Form **990**

Return of Organization Exempt From Income Tax

2005, and ending

Department of the Treasury Internal Revenue Service

A For the 2005 calendar year, or tax year beginning

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.

	k if applicable	Please C Name of organization		D Employer identification number
	Address change	use IRS Bryan Symphony Orchestra Association at TTU		23-7408038
	Name change	print or Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number
	Initial return	type.		
	Final return	Sec Specific PO Box 185		(931) 372-6088
	Amended return	Instruc- City or town, state or country, and ZIP + 4		F Accounting Cash X Accrue
	Application pending	tions. Cookeville, TN 38503		Other (specify)
			l and l are not app	olicable to section 527 organizations
		trusts must attach a completed Schedule A (Form 990 or 990-EZ).	((a) Is this a group	p return for affiliates? Yes 🐰 No
G W	ebsite: 🕨	·	i(b) If "Yes," ente	r number of affiliates
JO	rganization	type (check only one) ► X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527	I(c) Are all affiliate	
K CI	neck here	if the organization's gross receipts are normally not more than \$25,000. The	If "No," attacl) (d) is this a separat	h a list. See instructions.)
or	ganization	need not file a return with the IRS; but if the organization chooses to file a return, be		vered by a group ruling? Yes X No
Sι	re to file a	complete return. Some states require a complete return.	I Group Exemp	otion Number
			M Check	X if the organization is not required
L G	ross receip	ots: Add lines 6b, 8b, 9b, and 10b to line 12 133, 111.85	to attach Sch	I. B (Form 990, 990-EZ, or 990-PF).
Par	Rev	enue, Expenses, and Changes in Net Assets or Fund Balances (See the inst	tructions.)	
		ontributions, gifts, grants, and similar amounts received:		
		rect public support	69,599.12	
		direct public support		7 1
		overnment contributions (grants) 1c		1
	1	tal (add lines 1a through 1c) (cash \$	1	1d 69,599.12
		rogram service revenue including government fees and contracts (from Part VII, line 93)		
	1 .	embership dues and assessments		1 705 00
		terest on savings and temporary cash investments		0.020.73
	1	ividends and interest from securities		5
		ross rents 6a		
				1
	L	ess: rental expenses	-	6c
ō	1	ther investment income (describe		7
Revenue	1	ross amount from sales of assets other (A) Securities (B) C)ther	' •
Şe S	ł		74101	-
_	1 .			-
	1			-
	1	ain or (loss) (attach schedule)		- 8d
	1	pecial events and activities (attach schedule). If any amount is from gaming, check here		l ou
	1			
		ross revenue (not including \$ of ontributions reported on line 1a) 9a		
	i			-
				90
	1	ross sales of inventory, less returns and allowances		30
	1			-
		ess: cost of goods sold	100\	-
		ther revenue (from Part VII, line 103)		
		otal revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)		
ď	4	rogram services (from line 44, column (B))		·
Expenses	i	anagement and general (from line 44, column (C))		•
xbe	1	undraising (from line 44, column (D))		
ũ	1	ayments to affiliates (attach schedule)		·
				
sets		xcess or (deficit) for the year (subtract line 17 from line 12)		19 257,540.15
Ase		et assets or fund balances at beginning of year (from line 73, column (A))		• • • • • • • • • • • • • • • • • • • •
Net Assets	20 0	ther changes in net assets or fund balances (attach explanation) pár peñod. 00	มีสามายาก	20 9,030.00 21 239,148.21
		et assets or fund balances at end of year (combine lines 18, 19, and 20) ••••••• It and Paperwork Reduction Act Notice, see the separate instructions.		Form 990 (2005

