Form	990
Form	330

Return of Organization Exempt From Income Tax

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OMB No. 1545-0047

			Under secti	on 501(c), 527, or	4947(a)(1) of the In	ternal Revenu	e Code (exc	ept black lung	
Door	rtmost -	of the Treesure			enefit trust or privat		•	- 3	Open to Public
		of the Treasury enue Service	The organi	zation may have to	o use a copy of this	return to satisf	y state repor	rting requirements	
Α	For th	ne 2005 calen	lar year, or t	ax year beginning	g	, 2005, ar	nd ending		, 20
B	heck if	applicable: Plea		organization				D Employer id	entification number
		s change labe	or	and streat (or P.O. b	ox if mail is not delivere	d to streat addre	Poom/cuit	te E Telephone r	umbor
	lame c	typ	e.				53) 110011/301		lumber
	nitial re	Spec	ific City or to	own, state or country	, and ZIP + 4			F Accounting meth	nod: Cash Accrual
	inal ret	turn Instr tion	uc-	, ,	,				pecify)
			Section 501(c)(3) organizations a	and 4947(a)(1) nonexe	mpt charitable			ection 527 organizations.
	phoan	ion ponung			Schedule A (Form 990 o			•	affiliates? Yes No
G١	Vebsite	e: ►						es," enter number of Il affiliates included?	affiliates ► Yes □ No
J(Organiz	zation type (che	ck only one) 🕨	☐ 501(c) () ◄	(insert no.) 🗌 4947(a	a)(1) or 🗍 527		o," attach a list. See	
	•		, ,		normally not more than		H(d) Is this	a separate return filed	l by an
C	organiza	ation need not fi	le a return with	the IRS; but if the c	organization chooses to				roup ruling? 🗌 Yes 🗌 No
S	sure to	file a complete r	turn. Some sta	tes require a comple	ete return.		· ·	Exemption Numbe	
L (Gross	receipts: Add	lines 6b. 8b. 9	9b, and 10b to line	e 12 ►				rganization is not required 990, 990-EZ, or 990-PF).
	rt I				in Net Assets o	r Fund Bala			
	1				amounts received:				/
	a					1a			
	b	Indirect pub							
	с	Governmen	contributio						
	d				none)). 1d	
	2	Program ser	vice revenue	including govern	ment fees and cont	racts (from Pa	art VII, line 9	93) 2	
	3								
	4		-		investments			. 4	
	5	_						. 5	
	6a	Gross rents							
	b c				6b from line 6a)			6c	
•	7			e (describe ►	, ob nonn inte oa) .) 7	
Revenue				es of assets othe	(A) Securities		(B) Other		
leve	ou	than invento				8a			
	b			nd sales expenses		8b			
		Gain or (los				8c			
	d	Net gain or (loss) (combir	ne line 8c, columr	ns (A) and (B))			. 8d	
	9). If any amount is fro		eck here 🕨		
	а				0'				
	_		•	,		9a 9b			
	b		-	ther than fundra		· · · ·		9c	
	C 100				s (subtract line 9b [.] nd allowances				
	10a b								
	c		•		(attach schedule) (su	· · · · ·	from line 10)a) 10c	
	11								
	12	Total reven	Je (add lines	1d, 2, 3, 4, 5, 6c	c, 7, 8d, 9c, 10c, an	d 11)		. 12	
<i>(</i> 6	13	Program se	rvices (from	line 44, column	(B))				
Expenses	14				column (C))				
tper	15								
ŵ	16 17	Payments to) affiliates (a	ttach schedule)	(Λ)			. 16	
	17				olumn (A))				
Net Assets	18		-		line 17 from line 1	-			
t As	19 20				ng of year (from line lances (attach expl			·	
Net	20 21				ar (combine lines 18)				
For					e, see the separate	· · · · · · · · · · · · · · · · · · ·	Cat. No. 11		Form 990 (2005

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	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
2	Grants and allocations (attach schedule) (cash \$ noncash \$)	22				
3	If this amount includes foreign grants, check here ► □ Specific assistance to individuals (attach schedule)	23				
ŀ	Benefits paid to or for members (attach schedule)	24				
5	Compensation of officers, directors, etc Other salaries and wages	25 26				
3	Pension plan contributions	27 28				
)) 	Payroll taxes	29 30 31				
1 2 3	Accounting tees	32 33				
, , ,	Telephone	34 35				
5	Occupancy	36 37				
3	Printing and publications	38 39				
) <u>2</u>	Conferences, conventions, and meetings Interest	40 41 42				
: a	Depreciation, depletion, etc. (attach schedule) Other expenses not covered above (itemize):	43a				
b		43b 43c				
		43d 43e				
f g		43f 43g				
ŀ	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13–15)	44				

(iii) the amount allocated to Management and general \$

; and (iv) the amount allocated to Fundraising \$

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Part III Statement of Program Service Accomplishments (See the instructions.)

