Form	990
Form	330

Return of Organization Exempt From Income Tax

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OMB No. 1545-0047

		Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Cod	de (except black lung	
Den	dmcat -	benefit trust or private foundation)		Open to Public
		nue Service The organization may have to use a copy of this return to satisfy stat	e reporting requirements	
Α	For th	ne 2005 calendar year, or tax year beginning , 2005, and en		, 20
B	beck if	applicable: Please C Name of organization use IRS	D Employer id	entification number
		s change label or	oom/suite E Telephone n	umbor
	lame c	hange type.		
	nitial re	Specific City or town, state or country, and ZID + 4	F Accounting meth	od: Cash Accrual
	inal ret	turn Instruc- tions.	Other (s	
		ion pending • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable	and I are not applicable to se	
	ppnout	trusts must attach a completed Schedule A (Form 990 or 990-EZ).	a) Is this a group return for a	
G۱	Nebsite		b) If "Yes," enter number ofc) Are all affiliates included?	
J (Organiz	zation type (check only one) ► 501(c) () ◄ (insert no.) 4947(a)(1) or 527	(If "No," attach a list. See	
	•		d) Is this a separate return filed	by an
C	organiza	ation need not file a return with the IRS; but if the organization chooses to file a return, be		oup ruling? 🗌 Yes 🗌 No
5	sure to	file a complete return. Some states require a complete return.		
L (Gross	receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ►	I Check ► ☐ if the o to attach Sch. B (Form 9	rganization is not required 990, 990-EZ, or 990-PF).
	rt I	Revenue, Expenses, and Changes in Net Assets or Fund Balance		
	1	Contributions, gifts, grants, and similar amounts received:		/
	a	Direct public support		
	b	Indirect public support		
	с	Government contributions (grants)		
	d	Total (add lines 1a through 1c) (cash \$ noncash \$). 1 d	
	2	Program service revenue including government fees and contracts (from Part VII	, line 93) 2	
	3	Membership dues and assessments		
	4	Interest on savings and temporary cash investments	4	
	5	Dividends and interest from securities	5	
	6a			
	b c	Less: rental expenses	6c	
•	7	Other investment income (describe ►) 7	
Revenue		Gross amount from sales of assets other (A) Securities (B) Oth	her	
{eve	ou	than inventory		
	b	Less: cost or other basis and sales expenses. 8b		
		Gain or (loss) (attach schedule)		
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	
	9	Special events and activities (attach schedule). If any amount is from gaming, check he	ere 🕨 🗌	
	а	Gross revenue (not including \$ of		
		contributions reported on line 1a)		
	b		9c	
	C	Net income or (loss) from special events (subtract line 9b from line 9a) Gross sales of inventory, less returns and allowances 10a		
	10a b	Less: cost of goods sold		
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from	line 10a) 10c	
	11			
	12	Other revenue (from Part VII, line 103)	12	
	13	Program services (from line 44, column (B))		
Expenses	14	Management and general (from line 44, column (C))	14	
cper	15	Fundraising (from line 44, column (D))		
ŵ	16	Payments to affiliates (attach schedule)	16	
	17	Total expenses (add lines 16 and 44, column (A))		
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)		
As	19 20	Net assets or fund balances at beginning of year (from line 73, column (A)). Other changes in net assets or fund balances (attach explanation).		
Net	20 21		20	
			. No. 11282Y	Form 990 (2005

Form 990 (2005)

	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 \$)	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				
)	Conferences, conventions, and meetings Interest	40 41 42				
2 3 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 \$

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.

Wŀ	at is the organization's primary exempt purpose? >	Program Service
All	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number	Expenses (Required for 501(c)(3) and
of	clients served, publications issued, etc. Discuss achievements that are not measurable. (Section $501(c)(3)$ and (4)	(4) orgs., and 4947(a)(1) trusts; but optional for
org	anizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	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 ► □	
d		
	(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).	

Form 990 (2005)

Part IV				
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 employee (attach schedule)	S	50	
	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 FN	VN	54	
55a	Investments—land, buildings, and equipment: basis			
b	Less: accumulated depreciation (attach			
	schedule)		55c	
56	Investments—other (attach schedule)		56	
	Land, buildings, and equipment: basis 57a			
b	Less: accumulated depreciation (attach schedule) 57b		57c	
58	schedule)	\	58	
50)		
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 (attac	h	63	
04-			64a	
	Tax-exempt bond liabilities (attach schedule)		64b	
65	Mortgages and other notes payable (attach schedule) Other liabilities (describe ►)	65	
66 Ora	Total liabilities. Add lines 60 through 65		66	
_	67 through 69 and lines 73 and 74.	-		
67 68 69 0rg 70 71 72 73			67	
68	Temporarily restricted		68	
69	Permanently restricted		69	
Org	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 fund		72	
73	Total net assets or fund balances (add lines 67 through 69 or line 70 through 72;	s		
	column (A) must equal line 19; column (B) must equal line 21) .		73	
	Total liabilities and net assets/fund balances. Add lines 66 and 73.		74	

