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internal Revenue Service

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)

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

OMB No 1545-0047 Open to Public Inspection

| Α | For the | 2005 calendar year, or tax year beginning and ending | | | |
|--------------|---------------------|--|---------------------------|--|--------------------------------|
| В | Check if applicable | Please C Name of organization | 1 | D Employer ident | ification number |
| Γī | Addres | Use IRS solubel or SOCIETY OF GYNECOLOGIC ONCOLOGISTS print or SOCIETY OF GYNECOLOGIC ONCOLOGISTS | 22 706 | 7756 | |
| H | Name change | print or SOCIEII OF GINECOLOGIC ONCOLOGISTS type | <u>23-706</u> | | |
| 늗 | ⊃tnıtlal | Number and street (or P.O. box if mail is not delivered to street address) Room Specific 2 3 0 W • MONROE | E Telephone num 312-23 | | |
| F | return Final | Instruc | }; | F Accounting method | Cash X Accrual |
| F | return Amend | | ľ | Other (specify) | Cash Accrual |
| F | Ireturn Applica | The | ot apple | | 527 organizations |
| | lpendin | must attach a completed Schedule A (Form 990 or 990-F7) | | turn for affiliates? | |
| 6 ' | Website | | | nber of affiliates | |
| _ | | ation type (check only one) X 501(c) (3) (insert no) 4947(a)(1) or 527 H(c) Are all at | | _ | |
| | | if the exposuration's procedure are comply and more than \$05,000 The | attach a li | st.) | |
| | | 1 11(01 15 01/15 0 | n covere | return filed by an d by a group rulir | g? Yes X No |
| | | The second state water and the second state of | | Number > | N/A |
| | | | | | s not required to attach |
| <u>L </u> | Gross re | | | , 990-EZ, or 990- | |
| P | irt | Revenue, Expenses, and Changes in Net Assets or Fund Balances | | | |
| | 1 | Contributions, gifts, grants, and similar amounts received: | | | |
| | a | Direct public support 1a 50 | 2,50 | 00. | |
| | b | · · · · · · · · · · · · · · · · · · · | | | |
| | C | Government contributions (grants) <u>1c</u> | | | |
| | d | Total (add lines 1a through 1c) (cash \$ 502,500. noncash \$ |) |) . 1d | 502,500. |
| | 2 | Program service revenue including government fees and contracts (from Part VII, line 93) Membership dues and assessments Interest on savings and temporary capables members RECEIVED Dividends and interest from segrifies Gross rents Less: rental expenses JAN 1 1 2010 Interest from Part VII, line 93) | | 2 | 1,483,397. |
| | 3 | Membership dues and assessments | | 3 | 419,960. |
| | 4 | Interest on savings and temporary capables Fension Received | | 4 | 9,046. |
| | 5 | Dividends and interest from segrifies | | 5 | |
| | 6 a | Gross rents JAN 1 1 2010 memal 68 2010 | | _ | |
| | b | Less: rental expenses | OEA. | <u>, </u> | |
| | C | Net rental income or (loss) (subtract line 6b from line 6a) | (AKLIP) | 6c | |
| 9 | 7 | Other investment income (describe BATCHING UNIT | ROUN | 7 7 | |
| Revenue | 8 a | Gross amount from sales of assets other (A) Securities (B) Other than inventory (B) Creating the sales of assets other than inventory | her | | |
| Re | | | | | |
| _ | | Less: cost or other basis and sales expenses | | | |
| | G. | Gain or (loss) (attach schedule) | | | |
| | ď | 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 here | | | |
| | a | Gross revenue (not including \$ of contributions | | | |
| | | reported on line 1a) 9a | · | | |
| | | Less: direct expenses other than fundraising expenses 9b | | _ | |
| | 10 a | Net income or (loss) from special events (subtract line 9b from line 9a) Cross cales of inventory less returns and allowances. | • | 90 | |
| | 10 a | Gross sales of inventory, less returns and allowances Less: cost of goods sold 10a 10b | | - | |
| | | | · | | |
| | С 11 | Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) Other revenue (from Part VII, line 103) | | 100 | 124 705 |
| | | Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) | | 11 | 124,705. |
| $-\dagger$ | | Decorate convece (from the AA column (D)) | | | 2,539,608. 2,026,267. |
| Ses | | | • | 13 | 771,767. |
| Expenses | | | • • | 15 | 111,101. |
| Ř | | December to a fifther to the standard to | •• | | |
| ا " | | Total expenses (add lines 16 and 44, column (A)) | - | 16 | 2 709 024 |
| | | Excess or (deficit) for the year (subtract line 17 from line 12) | | 17 | 2,798,034. |
| Net ssets | | Net assets or fund balances at beginning of year (from line 73, column (A)) | | 18 | $\frac{-258,426.}{1,593,979.}$ |
| W 41 | | · | | 19 | |
| žβ | 20 | Other changes in net assets or fund halances (attach explanation) CEE CON MINISTER | | | FQ72C |
| N S | | Other changes in net assets or fund balances (attach explanation) SEE STATEME! Net assets or fund balances at end of year (combine lines 18, 19, and 20) | V T : 2 | 20 21 | 58,726. 1,394,279. |