Form	990 (2005)					∳age 2
Pa	rt il			tions must complete column and section 4947(a)(1)			
		ot include amounts reported on line 5b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Gran	nts and allocations (attach schedule)					
		noncash \$)	22				
	check	amount includes foreign grants, here					
23		cific assistance to individuals (attach					
		dule)	23				
24		efits paid to or for members (attach	1				
		dule)	24				
		pensation of officers, directors, etc.		-			
26		er salaries and wages	26				
27		sion plan contributions	28				
28 29		er employee benefits	29				
30	Drofe	oll taxesessional fundraising fees	30				
31			31	2,000.00		2,000.00	-
32	Lena	ounting fees	32	27000.00	- 15.5	2,000.00	
33		olies	33	1,116.04	886.26	229.78	
34		phone	34	7,223,01	300.20	223.10	
35		age and shipping	35	1,432.23	358.06	1,074.17	
36		upancy	36	,			
37		pment rental and maintenance	37	3,978.12	3,808.39	169.73	
38		ing and publications	38	1,843.26		1,843.26	
39		el	39				
40		erences, conventions, and meetings	40	545.41		545.41	
41	Inter	est	41				
42		eciation, depletion, etc. (attach schedule)	42				
		r expenses not covered above (itemize):					
а	See	Statement #1	43a	131,538.73	107,874.59	23,664.14	
b			43b				
C			43c				
d			43d				
e			43 e				
f			43f				
9		-,,,	43g				
44		functional expenses. Add lines 22 gh 43. (Organizations completing	ŀ				
	colun	nns (B)-(D), carry these totals to lines		142 452 70	110 007 20	20 526 40	
1-:	13-15	<u> </u>	44	142,453.79	112,927.30	29,526.49	1
		sts. Check ▶ if you are follow pint costs from a combined educational	_		citation reported in (P) D	noram conicce?	▶ □ v □ ··
		nter (i) the aggregate amount of these is				cated to Program services	.► Yes × No
		nount allocated to Management and ger			_	allocated to Fundraising	
	-				, and fiv) the amount	anocated to 1 unutaising a	

Form 990 (2005)

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.

Wł	nat is the organization's primary exempt purpose	?▶Orchestra	Program Service Expenses
of	clients served, publications issued, etc. Discuss ac	achievements in a clear and concise manner. State the number chievements that are not measurable. (Section 501(c)(3) and (4) sts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a	to serve as a leader and a cont Cumberland Region.	toire for a wide and diverse tional experience for all ages and inuing force in the Upper	
b) If this amount includes foreign grants, check here ▶	112,927.30
С) If this amount includes foreign grants, check here ▶	
d	(Grants and allocations \$) If this amount includes foreign grants, check here ▶	
e	(Grants and allocations \$ Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here ▶) If this amount includes foreign grants, check here ▶	
f	Total of Program Service Expenses (should e	equal line 44, column (B), Program services).	112,927.30

Form 990 (2005)