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.

Wh	at is the organization's primary exempt purpose? ►	Program Service
All of (organizations must describe their exempt purpose achievements in a clear and concise manner. State the number clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) anizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
а		
	(Grants and allocations \$) If this amount includes foreign grants, check here ► □	
b		
	(Grants and allocations \$) If this amount includes foreign grants, check here ►	
~		
С		
	(Grants and allocations \$) If this amount includes foreign grants, check here ►	
al	(Grants and allocations \$) If this amount includes foreign grants, check here ►	
d		
	20	
~	(Grants and allocations \$) If this amount includes foreign grants, check here ► □	
е	Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here ▶	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	
<u> </u>		

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Part IV	Balance Sheets (See the instructions.)			
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
45	Cash—non-interest-bearing		45	
46	Savings and temporary cash investments		46	
47a	Accounts receivable	_		
b	Less: allowance for doubtful accounts . 47b		47c	
48a	Pledges receivable	_		
b	Less: allowance for doubtful accounts . 48b		48c	
49	Grants receivable		49	
50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
51a	Other notes and loans receivable (attach schedule)			
b	Less: allowance for doubtful accounts 51b		51c	
52	Inventories for sale or use		52	
53	Prepaid expenses and deferred charges		53	
54	Investments—securities (attach schedule) Cost FMV		54	
55a	Investments—land, buildings, and equipment: basis	_		
b	Less: accumulated depreciation (attach			
	schedule)		55c 56	
56	Investments—other (attach schedule)		50	
		_		
D	Less: accumulated depreciation (attach schedule) . . .		57c	
58	Other assets (describe ►)		58	
59	Total assets (must equal line 74). Add lines 45 through 58		59	
60	Accounts payable and accrued expenses		60	
61	Grants payable		61	
62	Deferred revenue		62	
63	Loans from officers, directors, trustees, and key employees (attach			
	schedule)		63	
64a	Tax-exempt bond liabilities (attach schedule)		64a	
	Mortgages and other notes payable (attach schedule)		64b	
65	Other liabilities (describe ►)		65	
66	Total liabilities. Add lines 60 through 65		66	
-	anizations that follow SFAS 117, check here ► and complete lines			
67	67 through 69 and lines 73 and 74. Unrestricted		67	
67 68 69 Orga 70 71 72 73	Unrestricted		68	
69	Permanently restricted		69	
	anizations that do not follow SFAS 117, check here ► □ 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)		73	
74	Total liabilities and net assets/fund balances. Add lines 66 and 73.		74	

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Pa	rt IV-A	Reconciliation of Revenue per Aud instructions.)	ited Financial Statem	ents With Rev	enue per Retu	rn (See the
a b	Amounts	enue, gains, and other support per audit included on line a but not on Part I, line	12:		<mark>a</mark>	
1		lized gains on investments		b1		
2		services and use of facilities		b2		
3	Recoverie	es of prior year grants		b3		
4	· ·	ecify):		b4		
	Add lines	b1 through b4			b	
с		line b from line a				
d	Amounts	included on Part I, line 12, but not on lir	ne a:			
1	Investmer	nt expenses not included on Part I, line	6b	d1		
2	Other (sp	ecify):				
				d2		
е	Total rev	d1 and d2			▶ e	
Pa	rt IV-B	Reconciliation of Expenses per Auc	dited Financial Stater	nents With Exp	penses per Ret	urn
а	Total exp	enses and losses per audited financial s	tatements		a	
b		included on line a but not on Part I, line				
1	Donated :	services and use of facilities		b1		
2		adjustments reported on Part I, line 20				
3	Losses re	ported on Part I, line 20		b3		
4	•••	ecify):		b4		
	Add lines	b1 through b4			b	
с						
d	Amounts	included on Part I, line 17, but not on lir				
1	Investmer	nt expenses not included on Part I, line	6b	d1		
2		ecify):		d2		
	Add lines	d1 and d2			d	
e Par	rt V-A	penses (Part I, line 17). Add lines c and c Current Officers, Directors, Trustees	, and Key Employees	(List each perso	n who was an offi	
	0	or key employee at any time during the yea	ar even if they were not			,
		(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	(D) Contributions to empl benefit plans & deferre compensation plans	d (E) Expense account and other allowances
						_

