# Citizen Audit.org

Return of Organization Exempt From Income Tax

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

Open to Public

OMB No 1545-0047

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 4/01/05 3/31/06 For the 2005 calendar year, or tax year beginning , and ending Please Check if applicable Name of organization Employer Identification no. use IRS PROFESSIONAL PHOTOGRAPHERS OF Address change 36-3325757 label or **NEBRASKA** Telephone number print or Name change type. Number and street (or P O box if mail is not delivered to street address) 402-483-4586 Room/suite Initial return See P.O. BOX 759 Accounting method: X Cash Specific Final return City or town, state or country, and ZIP + 4 Accrual Other (specify) Instruc-KEARNEY Amended return tions. NE 68848 Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable H and are not applicable to section 527 organizations I Application pending trusts must attach a completed Schedule A (Form 990 or 990-EZ). H(a) Is this a group return for affiliates? Website: ► N/A H(b) If "Yes," enter number of affiliates ▶ Organization type H(c) Are all affiliates included? (check only one) ► X 501(c) ( 6 ) 

(insert no.) | 4947(a)(1) or | (If "No," attach a list See instr.) H(d) Is this a separate return filed by an if the organization's gross receipts are normally not more than \$25,000. The organization covered by a group ruling? organization need not file a return with the IRS, but if the organization chooses to file a return, be Group Exemption Number ▶ sure to file a complete return. Some states require a complete return. M Check ► X If the organization is **not** required 40,421 Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 to attach Sch B (Form 990, 990-EZ, or 990-PF). Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.) Contributions, gifts, grants, and similar amounts received: а Direct public support 18 b Indirect public support 1b 1c c Government contributions (grants) d Total (add lines 1a through 1c) (cash \$ 725 noncash \$ 1d 2 Program service revenue including government fees and contracts (from Part VII, line 93) 2 3 Membership dues and assessments SEE STATEMENT 1 3 4 Interest on savings and temporary cash investments 4 5 Dividends and interest from securities 5 6а Gross rents 6a b Less: rental expenses 6b C Net rental income or (loss) (subtract line 6b from line 6a) 6c Other investment income (describe) 7 Gross amount from sales of assets other (A) Securities (B) Other than inventory 8a Less cost or other basis and sales expenses 8b Gain or (loss) (attach schedule) 80 Net gain or (loss) (combine line 8c, columns (A) and (B)) 8d Special events and activities (attach schedule). If any amount is from gaming, check her▶ Gross revenue (not including \$ contributions reported on line 1a) 9a Less direct expenses other than fundraising expenses 9Ь Net income or (loss) from special events (subtract line 9b from line 9a) 9с Gross-sales-of-inventory, less returns and allowances 10a Less Sold b 10b C Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) 10c Other revenue (from Part (II), line 103)
Total revenue (and lines, 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 11 12 Program-services (from life 44, column (B)) 30,959 13 13 Manager Fertuan Deneral (from line 44, column (C)) 14 14 Pundraising (from line 44, column (D)) 15 16 Payments to affiliates (attach schedule) 16 42,924 17 Total expenses (add lines 16 and 44, column (A)) 17 -2,503 18 Excess or (deficit) for the year (subtract line 17 from line 12) 18 51,642 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 19 Other changes in net assets or fund balances (attach explanation) 20

Net assets or fund balances at end of year (combine lines 18, 19, and 20)

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

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36-3325757

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Part II Statement of All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions) **Functional Expenses** Do not include amounts reported on line (B) Program (C) Management (A) Total (D) Fundraising services and general 6b, 8b, 9b, 10b, or 16 of Part I 22 Grants and allocations (attach schedule) non-cash \$ (cash\$ 22 If this amount includes foreign grants, check here 23 Specific assistance to individuals (attach schedule) 23 24 Benefits paid to or for members (attach STMT 2 690 schedule) 24 690 25 Compensation of officers, directors, etc. 25 26 Other salaries and wages 26 27 Pension plan contributions 27 28 Other employee benefits 28 29 Payroll taxes 29 30 Professional fundraising fees 30 094 094 31 Accounting fees 31 32 Legal fees 32 986 97 889 33 Supplies 33 34 Telephone 34 709 142 35 Postage and shipping 35 567 36 Occupancy 36 37 Equipment rental and maintenance 37 Printing and publications 38 39 Travel 39 Conferences, conventions, and meetings 26,803 24.181 2,622 40 40 41 41 Interest 42 Depreciation, depletion, etc. (attach schedule) 42 43 Other expenses not covered above (itemize): SEE STATEMENT 3 12,642 5,849 6,793 а 43a 43b 43c 43d 43e 43f 43g Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 42,924 30,959 11,965 Joint Costs. Check ▶ ☐ If you are following SOP 98-2 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ► Yes X If "Yes," enter (i) the aggregate amount of these joint costs\$ , (ii) the amount allocated to Program services \$

and (iv) the amount allocated to Fundraising\$

Form	990	(2005)
-om	JJU	1ZUUD)