Form	990 (2005)					Page 5
Pa	rt IV-A	Reconciliation of Revenue per Aud instructions.)	ited Financial Statem	ents With Rev	enue per Return	(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 6	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 Retur	rn
а	Total exp	enses and losses per audited financial s	tatements		<mark>a</mark>	
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 6	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 office	
	0	or key employee at any time during the yea	ar even if they were not	1 , 1		
		(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	(D) Contributions to employe benefit plans & deferred compensation plans	(E) Expense account and other allowances

Form 9	990 (2005)	F	age 6		
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)

Form	990 (2005)		Р	age 7
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		<u> </u>
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? Did the organization solicit any contributions or gifts that were not tax deductible?	84a		
	If "Yes," did the organization include with every solicitation an express statement that such contributions or	0 lu		
b	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.			
С	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	-		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85a		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		<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 taxage?	85h		
96	following tax year?			
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on 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		
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		.)	

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 b	by secti	on 512, 513, or 514	(E) Related or
indicat			(A) Business code	(B) Amount	(C) Exclusion	aboo	(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 investmer						
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 (Se	e the	e instructions)	
Line		Explain how each activity for which income					,	accomplishment
		of the organization's exempt purposes (
					(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 Ass	sociated with Pers	sonal Benefit Co	ontracts (S	See th	ne instructions.)	·
		the organization, during the year, receive any funds, the organization, during the year, pay pr						☐ 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		N			an info			
Sign		Signature of officer					240	
Here						Da	ate	
		Type or print name and title.						
		Preparer's		Date	Check if		Preparer's SSN or	PTIN (See Gen. Inst. W)
Paid		signature			self- employed	▶□]	. ,
Prepare Use Only		Firm's name (or yours if self-employed),				EIN		
		address, and ZIP + 4			F	hone	no. 🕨 ()	

SCHEDULE A (Form 990 or 990-EZ)

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.)

OMB No. 1545-0047

20 05

Department of the Treasury Internal Revenue Service Name of the organization

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Employer identification number

Part I	Compensation of the Five High (See page 1 of the instructions. I				nd Trustees
(a) Name a	and address of each employee paid more than \$50,000	(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
Total number	of other employees paid over \$50,000 .				
Part II-A	Compensation of the Five High (See page 2 of the instructions. Lis				
(a) N	ame and address of each independent contracto	r paid more than \$50,000	(b) Type	of service	(c) Compensation
		· · · · · · · · · · · · · · · · · · ·			
professional					
Part II-B	Compensation of the Five High (List each contractor who perform firms. If there are none, enter "No	ned services other than p	professional serv		lividuals or
(a) N	ame and address of each independent contracto			of service	(c) Compensation
Total numbe \$50,000 for	er of other contractors receiving over other services				

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

Schedule A (Form 990 or 990-EZ) 2005

Pa	t III Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1		
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial 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 owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
а	Sale, exchange, or leasing of property?	2a		
b	Lending of money or other extension of credit?	2b		
С	Furnishing of goods, services, or facilities?	2c		
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		
е	Transfer of any part of its income or assets?	2e		
3a	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.)	3a		
b	Do you have a section 403(b) annuity plan for your employees?	3b		
С	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c		
4a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a		
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		
Pa	rt IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)			
The	organization 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 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, 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)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- **11a** An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 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 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33¹/₃% 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). (Also complete the **Support Schedule** in Part IV-A.)

(a) Name(s) of supported organization(s)	(b) Line numbe from above

14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

Page 2

Schedule A (Form 990 or 990-EZ) 2005 Page 3 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. (a) 2004 Calendar year (or fiscal year beginning in) (b) 2003 (c) 2002 (d) 2001 (e) Total 15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.). Membership fees received 16 17 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 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 section 511 taxes) from businesses acquired by the organization after June 30, 1975 19 Net income from unrelated business 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 22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets 23 Total of lines 15 through 22 Line 23 minus line 17 24 Enter 1% of line 23 25 26a 26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 **b** Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the 26b amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts > c Total support for section 509(a)(1) test: Enter line 24, column (e) 26c Add: Amounts from column (e) for lines: 18 _____ 19 ____ d 22 _____ 26b _____ . . . 26d 26e е Public support percentage (line 26e (numerator) divided by line 26c (denominator)) f 26f % Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified 27 person," prepare a list for your records to show 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: For any amount included in line 17 that was received from each person (other than "disgualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: c Add: Amounts from column (e) for lines: 15 _____ 16 __ 27c 20 21 17

d	Add: Line 27a total, and line 27b total ,	27d	
е	Public support (line 27c total minus line 27d total)	27e	
	Total support for section 509(a)(2) test: Enter amount from line 23, column (e)		
		27g	%
	Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)).	27h	%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.

