Form 990

## **Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

2005

Department of the Treasury	
In emul Revenue Service	

The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

			in a second seco				<del></del>		
	A F	or the 2005 calendar year, or tax y	ear beginning		, 2005, and	ending			, 20
	B	use RS   mho Species Survival Notwork 52-					D Employer ident		
[		Address change label or The Species Survival Network 32-21					<u> 133</u>	713	
[	] \	lame change print or	Number and street (or P O box if mail is not delivered	d to street addr	ress) Ro	om/suite	E Telephone nun		
[	] Ir		2100 L Street, NW				(301	) 25	8-3142
[	F	inal return Specific Instruc-	City or town, state or country, and ZIP + 4				F Accounting me	thod.	X Cash Accrual
[			Washington, DC 2003	5-8414			Other (spec	ify)	•
[	A		(c)(3) organizations and 4947(a)(1) nonexempt chari			ot applicable	e to section 527 on	ganızatio	ns
		trusts must	attach a completed Schedule A (Form 990 or 990-EZ	<b>-</b> )	H(a) Is this	a group retu	m for affiliates?		Yes X No
					H(b) If "Yes	" enter num	ber of affiliates		<b>&gt;</b>
G W	ebsite:	www.ssn.org			H(c) Are all	affiliates ind	duded?		Yes No
J Or	(janiza		501(c) ( 3 ) ◀ (insert no ) 4947(a)(1) o	527	,		st See instructions	)	
	ock he		receipts are normally not more than \$25,000 The		H(d) Is this organi:	a separate i zation covei	etum filed by an ed by a group rulin	g?	Yes X No
			he organization received a Form 990 Package		I Group	Exemption	Number <b>&gt;</b>		
	-	ıl, ıt should file a retum without financial data	Some states require a complete return.		M Chec	k ▶ ⊓r	the organizati	on is n	ot required
		ceipts Add lines 6b, 8b, 9b, and 10b to line 1	100 710	- "	to att	ach Sch	B (Form 990, 9	990-EZ	, or 990-PF)
	rt I		d Changes in Net Assets or Fu	nd Balar			tructions)		
د_و	1	Contributions, gifts, grants, and si		na Daiai	1000				
	а				1	a	38,061		
	b					b	50,002		
	c		s)		1	c			
	d	Total (add lines 1a through 1c) (c				• • • •		1d	38,061
	2		g government fees and contracts (from P	art VII. line	93)			2	59,003
	3	Membership dues and assessme						3	36,654
	4		y cash investments · · · · · · · · ·					4	30,034
	5	Dividends and interest from secui						5	
	_					a			
	6a					b			
	b	Net rental income or (loss) (subtra					<del></del>	6c	
	, C	, , ,					)	7	
R	7	Other investment income (describ		(A) Secu	ritios	1 (	B) Other	⊢∸┤	<del></del>
V	oa	Gross amount from sales of asse		(1) 0000		a	D) Other		
6	_		F			b			
n u			es expenses · · · · · · · · · · · · · · · · · ·			ic			
е	C	• • •	e columns (A) and (B)					8d	
	a	Net gain or (loss) (combine line 8		na chock h	oro 🕨 🗆	7			
	9		ich schedule) If any amount is from gami	ily, check ii	iele 🕨				
	а	Gross revenue (not including \$	ot			ادا			
	_	contributions reported on line 1a)	*/Pdesigna ovnonos			h			
	ָ 	Less direct expenses direct trail	indraising expenses  events (3ubtract line 9b from line 9a)					9c	
	100	Crass action of ross from special	Trus and allowances			ادد			
	10a	Gloss sales of inventory, less return to a sales	Ins angailowances		110	h l			
<b>#</b> 5	ם	Less: costept gordes soldt.			[ [(	, D		10c	
raaa Raaa	C	Gross profit or (loss) from sales o	attach schedule) (subtract line	mon du i	iine ioa)	• • • •		100	
8	11	Other revenue (rom Hart vil Ine	4.5.6c, 7,8d, 9c, 10c, and 11)			• • • •		11	122 710
<u>-4</u>	12	Total revenue (sed-lines to, 2, 8.	4.5, 6c, 7,8d, 9c, 10c, and 11) · · · olumn (B)) · · · · · · · · · · · · · · · ·					12	133,718
(‡. X	13	Program services (from line 44, c	olumn (B)) · · · · · · · · · · · · · · · · · ·			• • • •		<b>├</b>	104,640
<b>_</b>	14	management and general (from li	ine 44, column (C)) • • • • • • • •					14	10,424
==	15	Fundraising (from line 44, column	n (D))			• • • •	• • • • • • •	15	771
S e	16	Payments to affiliates (attach sch	edule) · · · · · · · · · · · · · · · · · · ·		• • • • •		• • • • • •	16	115 005
i is	17	Total expenses (add lines 16 and	1 44, column (A))	· · · · · ·		• • • •	• • • • • •	17	115,835
2	18	Excess or (deficit) for the year (su	ubtract line 17 from line 12) · · · · ·				• • • • • •		17,883
	19	Net assets or fund balances at be	eginning of year (from line 73, column (A))		• • • • •		• • • • • •	19	<u>76,390</u>
ags A	20	Other changes in net assets or fu	nd balances (attach explanation) · · ·		• • • • •	• • • •	• • • • • •	20	<del></del>
THE CHANGE	21		nd of year (combine lines 18, 19, and 20)		• • • • •	• • • •		21	94,273
For	Priva	acv Act and Paperwork Reduction	Act Notice, see the separate instructions	<b>3.</b>					Form 990 (2005)