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

### 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

(4) orgs. x 4947(a)(1) projected publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) programations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)   a 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.    (Grants and allocations \$ )   If this amount includes foreign grants, check here   □		rumo una accompliaminento	
Required for 501cl(3)   Requ	۷h		•
a 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.  (Grants and allocations \$ ) If this amount includes foreign grants, check here   (Grants and allocations \$ ) If this amount includes foreign grants, check here   (Grants and allocations \$ ) If this amount includes foreign grants, check here   (Grants and allocations \$ ) If this amount includes foreign grants, check here   (Grants and allocations \$ ) If this amount includes foreign grants, check here   (Grants and allocations \$ ) If this amount includes foreign grants, check here   (Grants and allocations \$ ) If this amount includes foreign grants, check here   (Grants and allocations \$ ) If this amount includes foreign grants, check here   (Grants and allocations \$ ) If this amount includes foreign grants, check here   (Grants and allocations \$ ) If this amount includes foreign grants, check here   (Grants and allocations \$ ) If this amount includes foreign grants, check here   (Grants and allocations \$ ) If this amount includes foreign grants, check here   (Grants and allocations \$ ) If this amount includes foreign grants, check here   (Grants and allocations \$ ) If this amount includes foreign grants, check here	of c	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number lients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4)	(Required for 501(c)(3) 8 (4) orgs , & 4947(a)(1)
300 MEMBERS ON HOW TO PROMOTE BUSINESS, TEACHING OF NEW MARKETING AND ADVERTISING SKILLS IN THE PHOTOGRAPHY FIELD.  Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □  Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □  Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □  Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □  Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □  Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □	orga	anizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
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e Other program services (attach schedule)  (Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □			
(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ ☐			
	е	Other program services (attach schedule)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)			
	f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	0

Form **990** (2005)

P	<u>art IV</u>	Balance Sheets (See the instructions	·.)			
	Note:	Where required, attached schedules and amounts w column should be for end-of-year amounts only	othin the description	(A) Beginning of year		( <b>B</b> ) End of year
	45	Cash-non-interest-bearing		11,092	45	7,744
	46	Savings and temporary cash investments		40,550	46	41,395
	47a	Accounts receivable	47a			
	b	Less allowance for doubtful accounts	47b		47c	
		Less anowance for doubtful accounts	710		4/0	
	48a	Pledges receivable	48a			
	ь	Less: allowance for doubtful accounts	48b		48c	
	49	Grants receivable			49	
	50	Receivables from officers, directors, trustees, and ke	ey employees			
		(attach schedule)			50	
	51a	Other notes and loans receivable (attach				
		schedule)	51a			
Assets	b	Less: allowance for doubtful accounts	51b		51c	
Ass	52	Inventories for sale or use			52	_ <del></del> _
	53	Prepaid expenses and deferred charges			53	
	54	Investments-securities	Cost FMV		54	
	55a	Investments-land, buildings, and	1 1			
	١.	equipment: basis	55a			
	b	Less. accumulated depreciation (attach				
		schedule)	55b		55c	
	56	Investments-other (attach schedule)	57a		56	
	57a	Land, buildings, and equipment basis	5/4			
	b	Less. accumulated depreciation (attach schedule)	57b		57c	
	58	Other assets (describe	(3/6)		58	
		Caron docore (docorno p	,		- 50	
	59	Total assets (must equal line 74) Add lines 45 thro	ugh 58	51,642	59	49,139
	60	Accounts payable and accrued expenses			60	
	61	Grants payable			61	
	62	Deferred revenue			62	
S	63	Loans from officers, directors, trustees, and key em	ployees (attach			
abilities		schedule)			63	
jab	64a	Tax-exempt bond liabilities (attach schedule)			64a	
ב	ь	Mortgages and other notes payable (attach schedule	e)		64b	
	65	Other liabilities (describe	)		65	
	66	Total liabilities. Add lines 60 through 65		0	66	0
	Orga	nizations that follow SFAS 117, check here	and complete lines	1		<del></del>
		67 through 69 and lines 73 and 74.				
es	67	Unrestricted			67	
anc	68	Temporarily restricted			68	
Bal	69	Permanently restricted	. 🗖		69	
힏	Orga	nizations that do not follow SFAS 117, check here	▶ X and			
Ę		complete lines 70 through 74				
S	70	Capital stock, trust principal, or current funds			70	
Net Assets or Fund Balances	71	Paid-in or capital surplus, or land, building, and equi		E1 642	71	40 120
t As	72	Retained earnings, endowment, accumulated incom		51,642	72	49,139
Š	73	Total net assets or fund balances (add lines 67 thr	rough 69 or lines			
		70 through 72, column (A) must equal line 19, column (B) must eq	ual line 21)	51,642	73	49,139
	74	Total liabilities and net assets/fund balances. Add		51,642		49,139
_				<u> </u>		

