Citizen Audit.org

990 Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung

OMB No. 1545-0047 2004

Form 990 (2004)

Open to Public benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements Department of the Treasury Internal Revenue Service Inspection For the 2004 calendar year, or tax year beginning 4/01/04 , and ending /05 Please Check if applicable: Name of organization Employer identification no. use IRS PROFESSIONAL PHOTOGRAPHERS OF 36-3325757 Address change label or NEBRASKA Name change Telephone number print or 402-483-4586 type. Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite See P.O. BOX 759 Final return Accounting method: X Cash Specific Amended return City or town, state or country, and ZIP + 4 Accrual Other (specify) Instruc-KEARNEY NE 68848 Application pending tions. Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable H and I are not applicable to section 527 organizations H(a) Is this a group return for affiliates? trusts must attach a completed Schedule A (Form 990 or 990-EZ). G Website: ► N/A H(b) If "Yes," enter number of affiliates Organization type H(c) Are all affiliates included? (check only one) \blacktriangleright X 501(c) (6) \triangleleft (insert no.) 4947(a)(1) or (If "No," att. a list. See instr.) Check here | if the organization's gross receipts are normally not more than \$25,000. H(d) Is this a separate return filed by an The organization need not file a return with the IRS; but if the organization received a organization covered by a group ruling? Form 990 Package in the mail, it should file a return without financial data. Some states Group Exemption Number ▶ Check ► |X| if the organization is **not** required require a complete return. Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 46,085 to attach Sch. B (Form 990, 990-EZ, or 990-PF). Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.) Contributions, gifts, grants, and similar amounts received: Direct public support Indirect public support h Government contributions (grants) Total (add lines 1a through 1c) (cash \$ 1d Program service revenue including government fees and contracts (from Part VII, line 93) 2 Membership dues and assessments SEE STATEMENT 18. 687 3 4 453 Interest on savings and temporary cash investments Dividends and interest from securities Gross rents 6a ĥа C income or (loss) (subtract line 6b from line 6a) 6c Other investment income (describe Gross Priount from sales or assets o 7 (B) Other than inventory 8a 8b C Net gain or (loss) (combine line 8c, columns (A) and (B)) d Special events and activities (attach schedule). If any amount is from gaming, check here Gross revenue (not including \$ contributions reported on line 1a) Less: direct expenses other than fundraising expenses b Net income or (loss) from special events (subtract line 9b from line 9a) Gross sales of inventory, less returns and allowances 10a 10a Less: cost of goods sold Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) 11 Other revenue (from Part VII, line 103) 11 12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 46,085 13 13 Program services (from line 44, column (B)) Management and general (from line 44, column (C)) 14 14 15 Fundraising (from line 44, column (D)) 15 Payments to affiliates (attach schedule) 16 16 40,819 17 Total expenses (add lines 16 and 44, column (A)) 5,266 A 18 Excess or (deficit) for the year (subtract line 17 from line 12) 18 Net assets or fund balances at beginning of year (from line 73, column (A)) 19 19 Other changes in net assets or fund balances (attach explanation) 51,642 Net assets or fund balances at end of year (combine lines 18, 19, and 20) 21