4,460

1,655

4,460

1,655

43f

43g

Translation

9 Website expenses

Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these

EEA

(Grants and allocations \$

(Grants and allocations \$

Other program services (attach schedule)

) If this amount includes foreign grants, check here Total of Program Service Expenses (should equal line 44, column (B), Program services) 104,640 Form 990 (2005)

) If this amount includes foreign grants, check here

Note:   Where required, attached schedules and amounts within the description   (A)   (B)   (	<u>  Pa</u>	art IV	Balance Sheets (See the instructions )			
45   Cash - non-metes-bearing   76,390   45   94,273			Where required, attached schedules and amounts within the description	(A)	l J	(B)
45   Cash - non-interest-bearing   76,390   45   94,273   48   Samps and temporary cash investments   47a   46   48   Pladgas receivable   47a   47b   47c   48   Pladgas receivable   48a   48b   48c   48   Pladgas receivable   48b   48c   48   Pladgas receivable   48b   48c   49   Grant screauble   49   Grant screauble   49   50   Receivables from officers, directors, trustees, and key employees (attach schedule)   50   15   51   Comment of the comm				Beginning of year		End of year
47 a Accounts recovable b Less allowance for doubtful accounts d8a Piedges receivable Grants		45	Cash - non-interest-bearing	76,390	45	94,273
47 a Accounts receivable   47a		46	Savings and temporary cash investments		46	
b Less allowance for doubtful accounts						
b Less allowance for doubtful accounts		47 a	Accounts receivable			
48 a Pledges receivable   48s   5					47c	
b Less allowance for doubtful accounts						
b Less allowance for doubtful accounts		48 a	Pladnes receivable			
4					48c	
50 Receivables from officers, directors, trustees, and key employees (attach schedule)		l				<del></del>
(attach schedule)   50			<del>-</del>		75	
51 a Chher noles and loans receivable (attach schedule)		30			50	
Schedule   Stal			· · · · · · · · · · · · · · · · · · ·		30	
b Less allowance for doubtful accounts		51 a				
S   Inventiones for sale or use   S   S	S		· · · · · · · · · · · · · · · · · · ·			
t 5 3 Prepaid expenses and deferred charges 5 4 Investments - securities (attach schedule)	9	b			<del> </del>	
S	е	52			H	
55 a Investments - land, buildings, and equipment basis  b Less accumulated depreciation (attach schedule)  56 investments - other (attach schedule)  57 a Land, buildings, and equipment basis  57 a Land, buildings, and equipment basis  57 a b Less: accumulated depreciation (attach schedule)  57 b S7 b S7 b S7 c S7 c S7 c S7 c S7 c S	t	53	Prepaid expenses and deferred charges · · · · · · · · · · · · · · · · · · ·			
b Less accumulated deprecation (attach schedule)	S	54	Investments - securities (attach schedule) · · · · · · · ▶ Cost FMV		54	
b Less accumulated depreciation (attach schedule)		55 a				
Schedule			equipment basis · · · · · · · · · · 55a			
56 Investments - other (attach schedule) 57 a Land, buildings, and equipment. basis 57 b Less accumulated depreciation (attach schedule) 58 Other assets (describe ▶ ) 58  59 Total assets (must equal line 74) Add lines 45 through 58 76, 390 59 94, 273  10 60 Accounts payable and accrued expenses 10 61 Cirants payable and accrued expenses 10 62 Deferred revenue 10 63 Loans from officers, directors, trustees, and key employees (attach schedule) 10 64 a Tax-exempt bond liabilities (attach schedule) 11 65 Other liabilities (describe ▶ ) 65  12 Fotal liabilities (describe ▶ ) 65  13 Organizations that follow SFAS 117, check here ▶ and complete lines 14 67 Unrestricted 15 68 Temporarily restricted 16 69 Permanently restricted 17 Capital stock, trust principal, or current funds 18 70 Capital stock, trust principal, or current funds 19 71 Pard-in or capital surplus, or land, building, and equipment fund 19 72 Retained earnings, endowment, accumulated income, or other funds 19 70 Total net assets or fund balances (add lines 67 through 69 or lines 19 70 Inrough 72, column (A) must equal line 19, column (B) must equal line 21) 19 76 , 390 74 94, 273 19 74 Total liabilities and net assets / fund balances. Add lines 66 and 73 76 , 390 74 94, 273		b				