Schee	dule A (Form 990 or 990-EZ) 2005		P	Page 4
Pa	rt VPrivate School Questionnaire (See page 7 of the instructions.)(To be completed ONLY by schools that checked the box on line 6 in Part IV)		I	
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	Yes	No
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,	30		
31	programs, and scholarships?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
32 a b	Does the organization maintain the following: Records indicating the racial composition of the student body, faculty, and administrative staff? Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory	32a		
c d	basis?Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32b 32c 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:			
а	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
с	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
е	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Schedule A (Form 990 or 990-EZ) 2005

Sche	edule A (Form 990 or 990-EZ) 2005			Page 5
Pa	rt VI-A Lobbying Expenditures by Electing Public Charities (See page 9 o (To be completed ONLY by an eligible organization that filed Form 57		instructions.)	
Che	ck ▶ a	" a " an	d "limited control"	provisions apply.
	Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38	Total lobbying expenditures (add lines 36 and 37)	38		
39	Other exempt purpose expenditures	39		
40	Total exempt purpose expenditures (add lines 38 and 39)	40		
41	Lobbying nontaxable amount. Enter the amount from the following table-			
	If the amount on line 40 is— The lobbying nontaxable amount is—			
	Not over \$500,000			
	Over \$500,000 but not over \$1,000,000 . \$100,000 plus 15% of the excess over \$500,000			
	Over \$1,000,000 but not over \$1,500,000 . $$175,000$ plus 10% of the excess over \$1,000,000 $\}$	41		
	Over \$1,500,000 but not over \$17,000,000. \$225,000 plus 5% of the excess over \$1,500,000			
	Over \$17,000,000 \$1,000,000			
42	Grassroots nontaxable amount (enter 25% of line 41).	42		
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		
	Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.			
	4-Year Averaging Period Under Section 501(h)			
	(Some organizations that made a section 501(h) election do not have to complete all See the instructions for lines 45 through 50 on page 11 of the instru-			elow.

		Lobbying Expenditures During 4-Year Averaging Period					
	Calendar year (or	(a)	(b)	(c)	(d)		(e)
	fiscal year beginning in) ►	2005	2004	2003	200	2	Total
45	Lobbying nontaxable amount						
46	Lobbying ceiling amount (150% of line 45(e))						
47	Total lobbying expenditures						
48	Grassroots nontaxable amount						
49	Grassroots ceiling amount (150% of line 48(e))						
50	Grassroots lobbying expenditures						
Pa	rt VI-B Lobbying Activity by Nonelec (For reporting only by organiza	-		Part VI-A) (See	page 11	of th	e instructions.)
During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:						Amount	
a Volunteers							
b Paid staff or management (Include compensation in expenses reported on lines c through h.).							
с	Media advertisements.						

С	Media advertisements
	Mailings to members, legislators, or the public
	Publications, or published or broadcast statements
	Grants to other organizations for lobbying purposes
	Direct contact with legislators, their staffs, government officials, or a legislative body.
-	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
i	
-	If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Schedule A (Form 990 or 990-EZ) 2005

Schedule A	A (Form 990 or 990-EZ)	2005					age 6
Part VI	I Information	n Regarding T	ransfers To and Transace e page 12 of the instruction	ctions and Relationships Winns.)	th Nonc		
				following with any other organization on 527, relating to political organizatio		d in se	ection
a Transfers from the reporting organization to a noncharitable exempt organization of:							No
(i) Cash							
(ii)	a(ii)						
	er transactions:				h.(1)		
.,	0		noncharitable exempt organizat itable exempt organization		b(i) b(ii)		
		b(iii)					
			ner assets		b(iv)		
					b(v)		
	-		ship or fundraising solicitations		b(vi)		
			sts, other assets, or paid employ	yees	с		
goo	ds, other assets, o	r services given by	the reporting organization. If the	. Column (b) should always show the f ne organization received less than fai s, other assets, or services received:			
(a) Line no.	(b) Amount involved	Name of none	(c) charitable exempt organization	(d) Description of transfers, transactions, and	t sharing arr	andeme	ents
							<u> </u>
des		01(c) of the Code (other than section 501(c)(3)) or in	e or more tax-exempt organizations n section 527? ►			No
	(a) Name of organiz	ation	(b) Type of organization	(c) Description of relations	ship		
				Sobodulo A /E			