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(a)(1) nonex	(A) Total	(B) Program	(C) Management	(D) Fundraising
2 Grants and allocations (attach schedule)			services	and general	
(cash \$ cash \$) 22				
3 Specific assistance to individuals			:		
Benefits paid to or for members	24				
5 Compensation of officers, directors, etc.	25				
Other salaries and wages	26				
Pension plan contributions	27				
Other employee benefits	28				
Payroll taxes	29				
Professional fundraising fees	30				
Accounting fees	31	1,311		1,311	
Legal fees	32				
Supplies	33	1,255	125	1,130	
Telephone	34				
Postage and shipping	35	556	111	445	
G Occupancy	36			·	
Equipment rental and maintenance	37				
Printing and publications	38				
Travel	39	0.4.10.6	01 565	0 101	
Conferences, conventions, and meetings		24,186	21,765	2,421	
Interest	41				
Depreciation, depletion, etc. (attach schedule)	42				
Other expenses not covered above (itemize): a		10 511		2 1 5 7	
b SEE STATEMENT 2		13,511	5,354	8,157	
c					
	1 1				
9					
Total functional expenses (add lines 22 - 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15 int Costs. Check if you are following SOP 98-2.	43e	40,819	27,355		0
Total functional expenses (add lines 22 - 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15 int Costs. Check if you are following SOP 98-2. e any joint costs from a combined educational campaign and	43e 44 fundraisin	g solicitation reported in	n (B) Program service	es?	▶ ☐ Yes ☒ No
Total functional expenses (add lines 22 - 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15 int Costs. Check if you are following SOP 98-2. e any joint costs from a combined educational campaign and Yes," enter (i) the aggregate amount of these joint costs \$	44 fundraising	g solicitation reported in (ii) the amount ; and (iv) the amount	n (B) Program service allocated to Program ser allocated to Fundraising	es?vices \$	▶ ☐ Yes ☒ No
oint Costs. Check ▶ if you are following SOP 98-2. The any joint costs from a combined educational campaign and "Yes," enter (i) the aggregate amount of these joint costs \$	44 fundraising	g solicitation reported in (ii) the amount ; and (iv) the amount	n (B) Program service allocated to Program ser allocated to Fundraising	es?vices \$	► Yes X No
Total functional expenses (add lines 22 - 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15 sint Costs. Check if you are following SOP 98-2. e any joint costs from a combined educational campaign and Yes," enter (i) the aggregate amount of these joint costs \(\) I the amount allocated to Management and general \(\) Part II Statement of Program Service Acceptate is the organization's primary exempt purpose? EDUCATE AND INSTRUCT PHOTOGR organizations must describe their exempt purpose achievement clients served, publications issued, etc. Discuss achievement	43e 44 fundraising complish APHER ents in a c	g solicitation reported in ; (ii) the amount ; and (iv) the amount nments (See page S lear and concise mann not measurable. (Secti	n (B) Program service allocated to Program ser allocated to Fundraising e 25 of the instru	es? rvices \$ \$ actions.)	▶ ☐ Yes ☒ No
Total functional expenses (add lines 22 - 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15 pint Costs. Check if you are following SOP 98-2. The any joint costs from a combined educational campaign and Yes," enter (i) the aggregate amount of these joint costs solutions amount allocated to Management and general solutions the organization's primary exempt purpose? EDUCATE AND INSTRUCT PHOTOGR organizations must describe their exempt purpose achievement clients served, publications issued, etc. Discuss achievement ganizations and 4947(a)(1) nonexempt charitable trusts must	43e 44 fundraising complish APHER ents in a c	g solicitation reported in ; (ii) the amount ; and (iv) the amount nments (See page S lear and concise mann not measurable. (Secti	n (B) Program service allocated to Program ser allocated to Fundraising e 25 of the instru	es? rvices \$ \$ actions.)	Program Service Expenses (Required for 501(c)(3) & (4) orgs & 4947(a)(1) trusts; but optional for
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Part IV. Balance Sheets (See page 25 of the instructions.)

	Note:	Where required, attached schedules and amounts within	n the description	(A)	(B)
		column should be for end-of-year amounts only.	Beginning of year	End of year	
	45	Cash-non-interest-bearing		19,271 4	11,092
	46	Savings and temporary cash investments		27,105 4	40,550
			,		
	47a	Accounts receivable	47a		
	b	Less: allowance for doubtful accounts	47b	47	7c
	48a	Pledges receivable	48a		
	b	Less: allowance for doubtful accounts	48b	48	Bc L
	49	Grants receivable		4	<u> </u>
	50	Receivables from officers, directors, trustees, and key e	mployees		
Α		(attach schedule)	L	5	50
S	51a	Other notes and loans receivable (attach			
S		schedule)	51a		
θ		Less: allowance for doubtful accounts	51b	51	
t	52	Inventories for sale or use			52
S	53	Prepaid expenses and deferred charges			53
	54	Investments-securities	Cost FMV	5	34
	55a	Investments-land, buildings, and			
	,	equipment: basis	55a		
	b	Less: accumulated depreciation (attach			
		schedule)	55b	55	<u>ic</u>
	56	Investments-other (attach schedule)	<u> </u>	5	6
	57a	Land, buildings, and equipment: basis	57a		
	b	Less: accumulated depreciation (attach			
			57b	57	
	58	Other assets (describe			58
	59	Total appare (add lines 45 through 59) (must equal line	74)	46,376 5	51,642
	60	Total assets (add lines 45 through 58) (must equal line Accounts payable and accrued expenses			50
L	61				i1
İ	62	Grants payable			32
b	63	Deferred revenue Loans from officers, directors, trustees, and key employ	ees (attach		72
i		· · · · · · · · · · · · · · · · · · ·			3
l i	64a	schedule) Tax-exempt bond liabilities (attach schedule)		64	
t	b	Mortgages and other notes payable (attach schedule)		64	
i	65	Other liabilities (describe	······		55
ө s	•••				
-	66	Total liabilities (add lines 60 through 65)		0 s	66 C
	Orga		nd complete lines		
	-	67 through 69 and lines 73 and 74.	·		
NF.	. 67	Unrestricted		į.	77
e u	68	Temporarily restricted		6	8
t n	69			6	9
A	Orga	Permanently restricted	▶ X and		
s B	-	complete lines 70 through 74.	-		
s a	70	Capital stock, trust principal, or current funds	L	7	0
el ta	71	Paid-in or capital surplus, or land, building, and equipme		7	1
เ a S n	72	Retained earnings, endowment, accumulated income, o		46,376 7	51,642
С	73	Total net assets or fund balances (add lines 67 through			
0 _е		70 through 72;			
• 5		column (A) must equal line 19; column (B) must equal	line 21)	46,376 7	51,642
	74	Total liabilities and not assets / fund balances /add		46.376 7	M 51 642