57 a Land, buildings, and equipment. basis   57a   b Less: accumulated depreciation (attach schedule)   57b   57c   58   59   58   59   58   59   58   59   58   59   58   59   59					55c	
57 a Land, buildings, and equipment. basis   57a   b Less: accumulated depreciation (attach schedule)   57b   57c   58   59   58   59   58   59   58   59   58   59   58   59   59		56	Investments - other (attach schedule)		56	
b Less: accumulated depreciation (attach schedule)		57 a				
Schedule   Stock						
58 Other assets (describe ► )					57c	
59 Total assets (must equal line 74) Add lines 45 through 58  60 Accounts payable and accrued expenses  61 Grants payable  62 Deferred revenue  63 Loans from officers, directors, trustees, and key employees (attach schedule)  63 Loans from officers, directors, trustees, and key employees (attach schedule)  64 Tax-exempt bond liabilities (attach schedule)  65 Other liabilities (describe ▶  66 Total liabilities (add lines 60 through 65)  67 Total liabilities (add lines 60 through 65)  68 Temporarily restricted  69 Permanently restricted  69 Permanently restricted  69 Organizations that follow SFAS 117, check here ▶		58	· · · · · · · · · · · · · · · · · · ·		58	
60		"	7	······		
60		50	Total specific (must equal line 74). Add lines 45 through 58	76 300	50	04 273
61 Grants payable		<del></del>		10,390	_	34,273
62 Deferred revenue	L					
63 Loans from officers, directors, trustees, and key employees (attach schedule)	P	l .				
Schedule)	a Is	1	<b></b>		02	<del></del>
64 a Tax-exempt bond liabilities (attach schedule) b Mortgages and other notes payable (attach schedule) 65 Other liabilities (describe ▶ ) 65  66 Total liabilities (add lines 60 through 65) 66  Organizations that follow SFAS 117, check here ▶ and complete lines 67 through 69 and lines 73 and 74  68 Temporarily restricted 68  Organizations that do not follow SFAS 117, check here ▶ X and complete lines 70 through 74  70 Capital stock, trust principal, or current funds 70 capital surplus, or land, building, and equipment fund 71 paid-in or capital surplus, or land, building, and equipment fund 72 Retained earnings, endowment, accumulated income, or other funds 70 through 72, column (A) must equal line 19, column (B) must equal line 21) 76,390 73 94,273  74 Total liabilities and net assets / fund balances. Add lines 66 and 73 76,390 74 94,273	i	63				
b Mortgages and other notes payable (attach schedule)  65 Other liabilities (describe )  66 Total liabilities (add lines 60 through 65)  66 Total liabilities (add lines 60 through 65)  67 Organizations that follow SFAS 117, check here   and complete lines   67 through 69 and lines 73 and 74  68 Temporarily restricted   68   69 Permanently restricted   69   0 Organizations that do not follow SFAS 117, check here   X and   complete lines 70 through 74  70 Capital stock, trust principal, or current funds   70   a 71 Paid-in or capital surplus, or land, building, and equipment fund   71   72 Retained earnings, endowment, accumulated income, or other funds   76, 390   72   94, 273   73 Total net assets or fund balances (add lines 67 through 69 or lines   70 through 72,   column (A) must equal line 19, column (B) must equal line 21)   76, 390   73   94, 273   74 Total liabilities and net assets / fund balances. Add lines 66 and 73   76, 390   74   94, 273   75 Column (A) must equal line 19, column (B) must equal line 26   76, 390   74   76, 390   75   76, 390   77   75 Column (A) must equal line 19, column (B) must equal line 210   76, 390   74   76, 390   74   76, 390   75   76, 390   77   76, 390   77   76, 390   78   76   76   76   76   76   76   76	-1		<del> </del>			