Form **990** (2005)

| 13-15) | 44 2,798, | 034. 2,026,267 | 771,767. | 0. |
|---|------------------------|-------------------------------------|------------------------|--------------|
| Joint Costs. Check > I If you are following S | SOP 98-2. | | | |
| Are any joint costs from a combined educational campaign | n and fundraising soli | citation reported in (B) Program se | rvices? | Yes X No |
| If "Yes," enter (i) the aggregate amount of these joint costs | s \$ <u>N/A</u> | ; (ii) the amount allocated | to Program services \$ | <u>N/A</u> ; |
| (iii) the amount allocated to Management and general \$ | N/A | ; and (iv) the amount allocated | to Fundraising \$ | N/A |

1,134,960.

431

430

523011 02-03-06

SEE STATEMENT

44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 475,062.

659,898

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.

| Wha | at is the organization's primary exempt purpose? SEE STATEMENT 4 | Program Service Expenses |
|------|---|--|
| chei | organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of ints served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) anizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others) | (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.) |
| а | CODING | - |
| | | 4 |
| | | - |
| | | |
| | (Grants and allocations \$) If this amount includes foreign grants, check here | |
| | CONFERENCES AND EVENTS - OPPORTUNITY TO GATHER & | |
| | DISCUSS NEW DEVELOPMENTS IN THE INDUSTRY & | _ |
| | SHARE IDEAS FOR IMPROVEMENTS. | 4 |
| | | -{ |
| | | - |
| | (Grants and allocations \$) If this amount includes foreign grants, check here | 1,455,835. |
| | GOVERNMENT RELATIONS | 1/133/0331 |
| | |] |
| | | _ |
| | | 4 |
| - | | - |
| - | (Grants and allocations \$) If this amount includes foreign grants, check here | 212,207. |
| | PUBLICATIONS | 212,207. |
| - | | 1 |
| _ | | |
| - | | _ |
| - | | _ |
| - | Grants and allocations \$) If this amount includes foreign grants, check here | 95,370. |
| e (| Other program services (attach schedule) SEE STATEMENT 5 | |
| (| Grants and allocations \$) If this amount includes foreign grants, check here | 241,578. |
| f | Total of Program Service Expenses (should equal line 44, column (B), Program services) | 2,026,267. |
| | | Form 990 (2005) |

Form 990 (2005)

