines 10 through 16		17 109,948
			18 Excess or (deficit) for the year (Subtract line 17 from line 9)	
Net Assets		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 19,075
		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 9,374

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

		(See the instructions for Part II)					
				(A) Beginning of year		(B) End of year	
22	Cash, savings, and investments			18,572	22	8,824	
23	Land and buildings				23		
24	Other assets (describe ▶ Office Equipment)			523	24	550	
25	Total assets			19,095	25	9,374	
26	Total liabilities (describe ▶ FICA/Medicare Withholding/Gift Cards)			20	26		
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)			19,075	27	9,374	

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Part V Other Information (Note the statement requirements in the instructions for Part VI.)

		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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (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 section 6033(e) notice, reporting, and proxy tax requirements?		<input checked="" type="checkbox"/>
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," complete applicable parts of Schedule N		<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0		
b	Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	Section 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	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
b	Section 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," complete Schedule L, Part I	40b	<input checked="" type="checkbox"/>
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d	Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e	
41	List the states with which a copy of this return is filed. ▶ <u>Georgia</u>		
42a	The books are in care of ▶ <u>Nancy Miller</u> Telephone no ▶ <u>(706) 453-0020</u> Located at ▶ <u>191 South Main Street, Greensboro, GA</u> ZIP + 4 ▶ <u>30642</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	42b	<input checked="" type="checkbox"/>
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country. ▶ _____	42c	<input checked="" type="checkbox"/>
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 _____		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	<input checked="" type="checkbox"/>
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- | | Yes | No |
|-----|-----|----|
| 46 | | ✓ |
| 47 | | ✓ |
| 48 | | ✓ |
| 49a | | ✓ |
| 49b | | |
- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization(s) a section 527 organization?
- 50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000 ▶				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors each receiving over \$100,000 . . . ▶		

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

Sign Here ▶ Date 1/12/2010

▶ **Ralph Danson, Executive Director**
Type or print name and title

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 ▶ _____ Preparer's Identifying Number (See instructions) _____

EIN ▶ _____ Phone no ▶ () _____

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

Form **990-EZ** (2008)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

COMMUNITY ADDICTION RECOVERY, INC

Employer identification number

20 2032047

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only **one** organization.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H)
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III—Functionally integrated d Type III—Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		41,965	43,559	73,814	61,085	220,423
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1-3		41,965	43,559	73,814	61,085	220,423
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						47,500
6 Public support. Subtract line 5 from line 4						172,923

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4		41,965	43,559	73,814	61,085	220,423
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						220,423
12 Gross receipts from related activities, etc. (see instructions)					12	1,500
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input checked="" type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33 1/3 % support test—2008. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33 1/3 % support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Community Addiction Recovery, Inc. 20-203247
Form 990-EZ Y/E 12/31/2008

Statement - 1

Part I – Line 16 – Other Expenses

Ministry Expenses	\$ 5,967
Office Supplies	\$ 2,847
Staff Travel	\$ 1,087
Food and Refreshments (Excludes Residential Component)	\$ 2,005
Lawn Mower Expenses	\$ 411

Residential Component Expenses:

Rent	\$8,250	
Utilities	\$5,221	
Household Supplies	\$ 601	
Medical Services & Supplies	\$ 90	
Food & Outing	<u>\$5,768</u>	
Total Residential		<u>\$ 19,930</u>
Total Other Expenses		<u>\$ 32,247</u>

Community Addiction Recovery, Inc. 20-203247
Form 990-EZ Y/E 12/31/2008

Statement 2 – Page 1

Part IV – Officers, Directors, and Key Employees

<u>Name/Address</u>	<u>Title & Aver. Hrs per week</u>	<u>Comp.</u>	<u>Benefits</u>	<u>Allowances</u>
Greg Brezina 155 Tillingnast Trace Newnan, Ga 30265	Board Member Advisory 1 hr.	\$0	\$0	\$0
David Cronic 2791 Greensboro Rd. Madison, Ga 30650	Operations Manager 40 hrs.	\$28,827	\$0	Travel \$300
Lisa Cronic 2791 Greensboro Rd. Madison, Ga 30650	Office Administrative 20 hrs.	\$1,087	\$0	\$0
Ralph Danson 1050 Granite Cove Ct. Greensboro, Ga 30642	Exec. Director & Board President 40 hrs.	\$0	\$19,635	\$0
Tom Ertel 1360 Granite Drive Greensboro, Ga 30642	Board Treasurer 1 hr.	\$0	\$0	\$0
Jason Godbee 2061 Sibley School Road Greensboro, Ga 30642	Board Member 1 hr.	\$0	\$0	\$0
Wayne Hawley 1050 Granite Cove Ct Greensboro, Ga 30642	Program Manager 10 hrs.	\$0	\$0	\$0
Curry Haynes 1211 White Oaks Drive White Plains, Ga 30678	Board Vice President Cert. Addiction Counselor 4 hr	\$0	\$0	\$0
Helen Ruth Horton P. O. Box 4468 Eatonton, Ga 31024	Board Member Advisory 1 hr.	\$0	\$0	\$0
Robert Motley 1020 Kingsford Way Greensboro, GA 30642	Board Member 1 hr.	\$0	\$0	\$0