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.

DAA

Form	990 (2004)	PROFESSIONAL F	HOTOGRAPHERS	OF			<u> 325757</u>			Page 4
Pa	n IV-A	Reconciliation of Rev Financial Statements			Pa		leconciliation of inancial Statem			
N/	′ z\	Return (See page 27			N/		manciai Statem Return	GIIIS	with Exp	enses per
		e, gains, and other support	or the manuctions.)	а		Total expenses				
a		nancial statements	а	a		· · · · · · · · · · · · · · · · · · ·	statements	•	а	
b	=	uded on line a but not on	-	b	,		ed on line a but not			
-	line 12, Form			- T	•	on line 17, Form				
(1)	Net unrealize				(1)	Donated service				
(.,	investments				(- /	of facilities \$				
(2)	Donated serv				(2)	Prior year adjust				
(-,	of facilities	\$			(-/	reported on line				
(3)	Recoveries of	·				Form 990 \$	20,			
(0)	year grants				(3)	Losses reported	on line 20			
(4)	Other (specify				(-,	Form 990 \$				
(- ,	Curio, (opcon)	,,,			(4)	Other (specify):	· · · · · · · · · · · · · · · · · · ·			
		S			(-/	- a (-p				
	Add amounts	on lines (1) through (4)	ь	******		\$				
	, , , , , , , , , , , , , , , , , , , ,					Add amounts on	lines (1) through (4)	•	b	
С	Line a minus	line b	c	c	:	Line a minus line		•	С	
d		uded on line 12,		d		Amounts include		·		
	Form 990 but	•				Form 990 but no	•			
(1)	Investment ex				(1)	Investment expe	enses			
` '	not included of	•			` '	not included on I				
	6b, Form 990	\$				6b, Form 990 \$				
(2)	Other (specify				(2)	Other (specify):				
		3 lines (4) and (0)	ا د	*****		Add amazunta an	lines (4) and (2)	•	-1	
_		on lines (1) and (2)	<u>d</u>	\dashv			lines (1) and (2)	-	d	
6		per line 12, Form 990		9	,		per line 17, Form 990			
		e d) ▶ st of Officers, Directors	e Truetoes and Key	Fmr	alo:		one even if not comp	encate	q. see bade	27 of
0000000		instructions.)	s, musices, and mey	-1114	J.O.	yees (List each	one even ii not comp	ciisalc	u, see page	27 01
		(A) Name and address		(B	3) Ti	itle and average r week devoted to	(C) Compensation (If not paid, enter	(D) emple	Contrib. to byee benefit & deferred npensation	(E) Expense account and other
	TO DDIII					position	· -Ó)	cor	npensation	allowances
	RIC BRU				(E)	SIDENT			^	
		24438 OMAHA NE	68124	3	\T1 C	DIDOM	0		0	0
	RAD CLAI		N NE COEOC		(E)	S-ELECT			^	_
		H STREET LINCOL	NE 00200	3	T 7	CUDED	0		0	0
	EVE MI	LLER 45651 OMAHA NE			(L)	ASURER	0		0	^
<u> </u>	O. BOX	43631 UMAHA NE	. 00143	3			U		0	0
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• • • • •				ļ				ļ		
	·									
75	organization a	er, director, trustee, or key emp and all related organizations, o th schedule-see page 28 of the	f which more than \$10,000						>	Yes X No