65 Other liabilities (describe ) 65  66 Total liabilities (add lines 60 through 65) 66  Organizations that follow SFAS 117, check here and complete lines 67 through 69 and lines 73 and 74  67 Unrestricted 68 Temporarily restricted 68  69 Permanently restricted 69  Organizations that do not follow SFAS 117, check here X and complete lines 70 through 74  70 Capital stock, trust principal, or current funds 70  71 Paid-in or capital surplus, or land, building, and equipment fund 71  72 Retained earnings, endowment, accumulated income, or other funds 76, 390  73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21) 76, 390  74 Total liabilities and net assets / fund balances. Add lines 66 and 73 76, 390  75 Total liabilities and net assets / fund balances. Add lines 66 and 73 76, 390  76 Total liabilities and net assets / fund balances. Add lines 66 and 73 76, 390  77 Total liabilities and net assets / fund balances. Add lines 66 and 73 76, 390  78 Total liabilities and net assets / fund balances. Add lines 66 and 73 76, 390  79 Total liabilities and net assets / fund balances. Add lines 66 and 73 76, 390  70 Total liabilities and net assets / fund balances. Add lines 66 and 73 76, 390  79 Total liabilities and net assets / fund balances. Add lines 66 and 73 76, 390  70 Total liabilities and net assets / fund balances. Add lines 66 and 73 76, 390  70 Total liabilities and net assets / fund balances. Add lines 66 and 73 76, 390  70 Total liabilities and net assets / fund balances. Add lines 66 and 73 76, 390  70 Total liabilities and net assets / fund balances. Add lines 66 and 73 76, 390  70 Total liabilities and net assets / fund balances. Add lines 66 and 73 76 76, 390  70 Total liabilities and net assets / fund balances.	1	1				·
65 Citer habilities (describe    66 Total liabilities (add lines 60 through 65)		b			-	
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Organizations that follow SFAS 117, check here and complete lines 67 through 69 and lines 73 and 74 67 Unrestricted 68 68 Temporarily restricted 69 69 Permanently restricted 69 Organizations that do not follow SFAS 117, check here X and complete lines 70 through 74 70 Capital stock, trust principal, or current funds 70 71 Paid-in or capital surplus, or land, building, and equipment fund 71 72 Retained earnings, endowment, accumulated income, or other funds 70 through 72, column (A) must equal line 19, column (B) must equal line 21) 76, 390 73 94, 273 74 Total liabilities and net assets / fund balances. Add lines 66 and 73 76, 390 74 79 CONTROL TOTAL STATE AND TO					_	
67 through 69 and lines 73 and 74 67 Unrestricted					66	
67 Unrestricted		Orga				
68 Temporarily restricted						
68 Temporarily restricted	u E	67			67	
Organizations that do not follow SFAS 117, check here    X   3   3   3   4   70   Capital stock, trust principal, or current funds		68	Temporarily restricted • • • • • • • • • • • • • • • • • • •		68	
Organizations that do not follow SFAS 117, check here    X   and   complete lines 70 through 74			Permanently restricted		69	
complete lines 70 through 74  70 Capital stock, trust principal, or current funds	۷.,	Orga	inizations that do not follow SFAS 117, check here			· <del></del> ··-
70 Capital stock, trust principal, or current funds	s B		complete lines 70 through 74			
71 Paid-in or capital surplus, or land, building, and equipment fund		70	· ·			
Retained earnings, endowment, accumulated income, or other funds  72 Retained earnings, endowment, accumulated income, or other funds  73 Total net assets or fund balances (add lines 67 through 69 or lines  70 through 72,  column (A) must equal line 19, column (B) must equal line 21)		l			71	
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	i i	1		76.390	72	94.273
70 through 72, column (A) must equal line 19, column (B) must equal line 21)		l .	F-	, 0, 0, 0		, , , , , , , , , , , , , , , , , , ,
column (A) must equal line 19, column (B) must equal line 21)						
74 Total liabilities and net assets / fund balances. Add lines 66 and 73 · · · · · · · 76, 390 74 94, 273			-	76 300	73	94 273
5 .000 /0005		7.4			-	
		/ 4		10,390		