Total liabilities and net assets/fund balances. Add lines 66 and 73

.067.076

| | rt V-A Current Officers, Directors, Trustees, and Ke | | | 23-7067 | 756 | | age |
|----------|---|---------------------------------|-----------------------|-------------------|-------------|-----------------|----------------|
| | | | <u> </u> | | | Yes | No |
| a | Enter the total number of officers, directors, and trustees permitted to | _ | Isiness at board | 12 | ļ | | |
| | meetings | • • • • • • • • • | > | 13 | | 1 , 2 | |
| þ | Are any officers, directors, trustees, or key employees listed in Form | | | | | | |
| | listed in Schedule A, Part I, or highest compensated professional and | | | | | | 1 |
| | Part II-A or II-B, related to each other through family or business relationship(s) | tionships? If "Yes," attach | a statement that i | dentifies | | | ١ |
| | the individuals and explains the relationship(s) | | | | 75b | ┼ | × |
| C | Do any officers, directors, trustees, or key employees listed in Form 9 | 990, Part V·A, or highest o | compensated empl | oyees | | 1 ' | 13 |
| | listed in Schedule A, Part I, or highest compensated professional and | • | | | ** | | 18.5 |
| | Part II-A or II-B, receive compensation from any other organizations, | whether tax exempt or ta | kable, that are relat | ted to this | l | 1 | Ī |
| | organization through common supervision or common control? | | | | 75c | | X |
| | Note. Related organizations include section 509(a)(3) supporting org | | | | | - 2 | 1 |
| | If "Yes," attach a statement that identifies the individuals, explains the relations describes the compensation arrangements, including amounts paid to each in | | | iization(s), and | | 1 4 | |
| | | idividual by each related by ga | IIIZGUOII. | | | 1 - 3 | ŀ · |
| _ | Does the organization have a written conflict of interest policy? | Fundament The A | 2 | | 75d | X | L |
| 'ai | Former Officers, Directors, Trustees, and Ke Benefits (If any former officer, director, trustee, or key en | | | | | | |
| | the year, list that person below and enter the amount of cor | | | | | | |
| | the year, list that person below and enter the amount of con | inperisación de delle bene | ing in the appropri | (D) Contributions | _ | E) Expe | |
| | (A) Name and address | (B) Loans and Advances | (C) Compensation | employee benefi | † a | ccount | and |
| | NONE | | | compensation pla | ns oth | er allov | vance |
| | | | | | | | |
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| | | | | | | | |
| ar | Other Information (See the instructions.) | | | | لــــــ | Yes | No |
| | Did the organization engage in any activity not previously reported to | the IRS? If "Yes," attach | a detailed | | , | | |
| | description of each activity | | | ,, . | 76 | | X |
| | Were any changes made in the organizing or governing documents b | out not reported to the IRS | 37 | | 77 | <u> </u> | _X |
| | If "Yes," attach a conformed copy of the changes. | | | } | | | |
| 3 | Did the organization have unrelated business gross income of \$1,000 | or more during the year | covered by this ret | | 78a | $\sqcup \sqcup$ | <u> X</u> |
|) | If "Yes," has it filed a tax return on Form 990-T for this year? | | | N/A | 78b | ļ | |
| | Was there a liquidation, dissolution, termination, or substantial contra | action during the year? If ' | 'Yes," attach a sta | tement | 79 | | X |
| a | Is the organization related (other than by association with a statewide | e or nationwide organizati | on) through comm | on | | | |
| | membership, governing bodies, trustees, officers, etc., to any other e | | | | 80a | X | |
| Ь | If "Yes," enter the name of the organization GYNECOLGIC | CANCER FOUNDA | TION | | | | |
| | | and check whether it is | | nonexempt | | . 1 | |
| <u>a</u> | Enter direct or indirect political expenditures. (See line 81 instructions | s:) | 81a | 0. | | | |
| Ď_ | Did the organization file Form 1120-POL for this year? | | | | 81b | | X |
| | /02-03-06 | <u> </u> | | | | 990 (| 2005 |

| For | n 990 (2005) SOCIETY OF GYNECOLOGIC ONCOLOGISTS 23-706 | <u>7756</u> | | age 7 |
|-----------|--|-------------|------------|---------------------------------------|
| P | Other Information (continued) | | Yes | No |
| 82 á | 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 |
| - 1 | 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 |
| 83 a | Did the organization comply with the public inspection requirements for returns and exemption applications? | 83a | X | |
| t | Did the organization comply with the disclosure requirements relating to quid pro quo contributions? | 83b | | L |
| 84 a | Did the organization solicit any contributions or gifts that were not tax deductible? | 84a | | Х |
| ŧ | 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? N/A | 85a | | <u></u> |
| t | 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 pnor year. | 1 : | | |
| c | Dues, assessments, and similar amounts from members 85c N/A | _] | | - |
| • | |] · . | ř-, | 3 |
| e | Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A | 7 | | |
| f | Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A | | - | 7,7 |
| 9 | 37/3 | 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 | | | |
| | following tax year? N/A | 85h | | ! |
| 86 | 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on | | .2 1 | |
| | line 12 86a N/A | | | |
| b | Gross receipts, included on line 12, for public use of club facilities 86b N/A | 7 . | (| - |
| 87 | 501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A | 7 | | |
| b | | ┪. | | |
| _ | against amounts due or received from them.) 87b N/A | | | |
| 88 | At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, | 7 | | |
| | or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? | 1 , 3 | 13.7 | , , , , , , , , , , , , , , , , , , , |
| | If "Yes," complete Part IX | 88 | | x |
| 89 a | 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under | -55 | | |
| | section 4911 ▶ 0 . ; section 4912 ▶ 0 . ; section 4955 ▶ | 100 | | |
| h | 501(c)(3) and 501(c)(4) organizations. 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? | | ĺ | |
| | If "Yes," attach a statement explaining each transaction | 89b | | X |
| | Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under | 000 | | |
| · | | | | 0. |
| d | | | | 0. |
| и 90 а | | | | <u> </u> |
| ou a b | Number of employees employed in the pay period that includes March 12, 2005 | | | 0 |
| о 91 а | | 35-1 | 060 | |
| . d | Located at \triangleright 230 W. MONROE, SUITE 710, CHICAGO, IL | | | |
| | At any time during the calendar year, did the organization have an interest in or a signature or other authority | 3000 | <u> </u> | |
| ٠ | over a financial account in a foreign country (such as a bank account, securities account, or other financial | ſ | Yes | No |
| | | 91b | | X |
| | account)? If "Yes," enter the name of the foreign country N/A | 310 | | |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank | | ļ | |
| | | | | |
| _ | and Financial Accounts. | | 1 | v |
| C | At any time during the calendar year, did the organization maintain an office outside of the United States? | 91c_ | | X |
| | If "Yes," enter the name of the foreign country N/A | | | |
| 92 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here | 37 / | ▶ ∟ | |
| | and enter the amount of tax-exempt interest received or accrued during the tax year | N/. | | 2025 |
| | | ⊢orm | 990 C | ノロロうき |