Form	990 (2004) PROFESSIONAL PHOTOGRAPHERS OF 36-3325757		F	age 5
Pa	rt VI Other Information (See page 28 of 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		Х
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		X
••	If "Yes," attach a conformed copy of the changes.			
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X	3000000000
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	X	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a	100		
	statement	79		Х
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		Х
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?	81b		X
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		X
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.)	_		
83a	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		<u> </u>
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	0000000000	X
b	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	37	X
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	Χ	
	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	Outline 400(s) list before and a 199 and a second s			
e	Assessment and described assessment of a coling COOP(x)(A)(A) decreased as	1		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 856 857	1		
g g	Does the experientian plant to pay the postion 6022(a) tay on the amount on line 9552	85g	90000000000	000000000
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			
	vear?	85h		
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			
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			١.,
	301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	*********	X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:			
	section 4911 (section 4912); section 4912 ; section 4955			
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			
		89b		
_	a statement explaining each transaction Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under	030		
С	· · · · · · · · · · · · · · · · · · ·			
d	sections 4912, 4955, and 4958 Enter: Amount of tax on line 89c, above, reimbursed by the organization			
90a	List the states with which a copy of this return is filed NONE.			
b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)			0_
91	A OMELIE MILLED			
-	Located at ► LAVISTA, NE ZIP+4 ► 68128		 	
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	(2004)