Par	<u>rt V-A   Current Officers, Directors, Trustees, a</u>	<u>nd Key Employees</u>	(continuea)			res	NO		
75 a	Enter the total number of officers, directors, and trustees permit	tted to vote on organization	on business at boa	rd					
	meetings · · · · · · · · · · · · · · · · · · ·		_	4					
b	Are any officers, directors, trustees, or key employees listed in		•	d		;			
	employees listed in Schedule A, Part I, or highest compensated	•	•						
	contractors listed in Schedule A, Part II-A or II-B, related to each	•				_ :	X		
	relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)								
С	Do any officers, directors, trustees, or key employees listed in F			1					
	employees listed in Schedule A, Part I, or highest compensated								
	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	ig organizations.				'			
	If "Yes," attach a statement that identifies the individuals, explain	ins the relationship betwe	en this			٠			
	organization and the other organization(s), and describes the c	•							
	including amounts paid to each individual by each related organ								
	D 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				754				
	Does the organization have a written conflict of interest policy?				75d		<u>X</u>		
Par	rt V-B Former Officers, Directors, Trustees, ar						•		
	Benefits (If any former officer, director, trustee, or					ow)			
	during the year, list that person below and enter the a	amount of compensation	or other benefits in	the appropriate coi	umn				
	See the instructions )	<u> </u>	1	(D) Contributions to					
	(A) Name and address	(B) Loans and Advances	(C) Compensation	employee benefit plans & deferred compensation plans	(E) Expe	nse acc r allowa	ount nces		
		<del></del>		compensation plans					
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_	(Con the contractions)	<u></u>		1		Yes	No		
	<b>Other Information</b> (See the instructions )  Did the organization engage in any activity not previously repor	tod to the IDS2 If "Vec " o	attach a datailad	_	1	103	140		
76			allach a delaned		76		~ V		
,,	accompliant or each activity		Dea		77		X		
77	Were any changes made in the organizing or governing docum	ents not reported to the r	KS/ · · · · · ·		·   ' ' ·	-	X		
70 -	If "Yes," attach a conformed copy of the changes	P4 000 or more distant the							
'8 a	Did the organization have unrelated business gross income of this return?	51,000 or more during the	e year covered by		790				
<b>L</b>					78a	NT / 2	X		
	If "Yes," has it filed a tax return on Form 990-T for this year?				- 78b	N/A			
<b>'9</b>	Was there a liquidation, dissolution, termination, or substantial	contraction during the ye			70				
u <b>o</b> -	a statement				79	<b> </b>	X		
ы а	Is the organization related (other than by association with a state	-		common	90-		٦,		
į.	membership, governing bodies, trustees, officers, etc., to any o	tner exempt or nonexemp	ot organization?		80a		X		
b	If "Yes," enter the name of the organization					,			
54 ×	Following the desired and the	and check whether it is	<u> </u>	nonexempt					
	Enter direct and indirect political expenditures (See line 81 inst	•	• • • • 81a			-			
b	Did the organization file Form 1120-POL for this year? • • • •				- 81b		X		