P	art IV	Balance Sheets (See the instructions.)				
_		Where required, attached schedules and amounts viculumn should be for end-of-year amounts only.	within the description	(A) Beginning of year		(B) End of year
	45	Cash - non-interest-bearing		30,778.03	45	15,560.12
	46	Savings and temporary cash investments		250,791.12	46	249,585.09
		Accounts receivable				
	b	Less: allowance for doubtful accounts	47b		47c	3,337.00
		Pledges receivable				
		Less: allowance for doubtful accounts			48c	
		Grants receivable			49	
	50	Receivables from officers, directors, trustees, and k	-		50	
	E 1 2	(attach schedule)			50	
	314	schedule)	512			
sets	h	Less: allowance for doubtful accounts			51c	
88		Inventories for sale or use			52	
⋖		Prepaid expenses and deferred charges			53	-2-1-1
	54	Investments - securities (attach schedule)			54	
	55a	Investments - land, buildings, and				
		equipment: basis	55a			
	b	Less: accumulated depreciation (attach				
	1	schedule)	55b		55c	
	56	Investments - other (attach schedule)	1 1		56	
		Land, buildings, and equipment: basis	57a			
	b	Less: accumulated depreciation (attach				
		schedule)			57c	
	58	Other assets (describe ►		58		
	59	Total assets (must equal line 74). Add lines 45 thr	augh 58	281,569.15	-	268,482.21
-	60	Accounts payable and accrued expenses		201, 309.13	59 60	200,402.21
	61	Grants payable			61	
	62	Deferred revenue	· ·	24,029.00	62	29,334.00
80	63	Loans from officers, directors, trustees, and key en	ľ			·
abilities		schedule)			63	
jabi	64a	Tax-exempt bond liabilities (attach schedule)			64a	
۲	b	Mortgages and other notes payable (attach schedu	le) [64b	
	65	Other liabilities (describe ►)		65	
						_
_	66	Total liabilities. Add lines 60 through 65		24,029.00	66	29,334.00
	Orga	enizations that follow SFAS 117, check here ▶ ×	and complete lines			
		67 through 69 and lines 73 and 74.		227 106 16		206 202 21
ces	67	Unrestricted		9,500.00	67	206,303.21
lan	68	Temporarily restricted		20,845.00	69	20,845.00
Ba	Oran	inizations that do not follow SFAS 117, check her		20,0.3.00	03	20/013.00
nug	Orga	complete lines 70 through 74.	e P L and			
Ē	70	Capital stock, trust principal, or current funds		• .	70	
8	71	Paid-in or capital surplus, or land, building, and eq		71		
Net Assets or Fund Balances	72	Retained earnings, endowment, accumulated inco			72	
As	73	Total net assets or fund balances (add lines 67 th	· •			
Net		70 through 72;				
		column (A) must equal line 19; column (B) must e		257,540.15	++	239,148.21
_	74	Total liabilities and net assets/fund balances. Ad-	d lines 66 and 73. · · · ·	281,569.15	74	268,482.21

Form 990 (2005)



	1 990 (2003	·				1 age 0
Pa	rt IV-A	Reconciliation of Revenue per Audited Find instructions.)	nancial Statemen	ts With Revenue	e per Return (
а	Total rev	enue, gains, and other support per audited financi	al statements		<u>a</u>	133,111.85
b	Amounts	s included on line a but not on Part I, line 12:				
1	Net unre	alized gains on investments		b1		
2		services and use of facilities		1 1		
3		ies of prior year grants		i 1		
4	Other (s	pecify): 				
		s b1 through b4			1	100 271 61
C		line b from line a	• • • • • • • • • • • • • • • • • • • •		<u>c</u>	133,111.63
d		s included on Part I, line 12, but not on line a:		1		
1		ent expenses not included on Part I, line 6b		1 1		
2	Other (s	pecify):		1		
	Add line	s d1 and d2			d	
e		venue (Part I, line 12). Add lines c and d				
_	rt IV-B	Reconciliation of Expenses per Audited Fi	nancial Statemer	nts With Expens	es per Returr	
a		penses and losses per audited financial statements		·		140 450 70
		s included on line a but not on Part I, line 17:				
b		I services and use of facilities		b1		
1 2		ar adjustments reported on Part I, line 20				
3	-	reported on Part I, line 20		1		
4	Other (s	pecify):				
•						
	Add line	s b1 through b4			<u> b</u>	
С	Subtract	t line b from line a			<u> c</u>	142,453.79
d	Amount	s included on Part I, line 17, but not on line a:		11	Ì	
1	Investm	ent expenses not included on Part I, line 6b		d1		1
2	Other (s	pecify):				
e	Add line Total ex	s d1 and d2			<u>d</u>	
_		Current Officers, Directors, Trustees, and K				
		or key employee at any time during the year even i	• • •	•		
		(A) Name and address	(B)	(C) Compensation	(D) Contributions to emp	
		(A) Name and address	Title and average hours per week devoted to position	(If not paid, enter -0)	benefit plans & defer compensation plan	
Ga	il Lun	aa	Exec. Dir.			
		aple Ave., Cookeville, TN 38501	25-30	30,000.00		
Se	e Atta	ched List of Board Members	_			
	_					
			-			
			-			
			-			
_						
			-			
			1]	
			1		1	
						5 000 (200)

Par	t VI Other Information (See the instructions.)	i	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		х
	If "Yes," attach a conformed copy of the changes.	3		
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	r () Pages,	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? If "Yes," attach a statement	79		x X
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	3000 6000		
	organization?	80a	1. 7.	X
b	If "Yes," enter the name of the organization and check whether it is exempt or nonexempt			
81a	Enter direct and indirect political expenditures. (See line 81 instructions.)			
b	Did the organization file Form 1120-POL for this year?	816		N.