| Part V | II Analysis of income-Pro | | | | | |
|--------------------|--|--|---|--|---|--|
| ındıcate | | Unre (A) Business | elated business income (B) S Amount | (C) Exclu- | of by section 512, 513, or 514 (D) Amount | (E) Related or exempt |
| | gram service revenue: | code | 7,11100112 | sion code | | function income |
| | ONFERENCE | | | 07 | 1,194,987. | |
| P PC | JBLICATIONS | | | | | 288,410 |
| · . — | | | | - + | | |
| ď | | | | | | |
| e | | | | | | |
| | licare/Medicaid payments | | | | | |
| | and contracts from government a | | | | | 410.000 |
| | nbership dues and assessments | | | | 0.046 | 419,960. |
| | est on savings and temporary cash inve | | | 14 | 9,046. | |
| | dends and interest from securities | · - · · - · - · - · - · - · - · - · - | . | | | |
| | rental income or (loss) from real est | | · | | | |
| | t-financed property | I | | | | |
| | debt-financed property | i | | | | |
| | rental income or (loss) from person | al property | | | | |
| • | er investment income | | | | | |
| | or (loss) from sales of assets | | | | | |
| | r than inventory | | | | | |
| | income or (loss) from special event | | - | | · | |
| 102 Gros | ss profit or (loss) from sales of inver | ntory | | | | |
| | er revenue: | | | | | |
| a <u>MI</u> | SCELLANEOUS | | | 01 | | |
| | MBERSHIP | | | 07 | 22,500. | |
| c PR | OGRAMMATIC | | | 07 | | |
| d <u>ER</u> | · | | | | | 39,000. |
| e <u>CC</u> | NTRACT SERVICE | | | | · · · · · · · · · · · · · · · · · · · | 63,205. |
| 104 Subt | total (add columns (B), (D), and (E)) | | | 0. | 1,226,533. | 810,575. |
| 105 Tota | il (add line 104, columns (B), (D), an | nd (E)) | | | 🕨 | 2,037,108. |
| | e 105 plus line 1d, Part I, should eq | | | | ·-· | |
| Part V | Relationship of Activiti | es to the Accom | plishment of Ex | empt Purp | oses (See the instruct | ions.) |
| Line No. ▼ | Explain how each activity for which is exempt purposes (other than by pro- | | | ributed importa | ntly to the accomplishment | of the organization's |
| 93, | PROGRAM INCOME AN | D MEMBERSHI | P DUES | | | |
| 94, | ACTIVITIES FACILI | TATE THE EX | CHANGE AND | | | |
| 103 | DISTRIBUTION OF I | NFORMATION | CONCERNING | THE | | |
| | ORGANIZATION AND | THE INDUSTR | Υ. | | | |
| Part IX | Information Regarding | Taxable Subsidia | aries and Disre | garded Ent | ities (See the Instructio | ns.) |
| Name, a partr | | (B) ercentage of nership interest | (C) Nature of activities | | (D) Total income | (E) End-of-year assets |
| | | % | | | | |
| | N/A | % | | | | |
| | | % | | | | |
| | | % | | | | |
| Part X | Information Regarding | I ransfers Associ | ated with Persi | onal Benef | it Contracts (See the | <u></u> |
| (a) Did t | the organization, during the year, receive | e any funds, directly or in- | directly, to pay premiui | ms on a person: | al benefit contract? | Yes X No |
| (b) Did t | the organization, during the year, pay pr | remiums, directly or ındıre | ectly, on a personal ber | nefit contract? | | Yes X No |
| Note: If | "Yes" to (b), file Form 8870 and Fo | | | | | |
| Please | Under penalties of perjury, I declare that I have correct, and complete Declaration of prepare | ve examined this return, includer or (other than officer) is based of | fing accompanying schedu on all Information of which | les and statements preparer has any k | s, and to the best of my knowled nowledge | ge and belief, it is true, |
| Sign | Stan hom | | 11-0410 | | | |
| Here | Signature of officer | | Date | Type or prin | nt name and title. | |
| 0-14 | Preparer's | 16. | | Date | Check if self- | Preparer's SSN or PTIN |
| Paid | signature | woods | | 10-24- | °7 employed ▶ | P00175845 |
| Preparer's | Firm's name (or WOLF & Co | OMPANY LLP | | | | 2985665 |
| Use Only | self-employed), 2100 CLE | ARWATER DRIV | VE | | | ······································ |
| 523163 52-03-08 | address and | K, ILLINOIS | | 7_ | Phone no. ► (| 630)545-4500 |