Note: Enter	gross amounts unless otherwise		See page Unrelated	business income		d by sec. 512,	513, or 514	(E)
indicated.	. •		(A) siness code	(B) Amount	(C) Exclusion			(E) Related or
93 Program	n service revenue:	Bus	sinès's code	Amount	Exclusion code	(D) Amor	unt	exempt function income
a SEM					7	2	1,290	
b NEW	VSLETTER	5	41800	1,655				
c								
е								
f Medicar	re/Medicaid payments							
g Fees an	nd contracts from government agen	cies						
94 Member	rship dues and assessments							18,687
95 Interest	on savings and temporary cash inv	restments			14		453	
96 Dividend	ds and interest from securities \dots							
97 Net rent	tal income or (loss) from real estate	:						
a debt-fina	anced property							
b not debt	t-financed property							
98 Net rent	tal income or (loss) from personal p	roperty						
99 Other in	vestment income							
100 Gain or	(loss) from sales of assets other that	an inventory	I					
101 Net inco	ome or (loss) from special events							
102 Gross p	rofit or (loss) from sales of inventor	y						
	evenue: a							
b								
c								
d								
е								
104 Subtotal	l (add columns (B), (D), and (E))			1,655		2	1,743	18,687
105 Total (a	dd line 104, columns (B), (D), and ((E))						42,085
▼				f Part VII contributed in	пропалі	ly to the acc	omplishmer	nt
94	MEMBERSHIP FEES BUSINESS ACTIVIT	poses (other than by provide PAID TO ORGA	ding funds f	or such purposes).				
	MEMBERSHIP FEES BUSINESS ACTIVIT	poses (other than by provided PAID TO ORGA	ding funds f	or such purposes). ION FOR IMP	ROVE	MENTS	OF	
94 Part IX	MEMBERSHIP FEES BUSINESS ACTIVIT	poses (other than by provided PAID TO ORGATIES. TAXABLE Subsidiarie	ding funds f	or such purposes). ION FOR IMP	ROVE	MENTS page 34	OF	estructions.)
Part IX Name, add	MEMBERSHIP FEES BUSINESS ACTIVITY Information Regarding T (A) dress, and EIN of corporation, ship, or disregarded entity	poses (other than by provided PAID TO ORGA	ding funds for ANIZAT	or such purposes). ION FOR IMP	ROVE	MENTS	OF	
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Part IX Name, add	MEMBERSHIP FEES BUSINESS ACTIVITY Information Regarding T (A) dress, and EIN of corporation, ship, or disregarded entity	PAID TO ORGATIES. Taxable Subsidiarie (B) Percentage of ownership interest	ding funds f	or such purposes). ION FOR IMP sregarded Entitie (C)	ROVE	MENTS page 34	OF	nstructions.) (E) End-of-year
Part IX Name, add	MEMBERSHIP FEES BUSINESS ACTIVITY Information Regarding T (A) dress, and EIN of corporation, ship, or disregarded entity	PAID TO ORGATIES. Caxable Subsidiarie (B) Percentage of ownership interest	ding funds f	or such purposes). ION FOR IMP sregarded Entitie (C)	ROVE	MENTS page 34	OF	nstructions.) (E) End-of-year
Part IX Name, add partner N/A	MEMBERSHIP FEES BUSINESS ACTIVITY Information Regarding T (A) dress, and EIN of corporation, ship, or disregarded entity	PAID TO ORGATIES. Caxable Subsidiarie (B) Percentage of ownership interest %	ding funds f	or such purposes). ION FOR IMP sregarded Entitie (C)	ROVE	MENTS page 34	OF	nstructions.) (E) End-of-year
Part IX Name, add	MEMBERSHIP FEES BUSINESS ACTIVITY Information Regarding T (A) dress, and EIN of corporation, ship, or disregarded entity	PAID TO ORGATIES. Caxable Subsidiarie (B) Percentage of ownership interest % % %	ding funds fi	or such purposes). ION FOR IMP sregarded Entitie (C) ature of activities	ROVE	MENTS page 34 (D) Total incon	OF of the in	estructions.) (E) End-of-year assets
Part IX Name, add partner N/A Part X (a) Did	MEMBERSHIP FEES BUSINESS ACTIVIT Information Regarding T (A) dress, and EIN of corporation, ship, or disregarded entity Information Regarding T the organization, during the year, re	Taxable Subsidiarie (B) Percentage of ownership interest % % ransfers Associate eceive any funds, directly of the subsidiarie of the subsidia	s and Dis	or such purposes). ION FOR IMP sregarded Entitie (C) ature of activities ersonal Benefit (to pay premiums on a	ROVE	MENTS page 34 (D) Total incon	of the in	e instructions.) End-of-year assets
Part IX Name, add partner N/A Part X (a) Did (b) Did	MEMBERSHIP FEES BUSINESS ACTIVIT Information Regarding T (A) dress, and EIN of corporation, ship, or disregarded entity Information Regarding T the organization, during the year, rethe organization, during the year, pe	PAID TO ORGATIES. Caxable Subsidiarie (B) Percentage of ownership interest % % ransfers Associate eceive any funds, directly of ay premiums, directly of ay premiums, directly of ay premiums, directly of any premium and	s and Dis	or such purposes). ION FOR IMP sregarded Entitie (C) ature of activities ersonal Benefit (to pay premiums on a	ROVE	MENTS page 34 (D) Total incon	of the in	e instructions.) (E) End-of-year assets
Part IX Name, add partner N/A Part X (a) Did (b) Did	MEMBERSHIP FEES BUSINESS ACTIVIT Information Regarding T (A) dress, and EIN of corporation, ship, or disregarded entity Information Regarding T the organization, during the year, rethe organization, during the year, perfect to (b), file Form 8870 and Form	PAID TO ORGATIES. Taxable Subsidiarie (B) Percentage of ownership interest % % Transfers Associate eceive any funds, directly of any premiums, directly or in 4720 (see instructions).	s and Dis	or such purposes). ION FOR IMP sregarded Entitie (C) ature of activities ersonal Benefit (to pay premiums on a a personal benefit cor	ROVE	MENTS e page 34 (D) Total incon	of the in	e instructions.) Yes X No.
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5/5/2005 3:03 PM

36-3325757

Federal Statements

FYE: 3/31/2005

Statement 1 - Form 990, Part I, Line 3 - Membership Dues and Assessments

Description	 Amount
DUES	\$ 18,687
TOTAL	\$ 18, <u>687</u>

Statement 2 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	 Total Expenses	 Program Service	 Mgt & General	Fund- Raising
	\$	\$	\$	\$
NEWSLETTER READERSHIP COSTS	5,354	5,354		
EXPENSES		÷		
WEBSITE	299		299	
SCHOLARSHIP	500		500	
PUBLIC RELATIONS	294		294	
INSURANCE	420		420	
MISCELLANEOUS ADMINISTRATIVE	 6,644		 6,644	
TOTAL	\$ 13,511	\$ 5,354	\$ 8,157	\$ (

Statement 3 - Form 990, Part III, Line a - Statement of Program Service Accomplishments

HIRED PROFESSIONAL PHOTOGRAPHER SPEAKERS TO EDUCATE OVER 300 MEMBERS ON HOW TO PROMOTE BUSINESS, TEACHING OF NEW MARKETING AND ADVERTISING SKILLS IN THE PHOTOGRAPHY FIELD.