		9 W		_
	n 990 (2005)			age 7
	rt VI Other Information (continued)	_	Yes	No
2 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		. F
b	off "Yes," you may indicate the value of these items here. Do not include this amount		1	
	as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		1	
	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	_ X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b		
4 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		<u> </u>
b	olf "Yes," did the organization include with every solicitation an express statement that such contributions		!	
	or gifts were not tax deductible?	84b	į	
5	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		
Ł	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.		i	
c	Dues, assessments, and similar amounts from members 85c]]		
c	Section 162(e) lobbying and political expenditures			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices			
	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f			
ç	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
ŀ	n 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?	85h	i	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12			
t	o Gross receipts, included on line 12, for public use of club facilities 86b			
37	501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a			
ŧ	b Gross income from other sources. (Do not net amounts due or paid to other			
	sources against amounts due or received from them.)			
8	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	1		
	301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		х
3 9 a	a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:			
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
ł	b 501(c)(3) and 501(c)(4) orgs. 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	896		x
(c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under			
	sections 4912, 4955, and 4958			
	d Enter: Amount of tax on line 89c, above, reimbursed by the organization			
	a List the states with which a copy of this return is filed			
	b Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	90b	1	
	a The books are in care of ▶ Gail Luna Telephone no. ▶ (931) 3		5088	
	Located at Bryan Fine Arts Bldg., TTU, Cookeville, TN ZIP+4 38505			
	h At any time during the colonder year, did the organization have an interest in an a signature or other sutherity was		Yes	No
1	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over	91b	33	х
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	310		<u> </u>
	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.	İ	1	
		04-	-	×
•	c At any time during the calendar year, did the organization maintain an office outside of the United States?	1 3 1 C	1	1
	If "Yes," enter the name of the foreign country ►		ı	<u> </u>
92	Section 4947 (a)[1] nonexempt chantaine trusts ming Form 990 in ited of Form 1041 - Check here		'	<u> </u>