Community Addiction Recovery, Inc. 20-203247
Form 990-EZ Y/E 12/31/2008

Statement 2 – Page 2

Part IV – Officers, Directors, and Key Employees

<u>Name/Address</u>	<u>Title & Aver. Hrs per week</u>	<u>Comp.</u>	<u>Benefits</u>	<u>Allowances</u>
Dr. Jimmy Long 2551 Club Drive Greensboro, Ga 30642	Board Member 1 hr.	\$0	\$0	\$0
John D Milam 1850 Old Buckhead Rd. Madison, GA 30650	Board Member 1hr.	\$0	\$0	\$0
Thomas Olsen 2541 Club Drive Greensboro, Ga 30642	Board Secretary	\$0	\$0	\$0
Marlene Smith 2970 Athens Hwy. Greensboro, Ga 30642	Board Member 1 hr.	\$0	\$0	\$0
Nancy Miller 1321 Hwy 77 South Union Point, Ga 30669	Financial Secretary 3 hr.	\$0	\$0	\$0

Community Addiction Recovery
Contributions Summary by Fund
 From 01/01/2008 to 12/31/2008

12/17/2009 11 13 AM

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Marie Bell 2590 Seven Island Road Buckhead GA 30625	Envelope Number 1 General Fund	101	Given 95 00
Greg & Connie Brezina 155 Tillinghast Trce Newnan GA 30265	Envelope Number 1 General Fund	130	Given 100 00
Terry & Jim Byers 2311 Cherokee Drive Greensboro GA 30642	Envelope Number 1 General Fund 3 Individual Cont	203	Given 1,800 00 400 00
	Envelope Total:		2,200.00
Christ Our King & Savior 6341 Lake Oconee Pkwy Greensboro GA 30642	Envelope Number 1 General Fund	210	Given 500 00
Christian Outreach Greensboro, GA 30642	Envelope Number 1 General Fund 3 Individual Cont	186	Given 1,200 00 100 00
	Envelope Total		1,300.00
Howell & Jane Cobb 1310 Dogwood Drive Greensboro GA 30642	Envelope Number 1 General Fund	118	Given 100 00
Mike Daniel(Barnabas) 1060 Cotton Gin Road Greensboro, GA 30642	Envelope Number 1 General Fund	112	Given 6,000 00
Ralph Danson 1050 Granite Cove Court Greensboro, GA 30642	Envelope Number 1 General Fund	205	Given 200 00
Tom & Brock Ertel 1360 Granite Road Greensboro GA 30642	Envelope Number 1 General Fund	100	Given 850 00
Clarence & Virginia Gissendanner 1837 Covey Rise Farm Rd Sparta GA 31087	Envelope Number 1 General Fund	206	Given 100 00
Grace Fellowship P O Box 1432 Greensboro GA 30642	Envelope Number 1 General Fund 2 Church Cont Greene Co	105	Given 2,708 31 3,791 69
	Envelope Total		6,500.00
Curry & Kathy Haynes 1211 White Oak Drive White Plains, GA 30678	Envelope Number 1 General Fund	125	Given 100 00
Robert Horton P O Box 4468 Eatonton, GA 31024	Envelope Number 1 General Fund	11	Given 25,000 00
Horton Homes, Inc P O Drawer Eatonton GA 31024-4410	Envelope Number 1 General Fund	14	Given 5,000 00
N D & Helen Horton Jr P O. Box 4468 257 Rose Creek Eatonton, GA 31024	Envelope Number 1 General Fund	117	Given 5,000 00

Community Addiction Recovery
Contributions Summary by Fund
From 01/01/2008 to 12/31/2008

12/17/2009 11 13 AM

Page 2

Jerry & June Johnston 141 Blue Herron Drive Eatonton GA 31024	Envelope Number 1 General Fund	208	Given 100 00
Tom Lutz 39354 S Winding Trail Drive Tucson AZ 85739	Envelope Number 1 General Fund	115	Given 650 00
Meadowcrest Homemakers 1290 Chappellear Road Madison, GA 30650	Envelope Number 1 General Fund	135	Given 50 00
Jim & Anne Meadows 1081 Summerwind Drive Greensboro GA 30642	Envelope Number 1 General Fund	106	Given 1,000 00
Robert & Orian Motley 1020 Kingford's Way Greensboro GA 30642	Envelope Number 1 General Fund	209	Given 100 00
Thomas & Sheryl Olsen 2541 Club Drive Greensboro GA 30642	Envelope Number 1 General Fund	24	Given 1,500 00
Rick Ward P O Box 431 Greensboro GA 30642	Envelope Number 1 General Fund	207	Given 720 00
Jerry & Ellen Wisdom 1041 Summerwind Drive Greensboro, GA 30642	Envelope Number 1 General Fund	30	Given 2,500 00
Total Contributions:			59,665.00