52-2133713

Form 990 (2005) The Species Survival Network

Form	990 (2005) The Species Survival Network 52-213	371	3 Pag	ge 7				
Par			Yes	No				
	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		х				
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 ) · · · · · · · · · · · · · · · · ·							
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Х					
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Х					
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		Х				
b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or							
	gifts were not tax deductible?	84b	N/F	4				
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?		N/F					
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	-	N/Z					
_	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization	-	14/1					
	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	†						
- -	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices · · · · · · · · · 85e	1						
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) · · · · · · · · 85f	†	· ·					
·	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/F					
b h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its	100	14/ 5	<b>-</b>				
	reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/Z					
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12 · · · ·   86a		IN / E	<del>-</del>				
b	Gross receipts, included on line 12, for public use of club facilities · · · · · · · · · · · · · 86b	1						
87	501(c)(12) orgs Enter a Gross income from members or shareholders 87a	1		į				
	Gross income from other sources (Do not net amounts due or paid to other	┪						
U	sources against amounts due or received from them ) · · · · · · · · · · · · · · · · · ·	İ						
38	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or	1	'					
130	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		x				
20 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under	-	<del> </del>	^				
95 a	section 4911 ► ; section 4912 ► , section 4955 ►		' '					
h	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction			1				
b	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	1	X				
	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under	000	I					
·	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 None							
	Number of employees employed in the pay period that includes March 12, 2005 (See instructions ) • • • • • 90b							
	The books are in care of ▶ Teresa Telecky  Telephone no ▶ 301-21	7-0	531					
JIA	Located at ► Rockville, MD  ZIP+4 ► 20850	<i>1</i> - 0	<u> </u>					
	At any time during the calendar year, did the organization have an interest in or a signature or other authority							
D	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No				
	account)?	91b	103					
	·	310	<del> </del>	X				
	If "Yes," enter the name of the foreign country  See the instructions for expectations and filing requirements for Form TD F 90.22.1. Report of Foreign Bank							
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank							
	and Financial Accounts	04-		.,				
С	At any time during the calendar year, did the organization maintain an office outside of the United States?	91c		X				
415	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	• • •	• • •					
	and enter the amount of tax-exempt interest received or accrued during the tax year	F	990 (2	005)				

N/A			%					-
			%					
			%					
	· · · · · · · · · · · · · · · · · · ·		%					
Part X	Information Regard	ding Transfers Associated wit	h Personal Bene	fit Contracts (See th	e instructi	ons )		
7-1	the organization, during the ye	ear, receive any funds, directly or indire	ctly, to pay premiums	on a personal benefit cont	act?		Yes	X No
(b) Did	the organization, durin	g the year, pay premiums, dire	ctly or indirectly,	on a personal benef	it contract	?	Yes	X No
Note: If	Yes" to (b), file Form 8	870 and Form 4720 (see instru	ictions)					
		, I declare that I have examined this ret at, and complete Declaration of prepare						
Please	Heres	am. Velec	lus			5/1	4/06	
Sign Here	Signature of officer  Teres of	M. Telecky	Vice-	President	and	Executive	Direc	FOR
	Type or print name a	and title						
	Preparer's		Date	Check		Preparer's SSN or P	TIN (See Ge	n Inst W)
aid	signature	na mar	<u>05-</u>	-10-200 bemplo	yed ▶	P004	60217	<u> </u>
reparer's	Firm's name (or yours	Monarch CPA	Services	LLC	EIN	▶ 20-3	50884	8
Jse Only	if self-employed)	416 Hungerfo	rd Dr		Phone no	<b>&gt;</b>		
	address, and ZIP + 4	Rockville MD	le MD 20850		0 866		-441-504	
_			-	EEA			Form 9	990 (2005