	Analysis of Income-Productions amounts unless otherwise		ated business in	<u>-</u>	by section 512, 513, or 514	(E)
indicated.	oss amounts unless unlerwise	(A) Business code	(B) Amoun	(C)	(D)	Related or exempt function
-	service revenue:	Dusiliess code		Exactision code	Amount	income
·	t Sales					47,227.00
	am Advertising					5,100.00
c Conce	rt CD&Tshirt sales					410.00
d						
e						
f Medicare	/Medicaid payments					
	contracts from government agencies					
_	ship dues and assessments					1,705.00
95 Interest on	a savings and temporary cash investments -					9,070.73
	ds and interest from securities					
	al income or (loss) from real estate:					
	anced property					-
	· · ·					-
	-financed property					
	income or (loss) from personal property				-	
99 Other in	vestment income	<u> </u>				
•	ss) from sales of assets other than inventory					
01 Net inco	ome or (loss) from special events.					
	ofit or (loss) from sales of inventory					
03 Other re	venue: a					
b						
с						
е						
04 Subtotal	(add columns (B), (D), and (E))					63,512.73
05 Total (a	dd line 104, columns (B), (D), and (I	E))	•			63,512.73
	5 plus line 1d, Part I, should equal to					
	Relationship of Activities			of Exempt Purpo	ses (See the instruc	ctions.)
	Explain how each activity for which					
I	of the organization's exempt purpose		•	, ,	•	complishment
	icket Sales to Conce		71 3		,	
	dvertising in concer		ales 3 amo	s of concert	CDe & tehirte	
	Memberships for commu				CD2 & CSUITC2	
			OTABLE	In the arts		
	nterest on Savings &				<u> </u>	
Part IX I	nformation Regarding Taxa	bie Subsi			es (See the Instruction	
	(A) me, address, and EIN of corporation, partnership, or disregarded entity		(B) Percentage of ownership interest	(C) Nature of activities	s Total income	(E) End-of-year assets
			%			
			%			
			%			
			%			
Part X	nformation Regarding Train	efers Ass		Personal Benefit	Contracts (See the	instructions)
						1 1 1
(b) Did the	rganization, during the year, receive a e organization, during the year	, pay prem	iums, directly	or indirectly, on a p		··· — '" — "
Note: # "Ye	es" to (b), file Form 8870 and F					
	Under penalties of perjury, I declar and belief, it is true, correct, and	are that I have complete. Dec	examined this retur	n, including accompanying ir (other than officer) is ba	g schedules and statements, sed on all information of which	and to the best of my knowledge in preparer has any knowledge.
	11 4 4			(_
	M . A	enk 1			12-1	8-06
Please	Jail X				Date	
Please Sign	Signature of officer		<i></i>	a /		
Please Sign	Signature of officer CAIL L. Lury	1	Executiv	e Director		
Please Sign	Signature of officer SAIL L. Lury Type or print name and title.	1	Executiv	e Director		
Please Sign	Type or print name and title.	1	Executi	Date Date	Check if	Preparer's SSN or PTIN (See Gen. Inst
Please Sign Here	GAIR L. LUN.	s Beeks	Execution Cl-		self-	Preparer's SSN or PTIN (See Gen Insi 505-88-2161
Please Sign Here	Type or print name and title Preparer's signature Tamas	Becks Ca L. Be	Execution Officer)A Date 12/15/06	self- employed ▶ Y	
Please Sign Here Paid Preparer's Use Only	Type or print name and title. Preparer's signature Prim's name (or yours Tama)		van, Cf)A Date 12/15/06	self-	505-88-2161



TAX RETURN SUPPORTING STATEMENT STATEMENT #1 FORM 990, LINE 43 - OTHER EXPENSES

TAXPAYER

Bryan Symphony Orchesta Association at TTU

YEAR ENDED

6/30/2006

FEDERAL ID#

23-7408038

ADDRESS

P.O. Bo x 185, Cookeville, TN 38503

ITEM SUPPORTED

Other Expenses

EXPLANATION

OTHER EXPENSES

		<u>Total</u>	Pro	ogram	_	gmt & e <u>neral</u>	Fund- raising	
Advertising	\$	2,267.50	\$	1,814.00	\$	453.50	\$	-
Brochures		3,006.00		3,006.00		-		-
Management Fee		30,000.00		15,000.00		15,000.00		~
Miscicians Cart/Driver/Food		6,713.06		6,713.06		-		-
Luncheons & Socials		5,815.51		1,753.24		4,062.27		-
Credit Card & Bank Fees		722.98		-		722.98		-
Dues & Subscriptions		865.00		-		865.00		-
Educational Activities		2,786.40		2,786.40		-		-
Concerts/Programs		17,650.64		17,650.64		-		-
Orchestra Personnel & Artists		54,461.55		54,461.55		-		-
Development		274.59		-		274.59		-
Scholarship		3,250.00		3,250.00		-		-
Misc.		3,725.50	_	1,439.70		2,285.80		-
Total	\$	131,538.73	<u>\$</u>	107,874.59	\$	23,664.14	\$	-