Page 8

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

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

OMB No 1545-0047

2005

| Name of the or | ganization | | · | Employer identi | lication number |
|---|--|--|------------------|--|---|
| | SOCIETY OF GYNECOLOGIC O | | | 23 7067 | |
| Part I | Compensation of the Five Highest Paid Er (See page 1 of the instructions. List each one. If there are none. | | Officers, Dire | ctors, and T | rustees |
| - | (a) Name 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 othe allowances |
| NONE Total number of othe over \$50,000 Part II-A C (s) (a) NONE Total number of othe \$50,000 for professi Part II-B C (L fir (a)) | | - | | | |
| | | - | | | |
| | | | | | |
| | | . – | | | |
| | of other employees paid | 0 | | E | |
| | Compensation of the Five Highest Paid Inc (See page 2 of the instructions. List each one (whether individu | | | onal Servic | es |
| | (a) Name and address of each independent contractor paid more | | (b) Type of s | ervice | (c) Compensation |
| NONE | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| \$50,000 for pro | ofessional services | 0 | | 4.5 | · |
| Part II-B | Compensation of the Five Highest Paid Inc (List each contractor who performed services other than profes firms. If there are none, enter "None." See page 2 of the instructi | sional services, whether individu | | ervices | |
| | (a) Name and address of each independent contractor paid more | than \$50,000 | (b) Type of s | ervice | (c) Compensation |
| NONE | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total number of | f other contractors receiving over | | | | |
| | | 0 | | | |