Form 990 Mathematical Programming Society, Inc. EIN 23-2161580 2005 Exempt Organization Return

Part II Line 22 <u>Grants and Allocations in 2005</u>

Grants consisted of honoraria for prizes and editorial services for the Society's. None of the recipients is related to any person or corporation with an interest in the Society other than Dr. Gerards, who was an at-large member of the Society's council and co-Editor of the Society publication, Mathematical Programming A. Dr. Gerards received the same \$1,000 honoria as the three unrelated co-editors of the Society publication, Mathematical Programming A. A list of the recipients, their addresses and amounts received follows:

Editorial Services

Professor William Cook (\$4,000, MPA) School of Industrial and Systems Engineering Georgia Institute of Technology Groseclose 0205 Atlanta, GA 30332

Robert Kurt Anstreicher (\$1,000, MPA) Department of Management Science University of Iowa Iowa City, IO 52242

Professor Michael C. Ferris (\$1,000, MPA) University of Wisconsin Department of Computer Sciences 1210 West Dayton Street Madison, WI 53706

Albertus M. H. Gerards (\$1,000, MPA) CWI Postbus 94079 1090 GB Amsterdam The NETHERLANDS

Prof. Dr. Michael Jünger (\$1,000, MPA) Institut für Informatik Universität zu Köln Pohligstraße 1 D-50969 Köln, GERMANY

Prof. Stephen J. Wright (\$2,000, MPB) Computer Sciences Department University of Wisconsin 1210 W. Dayton Street Madison WI 53706 Form 990 Mathematical Programming Society, Inc. EIN 23-2161580 2005 Exempt Organization Return

Part V-A LIST OF THE SOCIETY'S 2005 OFFICERS

The Society paid none of the Society's Officers any compensation or employee benefits (including deferred compensation). The Society did not reimburse any of the Officers for any expenses other than a \$97.20 reimbursement to the Treasurer for postal expenses he incurred on behalf of the Society.

<u>Name, address, title</u>	<u>Hours/Week</u>
Prof. Rolf H. Möhring (Chair) Institut für Mathematik Berlin University of Technology Straße des 17. Juni 136 D-10623 Berlin, GERMANY	2.0
Prof. Robert E. Bixby (Past Chai Rice University Dept. of Mathematical Sciences P.O. Box 1892 Houston TX, 77251 USA	r) 2.0
Dr. Karen Aardal (Exec Comm C Centrum voor Wiskunde en Infor P.O. Box 94079 1090 GB Amsterdam The Netherlands	
Dr. David Gay (Treasurer) 900 Sierra Place SE Albuquerque, NM 87108-3379 USA	2.0

Form 990 Mathematical Programming Society, Inc. EIN 23-2161580 2005 Exempt Organization Return

Part V-A LIST OF THE SOCIETY'S 2005 COUNCIL MEMBERS

The Society paid none of the Society's Council Members any compensation or employee benefits (including deferred compensation). The Society did not reimburse any of the Council members for any expenses other than a \$97.20 reimbursement to the Treasurer for postal expenses he incurred on behalf of the Society. The first four are exofficio Council Members, and the rest are Council Members-at-large.

Name, address, title Ho	urs/Week		
Prof. Rolf H. Möhring (Chair) Institut für Mathematik Berlin University of Technology Straße des 17. Juni 136	2.0	1090 GB Amsterdam The NETHERLANDS	
D-10623 Berlin, GERMANY		Prof. Christoph Helmberg	2.0
Prof. Robert E. Bixby (Past Chair) Rice University Dept. of Mathematical Sciences PO Box 1892	2.0	Chemnitz University of Technology Fakultät für Mathematik 09107 Chemnitz GERMANY	
Houston TX, 77251 USA		Prof. Dorit S. Hochbaum Haas School of Business and Dept. of IE&OR	2.0
Dr. David M. Gay (Treasurer) 900 Sierra Place SE Albuquerque, NM 87108-3379 USA	2.0	Etcheverry Hall University of California Berkeley, CA 94720-1777 USA	
Dr. Karen Aardal (Exec Comm Chair) Centrum voor Wiskunde en Informatica P.O. Box 94079 1090 GB Amsterdam The NETHERLANDS	2.0		
Dr. Lisa Fleischer IBM T. J. Watson Research Center P. O. Box 218 Yorktown Heights, NY 10598 USA	2.0		
Dr. Albertus M. H. Gerards CWI Postbus 94079	2.0		