SCHEDULE A

(Form 990 or 990-EZ) Department of the Treasury

Organization Exempt Under Section 501(c)(3

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),

or 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

Internal Revenue Service Name of the organization

Employer identification number

Bryan Symphony Orchestra Association at TTU 23-7408038 Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 1 of the instructions. List each one. If there are none, enter "None.") (d) Contributions to (e) Expense (a) Name and address of each employee paid more (b) Title and average hours employee benefit plans & (c) Compensation account and other than \$50,000 per week devoted to position deferred compensation allowances NONE Total number of other employees paid over \$50,000 . . ▶ Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.") (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of others receiving over \$50,000 for Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Total number of other contractors receiving over

\$50,000 for other services

Schedule A (Form 990 or 990-EZ) 2005

2	N	D	V	
	U			Page

Pai	t III	Statements About Activities (See page 2 of the instructions.)		Yes	No
1	Durit	ng the year, has the organization attempted to influence national, state, or local legislation, including any			
	atter	npt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid			
	or in	curred in connection with the lobbying activities ▶ \$ (Must equal amounts on line 38,			
	Part	VI-A, or line i of Part VI-B.)	1		X
	Orga	inizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other			
	orga	nizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of			
	the I	obbying activities.			
2	Duri	ng the year, has the organization, either directly or indirectly, engaged in any of the following acts with any			
	subs	stantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or			
	with	any taxable organization with which any such person is affiliated as an officer, director, trustee, majority			
	owne	er, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the			
	trans	sactions.)			
а	Sale	, exchange, or leasing of property?	2a		_x_
b	Lend	ting of money or other extension of credit?	2 b		Х
С	Furn	ishing of goods, services, or facilities?	2 c		Х
d	Payr	ment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		Х
е	Tran	sfer of any part of its income or assets?	2 e	_	×
3 a	Do	you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how			
	you	determine that recipients qualify to receive payments.) • • • • • • • • • • • • • • • • • • •	3 a		Х
b	Do y	ou have a section 403(b) annuity plan for your employees?	3 b		Х
С	Duri	ng the year, did the organization receive a contribution of qualified real property interest under section 170(h)? \dots \dots	3 c		Х
4 a	-	you maintain any separate account for participating donors where donors have the right to provide advice on			
		use or distribution of funds?	4 a		Х
D	_ ро у	rou provide credit counseling, debt management, credit repair, or debt negotiation services?	4 b		Х
Pa	rt IV	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)			
The	organ	ization is not a private foundation because it is: (Please check only ONE applicable box.)			
5		A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).			
6	П	A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)			
7	П	A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).			
8	П	A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).			
9	П	A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name,	citv.		
		and state ▶	,,		
10		An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(i	v).	
		(Also complete the Support Schedule in Part IV-A.)			
11a	\mathbf{x}	An organization that normally receives a substantial part of its support from a governmental unit or from the general public. S	ection		
		170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
11b		A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
12		An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gros	s		
		receipts from activities related to its charitable, etc., 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 acqui	ired		
		by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)			
13		An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organization	าร		
		described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check	<		
		the box that describes the type of supporting organization: Type 1 Type 2 Type 3			-
		Provide the following information about the supported organizations. (See page 6 of the instructions.)			-
		(a) Name(s) of supported organization(s) (b) Line		er	
		from a	above	-	-
					-
					-
14		An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)			



Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Cal	endar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15	Gifts, grants, and contributions received. (Do					
	not include unusual grants. See line 28.)	111,146.46	50,391.00	38,565.00	78,481.00	278,583.46
16	Membership fees received	1,835.00	1,415.00	2,080.00	825.00	6,155.00
	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	41,329.00	48,930.17	46,493.00	7,516.00	144,268.17
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			,		İ
	section 511 taxes) from businesses acquired					
	by the organization after June 30, 1975	1,624.46	5,424.00	3,850.00	6,000.00	16,898.46
19	Net income from unrelated business				<u> </u>	, , , , , , , , , , , , , , , , , , , ,
	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 sale of capital assets					
23	Total of lines 15 through 22	155,934.92	106,160.17	90,988.00	92,822.00	445,905.09
24	Line 23 minus line 17,	114,605.92	57,230.00	44,495.00	85,306.00	301,636.92
25	Enter 1% of line 23	1,559.35	1,061.60	909.88	928.22	
26	Organizations described on lines 10 or 11: a	Enter 2% of amount	in column (e), line 24	١	▶ 26a	
t	Prepare a list for your records to show the	name of and amo	unt contributed by	each person (other	er than a	
	governmental unit or publicly supported organi	ization) whose tota	l gifts for 2001	through 2004 exce	eeded the	
	amount shown in line 26a. Do not file this li	-	n. Enter the total	of all these excess	amounts > 26b	
	Total support for section 509(a)(1) test: Enter line 24				▶ 26c	301,636.92
C	Add: Amounts from column (e) for lines: 18				. 1	16.000.46
e	Public support (line 26c minus line 26d total)		• • • • • • • • • • • • • • • • • • • •		▶ <u>26e</u>	284,738.46
27	Public support percentage (line 26e (numerator) of Organizations described on line 12: a For	divided by line 26c (d	enominator))	16 and 17 that	≥ 26f	rom a "disqualified
21	person," prepare a list for your records to she	ow the name of,	and total amounts	received in each	year from, each "	disqualified person."
	Do not file this list with your return. Enter the sum	of such amounts for	each year:			
	(2002)		(2002)		(2004)	
_	(2004) (2003)					
b	For any amount included in line 17 that was r show the name of, and amount received for each					
	(Include in the list organizations described in line	es 5 through 11, a	s well as individual:	s.) Do not file this	list with your retu	irn. After computing
	the difference between the amount received ar amounts) for each year:	nd the larger amou	nt described in (1) or (2), enter the	sum of these diff	erences (the excess
	(2004) (2003)		(2002)		(2001)	
	(2001) (2001)		(====			
С	Add: Amounts from column (e) for lines: 152	78,583.46 1	6 6,155.	00		
	17 144,268.17 20	2	1		▶ 27c	429,006.63
ď	Add: Line 27a total.	and line 27b total.			▶ 27d	
e	Public support (line 27c total minus line 27d total).				▶ 27e	429,006.63
f	Total support for section 509(a)(2) test: Enter amou					
g	Public support percentage (line 27e (numerator)	divided by line 27f (de	enominator))		▶ 27g	
<u>h</u>	Investment income percentage (line 18, column (e) (numerator) divide	ed by line 27f (denom	ninator))	▶ 27h	3.7897 %
28	Unusual Grants: For an organization describe					

description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.



Par	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)			oge .
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws.		Yes	No
	other governing 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.			
24	programs, and scholarships? Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during	30		-
31	the period of solicitation for students, or during the registration period if it has no solicitation program, in a way			
	that makes the policy brown to all parts of the approval community it assured	31		
	If "Yes," please describe, if "No," please explain. (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following: Records indicating the racial composition of the student body, faculty, and administrative staff?	222		
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory	32a		
		32b		
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
				ĺ
а	Students' rights or privileges?	33a	<u> </u>	
	Additional authors	001		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
е	Educational policies?	33e	-	<u> </u>
	Lies of facilities?	226		
T	Use of facilities?	33f		
0	Athletic programs?	33g		
-				
H	Other extracurricular activities?	33h	<u> </u>	
				Ì
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		1	
		1		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	1	
t	Has the organization's right to such aid ever been revoked or suspended?	34b	 	-
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
25	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05		}	
35	of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No." attach an explanation	35		