| | Support Schedule (C | complete only if you ch | ecked a box on line 10 | , 11, or 12.) Use cash | method of accounting | 7067756 Fages |
|-------|--|-------------------------------|-------------------------------|--|------------------------------|--|
| Cale | Note: You may use to | e worksheet in the inst | | | | |
| begir | Ining in) | (a) 2004 | (b) 2003 | (c) 2002 | (d) 2001 | (e) Total |
| 15 | Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) | 615,269. | 686,100. | 577,000. | 546,643. | 2,425,012. |
| 16 | Membership fees received . | 327,952. | 508,083. | 290,080. | 327,785. | 1,453,900. |
| 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 | 1,240,868. | 1,055,227. | 1,791,712. | 1,119,020. | 5,206,827. |
| 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 | 41,029. | 15,177. | 11,988. | 28,187. | 96,381. |
| 19 | Net income from unrelated business | | | | | " " |
| 20 | activities not included in line 18 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 | 45,931. | 6,791. | SEE STATEME 724. | NT 8 2,437. | 55,883. |
| 23 | Total of lines 15 through 22 | 2,271,049. | 2,271,378. | 2,671,504. | 2,024,072. | 9,238,003. |
| 24 | Line 23 minus line 17 | 1,030,181. | 1,216,151. | 879,792. | 905,052. | 4,031,176. |
| 25 | Enter 1% of line 23 | 22,710. | 22,714. | 26,715. | 20,241. | 1 (1 m) 1 m |
| 26 | Organizations described on lines 1 | 0 or 11: a Enter 2% of | amount in column (e), lin | e 24 | ► 26a | N/A |
| b | Prepare a list for your records to she | ow the name of and amou | nt contributed by each pe | rson (other than a govern | nmental | |
| | unit or publicly supported organizati | on) whose total gifts for 2 | 001 through 2004 exceed | ded the amount shown in | line 26a. | |
| | Do not file this list with your return. | . Enter the total of all thes | e excess amounts | | ▶ 26b | N/A |
| C | Total support for section 509(a)(1) t | est: Enter line 24, column | (e) | | ▶ 26c | N/A |
| đ | Add: Amounts from column (e) for li | nes: 18 | | | | <u>.</u> . |
| | | 22 | 26b | | ▶ 26d | N/A |
| e | Public support (line 26c minus line 2 | 26d total) | | | ▶ <u>26e</u> | N/A |
| f | Public support percentage (line 26 | | | | | N/A % |
| 27 | Organizations described on line 12 | : a For amounts included | in lines 15, 16, and 17 tha | at were received from a 'd | lisqualified person,* prepa | re a list for your |
| | records to show the name of, and to | tal amounts received in ea | ich year from, each "disqi | ualified person." Do not fil | e this list with your retur | n. Enter the sum of |
| | such amounts for each year: | | | | | |
| | | . (2003) | 0. (20 | | Q . (2001) | 0. |
| b | For any amount included in line 17 to | nat was received from eac | h person (other than 'dis | qualified persons"), prepa | re a list for your records t | to show the name of, |
| | and amount received for each year, t | that was more than the lai | rger of (1) the amount or | n line 25 for the year or (2 | 2) \$5,000. (Include in the | list organizations |
| | described in lines 5 through 11b, as | well as individuals.) Do no | ot file this list with your r | eturn. After computing th | ne difference between the | amount received and |
| | the larger amount described in (1) of | r (2), enter the sum of the | se differences (the exces | s amounts) for each year: | | |
| | (2004) 0 | . (2003) | (20 | 002) | 0 . (2001) | . 0. |
| C | Add: Amounts from column (e) for li | | 2,425,012. | 16 1,453, | 900. | |
| | 17 <u>5,2</u> | 06,827. 20_ | | 21 | ▶ 27c | 9,085,739. |
| d | Add: Line 27a total | 0 _ and | d line 27b total . | ······································ | 0. ► 27d | 0. |
| e | Public support (line 27c total minus | line 27d total) | | , ., | . ▶ <u>27e</u> | 9,085,739. |
| f | Total support for section 509(a)(2) to | est: Enter amount on line : | 23, column (e) 🔝 🔝 📗 | \triangleright 27f 9, | 238,003. | |
| 9 | Public support percentage (line | e 27e (numerator) divi | ided by line 27f (deno | minator)) | ▶ 27g | 98.3518% |
| | Investment income percentage | | | | or)) > 27h | 1.0433% |
| 28 L | busual Grants: For an proapgation | described in line 10, 11. | or 12 that received any ii | nusual grants during 200 | 1 through 2004, prepare | a list for your records to |
| S | now, for each year, the name of the content. Do not include these grants in I | ontributor, the date and an | nount of the grant, and a | oriet description of the na | iture of the grant. Do not | tile this list with your |
| | 02-03-08 | N(| ONE | | Schedu | lle A (Form 990 or 990-EZ) 2005 |
| | | | | | | |

If you answered "Yes" to either 34a or b, please explain using an attached statement.