Form	n 990 (2005) P	ROFESSIONAL PHOTOGRAPHERS	OF	36-3	325757				i	Page 5
Pa	art IV-A R	econciliation of Revenue per Audited Fi	nancial Stat	ements	With Revenue	per	Retu	ırn (Se		
_ N	/A in	structions.)						•		
а	Total revenue, ga	ains, and other support per audited financial stateme	nts		***		а			
b	Amounts include	ed on line a but not on Part I, line 12.								
1	Net unrealized g	ains on investments		b1						
2	Donated services	s and use of facilities		b2						
3	Recoveries of pr	or year grants		b3						
4	Other (specify).	, -						1		
		·		b4						
	Add lines b1 thro	ough <b>b4</b>					b			
С	Subtract line <b>b</b> fr	•					С			
d	Amounts include	ed on Part I, line 12, but not on line a:								
1		nses not included on Part I, line 6b		d1						
2	Other (specify)	, , <u></u>		<del>  </del>	<del>.</del>					
	(,			d2						
	Add lines d1 and	l d2					d	i		
e		Part I, line 12). Add lines <b>c</b> and <b>d</b>				•	6			
P		econciliation of Expenses per Audited F	inancial Sta	tements	With Expense	s no	,	turn N	/ <b>A</b>	
а		and losses per audited financial statements			S TOTAL EXPONE	<u> </u>	а		/ + 1	
b	-	ed on line a but not Part I, line 17:								
1		s and use of facilities		b1						
2		ments reported on Part I, line 20		b2						
- 3		on Part I, line 20		b3			·			
4	Other (specify)	on Farti, inte 20		103						
•	Other (specify)									
	Add lines b1 thro	augh h4		b4_						
С	Subtract line <b>b</b> fr	-					b			
d							С			
u 1		ed on Part I, line 17, but not on line a:		امدا						
'		nses not included on Part I, line 6b		d1						
2	Other (specify).									
	A alai 1	. Jo		d2						
_	Add lines d1 and						d			
e De		(Part I, line 17). Add lines c and d	Vay Emple				е			
re		urrent Officers, Directors, Trustees, and key employee at any time during the year even if the	y were not com	<b>yees</b> (List pensated )	t eacn person wno w (See the instruction	asa s)	in offic	er, dired	ctor, trustee,	,
		(A) Name and address	(B) Title and averag week devoted t	e hours per o position	(C) Compensation (If not paid, enter -0)	em pla	) Con ployee ins & d	trib to benefit eferred ion plans	(E) Exper account and allowance	other
B	RAD CLARK		PRESIDE		<u> </u>		Poliser	IOII PIBLIS	anoviario	<del></del>
		STREET LINCOLN NE 68506	3		0			0		0
	TEVE MILL		PRES EI	ЕСТ			_			
		5651 OMAHA NE 68145	3		0			0		0
	EFF FUNK		TREASUR	RER						
	01 OLSON	DRIVE OMAHA NE 68145	4		0			0		0
	AVE WATT	ZIZIZ JIMIMI ND JUITS	SECRETA	ARV	· · · · ·	$\vdash$			-	
		AMENITE HOLDBECE NE 60040	SECKETA	71/1	0	Ī		0		٥