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Par	t V-A Current Officers, Directors, Trustees, and Key Employees (continued)	Yes	No		
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings				
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business				
	relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)				
С	c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether				
	tax exempt or taxable, that are related to this organization through common supervision or common control? Note . Related organizations include section 509(a)(3) supporting organizations.				
	If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization.				
d	Does the organization have a written conflict of interest policy?				
	t V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (I officer, director, trustee, or key employee received compensation or other benefits (described below) during the y person below and enter the amount of compensation or other benefits in the appropriate column. See the instruction	ear, lis			
	(D) Contributions to ampleions (/E				

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances

Pa	rt VI Other Information (See the instructions.)		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		
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.	77		
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		
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? If "Yes," attach a statement	79		
80a	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		
b	If "Yes," enter the name of the organization and check whether it is exempt or nonexempt			
	Enter direct and indirect political expenditures. (See line 81 instructions.)	81b		
		_	000	(0.0.0.5)

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Par	t VI Other Information (continued)		Yes	No
82a	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		
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.)	020		
	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a 83b		
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	84a		<u> </u>
	Did the organization solicit any contributions or gifts that were not tax deductible?	040		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
	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.			
	Dues, assessments, and similar amounts from members	-		
d	Section 162(e) lobbying and political expenditures	-		
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	-		
t	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f	85g		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	UUG		<u> </u>
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 user?	85h		
86	following tax year?			
00	line 12			
b	Gross receipts, included on line 12, for public use of club facilities			
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		
89a	<i>501(c)(3) organizations.</i> Enter: Amount of tax imposed on the organization during the year under: section 4911 ►; section 4912 ►; section 4955 ►			
b	<i>501(c)(3) and 501(c)(4) orgs.</i> 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		
С	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.			
	Enter: Amount of tax on line 89c, above, reimbursed by the organization			
	List the states with which a copy of this return is filed ►			
	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)			
91a	The books are in care of ► Telephone no. ► .(). Located at ► ZIP + 4 ►			
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)?	91b	Yes	No
	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.			
С	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ►	91c		Ĺ
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 $. 1	

Form 990	0 (20							Page 8
Part	VII	Analysis of Income-Producing	Activities (See t	he instructions	s.)			
Note: I	Ente	er gross amounts unless otherwise	Unrelated b	usiness income	Excluded	by secti	on 512, 513, or 514	(E) Related or
indicat			(A) Business code	(B) Amount	(C) Exclusion	code	(D) Amount	exempt function
93	Pro	gram service revenue:		Anount	EXClusion	couc	Anount	income
b								
C d								
d e								
	Me	dicare/Medicaid payments						
		es and contracts from government agenci						
-		mbership dues and assessments						
95		rest on savings and temporary cash investmen						
96		idends and interest from securities						
97	Net	rental income or (loss) from real estate:						
		ot-financed property						
		debt-financed property						
98		rental income or (loss) from personal proper						
99		ner investment income						
100 101		n or (loss) from sales of assets other than inventon income or (loss) from special events	Jry					
102		oss profit or (loss) from sales of inventory	,					
		ner revenue: a						
b								
с								
d								
е					_			
104		ototal (add columns (B), (D), and (E))						
105 Note:	lot	al (add line 104, columns (B), (D), and (E e 105 plus line 1d, Part I, should equal th))	 12 Part I		• •	. 🕨	
Part V					noses (S	ee the	e instructions)	
Line		Explain how each activity for which inco			- ·		,	accomplishment
		of the organization's exempt purposes (
D. 1					···· /0			
Part	IX	Information Regarding Taxable Su (A)	(B)	•		the II	,	(E)
	Nan	ne, address, and EIN of corporation,	Percentage of	(C) Nature of a	activities		(D) Total income	(E) End-of-year
		partnership, or disregarded entity	ownership interest %					assets
			%					
			%					
			%					
Part 2	X	Information Regarding Transfers As	sociated with Pers	sonal Benefit Co	ontracts (See th	ne instructions.)	·
(b)	Did	the organization, during the year, receive any funds, the organization, during the year, pay pr	emiums, directly o	or indirectly, on				☐ Yes ☐ No ☐ Yes ☐ No
Note		"Yes" to (b), file Form 8870 and Form 4		,				
		Under penalties of perjury, I declare that I have exan and belief, it is true, correct, and complete. Declara						
Please		× .	- •	-		Ι	- •	
Sign		Signature of officer				Da	ate	
Here								
		Type or print name and title.						
Paid		Preparer's		Date	Check if self-		Preparer's SSN or	PTIN (See Gen. Inst. W)
Prepare	r's	signature			employed]	
Use Only		Firm's name (or yours if self-employed),				EIN		
		address, and ZIP + 4				Phone	no. 🕨 ()	