1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation

Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50,

Private School Questionnaire (See page 7 of the instructions.) N/A (To be completed ONLY by schools that checked the box on line 6 in Part IV) Yes No Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing 29 29 instrument, or in a resolution of its governing body? Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, 30 and other written communications with the public dealing with student admissions, programs, and scholarships? 30 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of 31 solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) Does the organization maintain the following: a 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 basis? 32b c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 32c d Copies of all material used by the organization or on its behalf to solicit contributions? 32d If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? 33a 33b Admissions policies? c Employment of faculty or administrative staff? 33d d Scholarships or other financial assistance? e Educational policies? Use of facilities? 33f g Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) 342 34 a Does the organization receive any financial aid or assistance from a governmental agency? b Has the organization's right to such aid ever been revoked or suspended? 34b

Schedule A (Form 990 or 990-EZ) 2005

<u>.</u> =

Part 4-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

| | (To be completed ONLY by an | eligible organization that t | iled Form 5/68) | | | |
|-----|--|-------------------------------|-----------------------|------------|-----------------------------------|--|
| Che | eck 🕨 a 🔲 if the organization belongs t | to an affiliated group. | Check ▶ b | ıf you che | ecked "a" and "limited control | provisions apply. |
| | | obbying Expendito | | | (a) Affiliated group totals | (b) To be completed for ALL electing organizations |
| | | | | | N/A | |
| 36 | Total lobbying expenditures to influence pul | blic opinion (grassroots lob | obying) | . 36 | | 0. |
| 37 | Total lobbying expenditures to influence a le | egislative body (direct lobb) | ying) | 37 | | 43,322. |
| 38 | Total lobbying expenditures (add lines 36 ar | nd 37) | | . 38 | | 43,322. |
| 39 | Other exempt purpose expenditures | | | . 39 | | 2,754,712. |
| 40 | Total exempt purpose expenditures (add lin | es 38 and 39) | | 40 | | 2,798,034. |
| 41 | Lobbying nontaxable amount. Enter the amount | ount from the following tab | le - | 1 | · | |
| | If the amount on line 40 is - | The lobbying nontaxabl | e amount is - | | | 1 |
| | Not over \$500,000 | 20% of the amount on line 40 | · | ا " ا ر . | ta | - |
| | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the ex | cess over \$500,000 | | | - |
| | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the ex- | cess over \$1,000,000 | 41 | | 289,902. |
| | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the exce | ess over \$1,500,000 | = | | |
| | Over \$17,000,000 | \$1,000,000 | | 刀影性 | | 75 75 75 |
| 42 | Grassroots nontaxable amount (enter 25% | of line 41) | | 42 | | 72,476. |
| 43 | Subtract line 42 from line 36. Enter -0- if line | e 42 is more than line 36 | | 43 | | 0. |
| 44 | Subtract line 41 from line 38. Enter -0- if line | e 41 is more than line 38 | | 44 | | 0. |
| | Caution: If there is an amount on either | r line 43 or line 44, you n | nust 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 of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

| | | Lobbying Exper | ditures During 4-Year A | Averaging Perlod | |
|--|---|----------------|--------------------------|------------------|--------------|
| Calendar year (or fiscal year beginning in) | (a) 2005 | (b) 2004 | (c) 2003 | (d) 2002 | (e) Total |
| 45 Lobbying nontaxable amount | 289,902. | 243,081. | | | 532,983. |
| 46 Lobbying ceiling amount (150% of line 45(e)) | | | 왕 (1) 보 (1) | | 799,475. |
| 47 Total lobbying expenditures | 43,322. | 120,000. | | | 163,322. |
| 48 Grassroots nontaxable amount | 72,476. | 60,770. | | | 133,246. |
| 49 Grassroots ceiling amount (150% of line 48(e)) | | , | | | 199,869. |
| 50 Grassroots lobbying expenditures | | 25,000. | | | 25,000. |
| | Activity by Nonelecting of the state of the | _ | | ons.) | N/A |
| During the year, did the organizati Influence public opinion on a legis | • | | including any attempt to | Yes No | Amount |
| a Volunteers | | | | | |

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities. 523141 02-03-08

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c Media advertisements d Mailings to members, legislators, or the public e Publications, or published or broadcast statements

Total lobbying expenditures (Add lines c through h.)

b Paid staff or management (include compensation in expenses reported on lines **c** through **h**.)

f Grants to other organizations for lobbying purposes g Direct contact with legislators, their staffs, government officials, or a legislative body h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means