**********	990 (2005)	PROFESSIO	<u>)NAL</u>	PHOTO	GRAPHER	S OF36	<u>-3325757</u>			F	age 6
	ort V-A					l Key Employees (				Yes	No
75a		otal number of officers	s, direct	ors, and trus	tees permitted	to vote on organization	business at board				
	meetings						•				
b						m 990, Part V-A, or high	•				
				=	•	ofessional and other inde ther through family or bu	•				
						luals and explains the re			75b	l	X
						adio and explaine the re	industrio in p(o)		100		<u> </u>
C	Do any office	cers, directors, truste	es, or k	ey employee:	s listed in Forr	n 990, Part V-A, or highe	est compensated				
	employees	listed in Schedule A,	Part I,	or highest co	mpensated pr	ofessional and other inde	ependent				
	contractors	listed in Schedule A	, Part II-	A or II-B, rec	eive compens	ation from any other org	anızatıons, whether				
				=	-	common supervision or	common control?		75c	_	X
	Note. Relat	ted organizations incl	ude sec	tion 509(a)(3	) supporting o	rganizations					
	If "Yes." att	ach a statement that	ıdentifie	s the individ	ials explains	the relationship betweer	this				
						ensation arrangements,					
		mounts paid to each				-	'				
d	Does the o	rganization have a wr	ritten co	nflict of intere	est policy?				75d	]	Х
Pa	ırt V∙B					<b>Key Employees T</b>		-		r Ber	nefits
						received compensation		, ,			
		the year, list that pe instructions )	rson bel	ow and enter	the amount o	f compensation or other	benefits in the appre	opriate column. See the	е		
		mstructions )					!	(D) Contrib to constance	<b>/</b> =	`\	
		(A) Name ar	ıd addres	s		(B) Loans and Advances	(C) Compensation	(D) Contrib to employee benefit plans & deferred compensation plans	acco	) Expe unt and lowanc	other
N/I	A					,					
								<u> </u>			
									1		
		<del>_</del>				<del></del>	<b>†</b>	-	<del> </del>		
	· · ·							"			
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	·			<u>.</u>							
								:			
Do	rt VI	Other Informati	07/8	oo the inet	ruotiono \	<u>.</u>					<del></del>
76						to the IRS? If "Yes," atta	ach a detailed			Yes	No
. •	_	of each activity	iny dolly	ity not provid	asiy reported	o the most res, and	ion a detailed		76		х
77			organizi	ng or govern	ng documents	but not reported to the	IRS?		77		X
		ach a conformed cop	-		-	·					
78a	Did the orga	anızatıon have unrela	ited busi	iness gross ıı	ncome of \$1,0	00 or more during the ye	ear covered by this r	eturn?	78a_	Х	
		s it filed a tax return o			•				78b	Х	<u> </u>
79			ion, term	nination, or s	ubstantial con	traction during the year?	If "Yes," attach				.,
800	a statemen		· than h			do ou motoconado como di-	4\ Abb		79		X
80a	_	•	•			de or nationwide organiz any other exempt or nor	. •	<sub>1</sub> ?	80a		х
b		ter the name of the o	-		, <del></del> ,	any outer exempt of flor	iozompi organizatioi	'	Jua		<u> </u>
-	,		J			and check whether it is	s exempt or	nonexempt			
81a	Enter direct	and indirect political	expend	ıtures. (See I	ine 81 instruct		81a	- ·			
<u>b</u>	Did the orga	anization file Form 11	20-POL	for this year	<sub>?</sub>	***			81b		<u>X</u>

	990 (2005) PROFESSIONAL PHOTOGRAPHERS OF 36-3325757		F	Page 7
<u>Pa</u>	art VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge		1	
	or at substantially less than fair rental value?	82a	↓	X
ь	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 )		1	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	ــــــ
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	N/A <b>83b</b>	↓	₩
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	<b></b>	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	/-		
	gifts were not tax deductible?	N/A 84b	<u> </u>	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	<b> </b>	X
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	X	ļ
	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  85d			
е.	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices  85e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)  85f			
9	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	+	₩
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			
00	following tax year?	85h	┼	<del> </del>
86	501(c)(7) orgs Enter. a Initiation fees and capital contributions included on			
<b>L</b>	line 12  Green receipts, upply ded on line 12, for public upply facilities.			
b 87	Gross receipts, included on line 12, for public use of club facilities  501(c)(12) ords. Enter: a Gross income from members or shareholders.			
	501(c)(12) orgs. Enter: a Gross income from members or shareholders  Gross income from other sources. (Do not net amounts due or paid to other			
U				
88	sources against amounts due or received from them.)  At any time during the year, did the organization cure a 50% or greater interest in a tayable correction or			
00	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		1	Х
89a	501(c)(3) organizations. Enter. Amount of tax imposed on the organization during the year under	88	-	┢┷
<b>5</b> 54	section 4911 section 4912 , section 4955			1
h	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction	İ		l
-	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		
c	Enter. Amount of tax imposed on the organization managers or disqualified persons during the year	690		L
	sections 4912, 4955, and 4958	•		
d	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, 2005 (See			
	instructions )	90b		0
91a	The books are in care of JEFF FUNK  Telephone	<u> </u>		
	501 OLSON DRIVE SUITE 5			
	Located at ► LAVISTA, NE ZIP + 4 ►	68128		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	<del>-</del>		
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	91b	Ī.	Х
	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.			
	At any time during the calendar year, did the organization maintain an office outside of the United States?	91c	<u>L</u>	X
c	If "Yes," enter the name of the foreign country			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here			▶ [
		▶ 92		