Schedule .	A	(Form	990	Οľ	990-	EZ1	2005
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ra	rt VI-A	, ,	openditures by Elect pleted ONLY by an e	~				0115.)		
Che	ck ▶ a	``	zation belongs to an affilia					limite	d cont	rol" provisions apply
		L	imits on Lobbying	Expenditures			(a Affiliate tota	ı) d grou _l		(b) To be completed for Al.L electing
		<u>`</u>	"expenditures" means							organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)									
37			tures to influence a leg			37				
38		al lobbying expenditures (add lines 36 and 37)								
39		exempt purpose expenditures								
40										
41			mount. Enter the amou						1	
		ount on line 4		bying nontaxable at	`				1	
	Not over \$500,000									
					(
			er \$1,500,000 \$175,000		1	41				
			er \$17,000,000\$225,000	·						
42	Over \$17,0		\$1,000,0 amount (enter 25% of			42				
43			ne 36. Enter -0- if line			43				
44			ne 38. Enter -0- if line			44	-			
	Caution:	If there is an	amount on either line	43 or line 44, you mus	st file Form 4720.			_		
			4-Year	Averaging Period	Under Section	501(l	1)			
	(So	me organizati	ons that made a section	on 501(h) election do	not have to con	nplete	all of the fi	ve coli	umns b	pelow.
			See the instruction	ns for lines 45 throug	gh 50 on page 1	of the	instructio	ns.)		
				Lobbying Expend	itures During 4	-Year	Averagin	g Per	iod	
	Calendar y	ear (or fiscal	(a)	(b)	(c)		(d)		(e)
	ear begin	ning in) 🕨	2005	2004	2003		20	002		Total
	Lobbying i	nontaxable				ĺ				
<u>45</u>		• • • • • •								
		ceiling amount				1				
46	(150% of I	line 45(e))								
<u>47</u>	Total lobbyi	ing expenditures						_		
		s nontaxable				i				
<u>48</u>	amount •									
		ceiling amount								
<u>49</u>		ne 48(e))			 					W
	Grassroot								1	
		Lobbying A	ctivity by Nonelecti	na Public Charities			-			
	art VI-B		ing only by organizat	•		Δ) (\$	e nage 1	11 of t	he inc	etructions)
- Dur	ing the year		ization attempt to influen							structions.)
		-	nion on a legislative matt		-	ang any		Yes	No	Amount
	-		-						х	
b	Paid staf	f or managem	nent (Include compens	ation in expenses rer	onted on lines c.t	 hrouat	 . h)		x	
	 b Paid staff or management (Include compensation in expenses reported on lines c through h.) c Media advertisements 								х	
d	Mailings	to members.	legislators, or the publi	C					х	
е			ned or broadcast stater						х	
f			zations for lobbying pui						х	
g			islators, their staffs, go						х	
h			s, seminars, conventio						Х	
i			tures (Add lines c thro							
	If "Yes" t	o any of the a	bove, also attach a sta	atement giving a deta	ailed description	of the I	obbying ac	tivities		

' ; ' Schedule A (Foi	rm 990 or 990-EZ) 2005		Page 6			
Part VII	Information Regarding	Transfers To and Transactions and See page 12 of the instructions.)	d Relationships With Noncharitable			
51 Did the re	porting organization directly	y or indirectly engage in any of the follo	owing with any other organization described in section n 527, relating to political organizations?			
	, 55	ation to a noncharitable exempt organiz				
	er assets					
(i) Sale	es or exchanges of assets w	rith a noncharitable exempt organization	b(i) ×			
(ii) Puro	chases of assets from a nor	ncharitable exempt organization	b(ii) ×			
(III) Ren	tal of facilities, equipment, o	or other assets	b(iii) ×			
(v) Luai	formance of services or me	mbership or fundraising solicitations	b(vi)			
		ng lists, other assets, or paid employee				
			(b) should always show the fair market value of the			
goods, oth	er assets, or services given by	the reporting organization. If the organization	on received less than fair market value in any			
transaction	or sharing arrangement, show	w in column (d) the value of the goods, other	assets, or services received:			
(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements			
Line no.	Amount involved	Name of nonchantable exempt organization	Description of transiers, transactions, and snamy arrangements			
		1				
describe	-	ctly affiliated with, or related to, one or code (other than section 501(c)(3)) or itedule:				
Na	(a) ame of organization	(b) Type of organization	(c) Description of relationship			
-						
	·					

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