FOOTNOTES

STATEMENT

PART VI-A 4-YEAR AVERAGING PERIOD UNDER SECTION 501(H) 2003 AND 2002 COLUMNS ARE NOT APPLICABLE DUE TO THE ORGANIZATION WAS NOT AN ELECTING PUBLIC CHARITY AND DID NOT INCUR ANY LOBBYING EXPENDITURES FOR THOSE TWO YEARS

| FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES | STATEMENT 2 | | |
|---|-------------|--|--|
| DESCRIPTION | AMOUNT | | |
| UNREALIZED GAIN ON INVESTMENTS | 58,726. | | |
| TOTAL TO FORM 990, PART I, LINE 20 | 58,726 | | |

| FORM 990 | OTHER EXPENSES | | | STATEMENT | | |
|------------------------|----------------|----------------|-------------------|-----------|----|--|
| | (A) | (B) PROGRAM | (C) MANAGEMENT | (D) | | |
| DESCRIPTION | TOTAL | SERVICES | AND GENERAL | FUNDRAISI | NG | |
| ADMINSTRATIVE | | | | | | |
| SUPPORT | 164,530. | | 164,530. | | | |
| TEMPORARY HELP | 5,868. | | 5,868. | | | |
| MEMBERSHIP | 103,553. | 103,553. | -, | | | |
| INSURANCE | 9,884. | • | 9,884. | | | |
| AUDIT | 4,400. | | 4,400. | | | |
| LOCKBOX/CREDIT CARD | | | -,, - | | | |
| FEES | 7,418. | | 7,418. | | | |
| WEBSITE MANAGEMENT | 90,939. | 90,939. | ., | | | |
| GOVERNMENT RELATIONS | 212,207. | 212,207. | | | | |
| CODING COMMITTEE | 21,277. | 21,277. | | | | |
| MARKETING AND | ,_, | , | | | | |
| COMMUNICATIONS | 43,355. | 43,355. | | | | |
| INVESTMENT FEES | 7,803. | | 7,803. | | | |
| BRANDING | ., | | .,0001 | | | |
| VALIDATION/FEEDBACK | 3,567. | 3,567. | | | | |
| JOHANNA'S LAW | 164. | 164. | | | | |
| MANAGEMENT FEE | 199,000. | | 199,000. | | | |
| CONTRIBUTIONS | 1,525. | | 1,525. | | | |
| ACCME | 20,443. | | 20,443. | | | |
| TRANSITIONS | 39,685. | | 39,685. | | | |
| CONTRACT SERVICES | 192,979. | | 192,979. | | | |
| HUGH K. BARBER | | | 102,515 | | | |
| ENDOWMENT | 2,900. | | 2,900. | | | |
| MONTZ SYMPOSIUM | 2,000. | | 2,000. | | | |
| MISCELLANEOUS | 1,463. | | 1,463. | | | |
| TOTAL TO FM 990, LN 43 | 1,134,960. | 475,062. | 659,898. | | | |

| FORM 990 STATEMENT OF ORGANIZATION'S PREPART III | IMARY EXEMPT PURPOSE | STATEMENT (|
|--|---------------------------|---------------------------------------|
| EXPLANATION | | |
| TO KEEP MEMBERS UP TO DATE IN REGARD TO NEW | W DEVELOPMENTS WITHI | N THE FIELD |
| FORM 990 OTHER PROGRAM | STATEMENT 5 | |
| DESCRIPTION | GRANTS AND ALLOCATIONS | EXPENSES |
| VALIDATION WEBSITE JOHANNA'S LAW MEMBERSHIP | | 3,567. 90,939. 164. 103,553. |
| MARKETING AND COMMUNICATIONS TOTAL TO FORM 990, PART III, LINE E | | 43,355. |
| FORM 990 OTHER INVEST | MENTS | STATEMENT 6 |
| DESCRIPTION | VALUATION METHOD | AMOUNT |
| MUTUAL FUNDS | MARKET VALUE | 907,199. |
| TOTAL TO FORM 990, PART IV, LINE 56, COLUMN | 1 В | 907,199. |
| FORM 990 OTHER ASSE | CTS | STATEMENT 7 |
| DESCRIPTION | | AMOUNT |
| WEBSITE REDESIGN COSTS DEPOSITS | | 46,308. 15,000. |
| TOTAL TO FORM 990, PART IV, LINE 58, COLUMN | J R | 61,308. |

| SCHEDULE A | OTHER INCOME | | STATEMENT 8 | | |
|------------------------------|----------------|----------------|----------------|----------------|--|
| DESCRIPTION | 2004 AMOUNT | 2003 AMOUNT | 2002 AMOUNT | 2001 AMOUNT | |
| MISCELLANEOUS | 45,931. | 6,791. | 724. | 2,437. | |
| TOTAL TO SCHEDULE A, LINE 22 | 45,931. | 6,791. | 724. | 2,437. | |