Pa	ווע זו	Analysis of Income-Pro	Dudeling Activities	TOCC IIIC	monactions.	,		
Note:	Enter gr	ross amounts unless otherwise	<u> </u>	Unrelate	d business income	Excluded	by sec 512, 513, or 51	
indica	ited	•	_	(A) usiness code	(B) Amount	(C) Exclusion	(D) Amount	Related or
93	Program	n service revenue.	Bu	isinėss code	Amount	Exclusion	Amount	exempt function income
а	SEM	IINAR			-	7	20,34	
b		SLETTER		541800	1,035			
c				711000	17033	1		
						<del>                                     </del>		
đ			<del></del>			<del>                                     </del>		
е					<u> </u>			<u> </u>
f		e/Medicaid payments	_			ļ		
g	Fees an	d contracts from government ager	ncies					
94	Member	ship dues and assessments						17,469
95	Interest	on savings and temporary cash in	vestments			14	845	
96		ds and interest from securities				1		
97		al income or (loss) from real estate	<u>.</u>					
		anced property	···			<del> </del>		
			<u> </u>					
		-financed property	<u> </u>			<u> </u>		<u> </u>
98		al income or (loss) from personal p	property					
99	Other in	vestment income						
100	Gam or	(loss) from sales of assets other th	nan inventory					
101	Net inco	me or (loss) from special events			_			
102	Gross p	rofit or (loss) from sales of inventor	ry					
103	-	venue a	· _					
b								
c		<u> </u>						
_								+
d		· · · · · · · · · · · · · · · · · · ·				-		<del> </del>
e			<del></del>		1 025		01 100	17.460
		(add columns (B), (D), and (E))	L		1,035	L	21,192	
105	Total (a	dd line 104, columns (B), (D), and	(E))				▶	39,696
							_	47,474
Note:		5 plus line 1d, Part I, should equal				-		
Note:	Line 105	5 plus line 1d, Part I, should equal Relationship of Activiti			of Exempt Purp	oses (S	See the instructi	
Note: Pa		Relationship of Activiti  Explain how each activity for whi	ies to the Accomp	<b>lishment</b> n column (E	) of Part VII contribut			ons.)
Note: Pa	rt VIII	Relationship of Activiti	ies to the Accomp	<b>lishment</b> n column (E	) of Part VII contribut			ons.)
Note: Pa	rt VIII e No. ▼	Relationship of Activiti Explain how each activity for whi of the organization's exempt pur	ies to the Accomp ich income is reported in poses (other than by pre	<b>lishment</b> n column (E oviding fund	) of Part VII contribut is for such purposes)	ed import	antly to the accompl	ons.)
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Note: Pa Lin 94	rt VIII e No. ▼ I I rt DC	Relationship of Activiti  Explain how each activity for white organization's exempt pur MEMBERSHIP FEES  BUSINESS ACTIVITY  Information Regarding (A)  dress, and EIN of corporation, ship, or disregarded entity	ich income is reported in poses (other than by proposes (other than by propose	lishment n column (E oviding fund ANIZAT	of Part VII contribut is for such purposes) FION FOR IM  Disregarded En (C)	ed import	EMENTS OF  Gee the instruction (D)	ons.)  pns.)  (E)
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5/16/2006 8:37 AM

36-3325757

# **Federal Statements**

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

Description		<u>Amount</u>
DUES	\$_	17,469
TOTAL	\$_	17,469

# **Federal Statements**

### Statement 2 - Form 990, Part II, Line 24 - Benefits Paid to or for Members

	Description	A	<u>mount</u>
MEMBERSHIP		\$	690
TOTAL		\$	690

## Statement 3 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	 Total Expenses	_	Program Service	_	Mgt & General		Fund- Raising
NEWS SUBER	\$	\$		\$		\$	
NEWSLETTER	5,849		5,849				
EXPENSES							
WEBSITE	409				409		
SCHOLARSHIP	200				200		
PUBLIC RELATIONS	279				279		
MISCELLANEOUS ADMINISTRATIVE	 5,905				5,905		
TOTAL	\$ 12,642	\$	5,849	\$_	6,793	\$_	0