## **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.)

Employer identification number

OMB No 1545-0047

2005

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

<u> </u>	·	<u> 52-213371</u>	3
		rs, Directors, and	l Trustees
(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
-			
		<u> </u>	<del> </del>
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		<del></del>	
			rices
			(c) Compensation
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			· · · · · · · · · · · · · · · · · · ·
	vices, whether individ	duals or	
·	(b) Tyrna	of source	(c) Compensation
a more than \$50,000	(0) 1) po	OI SCIVICO	(c) compensation
	_		
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	est Paid Employees Of the If there are none, enter to the If there are none, enter the If there are none, enter the If the	est Paid Employees Other Than Office one If there are none, enter "None ")  (b) Title and average hours per week devoted to position  est Paid Independent Contractors for I one (whether individuals or firms) If there are none dimore than \$50,000  (b) Type  est Paid Independent Contractors for I one (whether individuals or firms) If there are none of more than \$50,000  (b) Type  est Paid Independent Contractors for I one (whether individuals or firms) If there are none of more than \$50,000  (b) Type  est Paid Independent Contractors for I one of the individuals or firms) If there are none of the individuals or firms in the individuals or f	est Paid Employees Other Than Officers, Directors, and the lifthere are none, enter "None")  (b) Title and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans & deferred compensation  (e) Ext Paid Independent Contractors for Professional Service (he) Type of service  (b) Type of service  (c) Compensation  (d) Contributions to employee benefit plans & deferred compensation  (e) Compensation  (f) Contributions to employee benefit plans & deferred compensation  (h) Type of service  (h) Type of services  (h) Type of servi

Pa	rt III	Statements About Activities (See page 2 of the instructions )		Yes	No
1	Dur	ing the year, has the organization attempted to influence national, state, or local legislation, including any			
	atte	rnpt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid			
	or II	ncurred in connection with the lobbying activities 🍑 (Must equal amounts on line 38,			
	Par	t VI-A, or line i of Part VI-B) · · · · · · · · · · · · · · · · · · ·	1		X
	-	anizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other			!
		anizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of			
		lobbying activities		ı.	J
2		ing the year, has the organization, either directly or indirectly, engaged in any of the following acts with any		,	
		stantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or			
		any taxable organization with which any such person is affiliated as an officer, director, trustee, majority		•	1
		er, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the sactions)			,
	liai	Sactions )			,
а	Sale	e, exchange, or leasing of property?	2a		X
b		ding of money or other extension of credit?	2b		X
C		nishing of goods, services, or facilities? · · · · · · · · · · · · · · · · · · ·	2c		X
d		ment of compensation (or payment or reimbursement of expenses if more than \$1,000)? • • • • • • • • • • • • • • • • • • •	2d	Х	
е	•	nsfer of any part of its income or assets?	2e		X
3 a		you make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how			
		determine that recipients qualify to receive payments )	3a		X
b	Do	you have a section 403(b) annuity plan for your employees?	3b		Х
С	Dur	ing the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c		X
4 a	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		X
b	Do	you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		<u>X</u>
Pa	rt IV	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions )			
The	orgar	nization 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	Ш	A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii) Enter the hospital's na	me, cit	у,	
		and stateA(D0B	4=041.1	414414	
10		An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section	1/U(D)(	)(A)(T	IV).
11-	<b>5</b>	(Also complete the Support Schedule in Part IV-A)  An organization that normally receives a substantial part of its support from a governmental unit or from the general publications.	ıc Sad	ion	
11a	X	170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)	10 060	.1011	
11b		A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)			
12	H	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gr	oss rec	eipts	
		from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its			
		from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired b			
		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	ations		
		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) C	heck		
		the box that describes the type of supporting organization   Type 1 Type 2 Type 2	3		
		Provide the following information about the supported organizations (See page 5 of the instructions)			
		(a) Name(s) of supported organization(s)			
		from	above		
14		An organization organized and operated to test for public safety Section 509(a)(4). (See page 5 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

Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total			
15	Gifts, grants, and contributions received (Do	(4, 200)	(1) 2000	(4) 2002	(=, ====	(-), (-)			
. •	not include unusual grants. See line 28 ) · · ·	188,191	93,409	178,450	82,22	542,272			
16	Membership fees received	16,559	15,881	14,740					
17	Gross receipts from admissions, merchandise	10,000		14//40	11/5	01/,19			
	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								
	public without charge								
22	Other income Attach a schedule Do not								
	include gain or (loss) from sale of capital assets			100 100	0.5.0	504 045			
23	Total of lines 15 through 22 · · · · · · · ·	204,750	109,290						
24	Line 23 minus line 17	204,750	109,290						
25 26	Organizations described on lines 10 or 11: a Ent	2,048	1,093		9 €				
	Prepare a list for your records to show the name of				20	ia 12,081			
U	governmental unit or publicly supported organization								
	amount shown in line 26a Do not file this list with	=	=		▶ 26				
С	Total support for section 509(a)(1) test Enter line 2	-							
d	Add Amounts from column (e) for lines 18	(-,	19		·	001/01			
	22		26b	<del></del>	▶ 26	id			
е	Public support (line 26c minus line 26d total) • •	• • • • • • • •	<del></del>	<del></del>	▶ 26	604,047			
f	Public support percentage (line 26e (numerator) di	ivided by line 26c (	denominator))		▶ 26	of 100.00%			
27	Organizations described on line 12: a For amoun	its included in lines	15, 16, and 17 tha	at were received fro	om a "disqualifie	d			
	person," prepare a list for your records to show the Do not file this list with your return. Enter the sum	name of, and total a of such amounts fo	amounts received	in each year from,	each "disqualifie	ea person "			
	·								
			(2002)		(2001)	<del></del>			
þ	For any amount included in line 17 that was receive show the name of, and amount received for each year	ed from each persor	i (other than "disqi han the larger of (	ualitied persons"), '1) the amount on i	prepare a list to one 25 for the ve	r your records to ear or (2) \$5,000			
	(Include in the list organizations described in lines 5	through 11, as we	ll as individuals ) [	Oo not file this list	with your return	n. After computing			
	the difference between the amount received and the amounts) for each year	e larger amount des	scribed in (1) or (2)	), enter the sum of	these difference	es (the excess			
	·		(2002)		(2001)				
	(2004)(2003)	<del></del>	(2002)		(2001)				
С	Add: Amounts from column (e) for lines 15		16						
-	17 20	and line 27b total	21	<del></del>	▶   27	/c			
d	Add Line 27a total • •	and line 27b total			▶ 27	'd			
е	Public support (line 2/c total minus line 2/d total)				21	'e			
f	Total support for section 509(a)(2) test Enter amou	nt from line 23, colu	ımn (e)	• ▶ 27f					
g	Public support percentage (line 27e (numerator) di				▶ 27	'g %			
h	Investment income percentage (line 18, column (e	) (numerator) divide	ed by line 27f (den	ominator))	▶ 27	'h %			
2:8	Unusual Grants: For an organization described in li				_				
	prepare a list for your records to show, for each year					orief			
	description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15								

Pai	rt VII			nsfers To and Transaction page 11 of the instructions )	ns and Relationships With Nonc	naritab	ole	
51	Did t				g with any other organization described in se	ection		
					, relating to political organizations?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
а	-	•	٠,	a noncharitable exempt organizatio		1	Yes	No
(i) Cash · · · · · · · · · · · · · · · · · · ·		~	. •		51a(i)		X	
	(ii)	Other assets · · ·				a(ii)		X
b	Othe	r transactions						
	(i)	Sales or exchanges of	assets with a nor	ncharitable exempt organization		b(i)		Х
		_		· =		b(ii)		X
	٠,			assets · · · · · · · · · · · · ·		b(iii)		X
	` '	•	•			b(iv)		X
	. ,	-				b(v)		X
	(vi)	Performance of service	s or membership	or fundraising solicitations		b(vi)		X
С	Shar	ring of facilities, equipme	ent, mailing lists,	other assets, or paid employees		С		Х
đ	If the	answer to any of the at	bove is "Yes," coi	mplete the following schedule Coli	umn (b) should always show the fair market	value of	the	
	good	ls, other assets, or servi	ices given by the	reporting organization. If the organ	ization received less than fair market value	ın any		
	trans	action or sharing arrang	gement, show in	column (d) the value of the goods,	other assets, or services received			
(a	a)	(b)		(C)	(d)			
Line	· 1	Amount involved	Name of no	nchantable exempt organization	Description of transfers, transactions, and sharing	arrangeme	ents	
N/Z	7							
52a		-	•	ed with, or related to, one or more		Yes	v	No
				r than section 501(c)(3)) or in secti	011 527			
	IT "YE	es," complete the followi	ing schedule		(2)			
		(a)		(b)	(c)  Description of relationship			
N/F	<del></del>	Name of organization		Type of organization	Description of relationship			
IN / F	<u>,                                     </u>							
							-	
			-					•
						*		
			·					
	· · · · ·							
			<del></del>					
	_							