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-2			(tha	Tee

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except blac

, or 4347 (a)(i) or the internal Revenue	Code (except black lung
benefit trust or private foundation) ve to use a copy of this return to satisfy	
ve to use a copy of this return to satisfy s	state reporting requirements

06000	OMB No 1545-0047
lung	(2005/
ments	Open to Public Inspection

inter	nal Reve	nue Service	The organization may have to		satisfy sta	te reporting requiremen	its.	Inspection
-		2005 calendar year, or ta	_ / _ /		6/30/			
Bœ	Check if		lame of organization				D Em	ployer identification no.
X	Address	change use IRS label or	Foundation for	Civic ·		1	32	2-0020584
	Name ch	flanci of f	Leadership, Inc	:		1	E Tel	ephone number
دبح		type. N	lumber and street (or P O box if m	ail is not delivered to street addi	ress)	Room/suite	63	17-492-8855
لمح	Initial ret	••• .	30 Bow Street				F Ac	counting method: Cash
[rd	Final reti	urn Specific C	tity or town, state or country, and Z	IP + 4			X Acc	crual Other (specify)
T de	Amerde		Cambridge	MA 0213	8		•	
F87	•		11(c)(3) organizations and 4947			I are not applicable to sect	ion 527 d	organizations
4	Аррисан		st attach a completed Schedule		l l	Is this a group return for a		
G [∰]	Websit	e: N/A				If "Yes," enter number of		. – –
		zation type			-	Are all affiliates included?		☐ Yes ☐ No
-		only one) > X 501(c)	(3) ≼ (insert no.)	4947(a)(1) or 527		(If "No," attach a list See		
		. 53			H(d)	Is this a separate return fi		
	Check h		tion's gross receipts are normally n		''(-'	organization covered by a	•	
	-		he IRS, but if the organization choo	ises to tile a return, be	1	Group Exemption Nun		<u> </u>
	sure to f	ile a complete return. Some sta	tes require a complete return.		M			ation is not required
	Gross r	eceipts: Add lines 6b, 8b, 9	b and 10b to line 12	1,107,08		to attach Sch. B (Form		·
	art I		ses, and Changes in N			(See the instruc		1
<u> </u>	1		, and similar amounts receive			1000 1110 111011100	1	'
	' a	Direct public support	, and similar amounts reserve		1a	1,093,950		
	b	Indirect public support			1b		1 1	
	_	Government contributions	(grante)		1c		1]	
	c d	Total (add lines 1a through		93,950 noncash \$	<u> </u>	· · · · · · · · · · · · · · · · · · ·	1d	1,093,950
	2	· · · · · · · · · · · · · · · · · · ·	including government fees and		20.031	······································	2	1,674
			• •	Contracts (nom Fait Vii, iii	ie 93)		3	
	3	Membership dues and ass					4	2,732
	4	Interest on savings and ter	•				5	8,731
	5	Dividends and interest from	n secundes		Luce		1-3-1	8,731
	6a	Gross rents		STATUTE UI	103 108		-	
	b	Less rental expenses	(authinat line Ch from line Ca		- 1949		ا ہے ا	
	С _	• •	(subtract line 6b from line 6a)	MAY 1 0 20	10		6c	
en .	7	Other investment income (T T	(5) 0#	 7	
Revenue	8a	Gross amount from sales	or assets other	(A) Secunties		(B) Other	- 1	
RB		than inventory	- d1	JER BRAN	Ва		-{	
6	b	Less cost or other basis a	•	UGDEIN	 		1 1	
	C	Gain or (loss) (attach sche			8c		┨╻,	
	đ		e line 8c, columns (A) and (B)			П	8d	
\square	9	•	es (attach schedule). If any ar		x nere	' 니		
<u> </u>	a	Gross revenue (not include		of	اما			
		contributions reported on I			9a		-¦ '	
Z	b	•	er than fundraising expenses		<u>9b</u>		┨ . │	
SCANNED JUL	C	, ,	special events (subtract line 9	o irom line 9a)	امدا		9c	
Š	10a		ess returns and allowances		10a		-	
ω	b	Less cost of goods sold		11.34 11	10b	 	١.,	
	С	• • •	sales of inventory (attach sch	edule) (subtract line 10b fro	m line 10a	a)	10c	
	11	Other revenue (from Part	•				11	1 107 007
	12		1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10	c, and 11)			12	1,107,087
s	13	Program services (from lin		(S) (M) (M) (M)		- 7	13	647,110
JSe	14	Management and general	•	RECEIV	ED	1	14	85,786
Expenses	15	Fundraising (from line 44,	• • • •			اد	15	
Ä	16	Payments to affiliates (atta		8 MAY 0 4 2	ain l	ğ	16	
_	17	Total expenses (add lines			418	7 	17	732,896
ets	18	Excess or (deficit) for the	year (subtract line 17 from line	12)		<u> </u>	18	374,191
Ass	19	Net assets or fund balance	es at beginning of year (from I	ne 73, columniani E N	 		19	-1,175,821
Net Assets	20	Other changes in net asse	ts or fund balances (attach ex	planation)	<u> </u>	ـاـ	20	
	21		es at end of year (combine line			<u> </u>	21	-801,630
inst	ruction	y Act and Paperwork Redi is.	uction Act Notice, see the s	eparate	6-	16		Form 990 (2005)
DAA					0	1 4		

Form 990 (2005)

_	Part II Statement of	All organizations r	nust	complete column (A) C	olumns (B), (C), and (D) are required for sectio	n 501(c)(3) and (4)
	Functional Expenses	organizations and	sect	on 4947(a)(1) nonexem	npt charitable trusts but	optional for others. (See	the instructions)
	Do not include amounts reporte	i i		(A) Total	(B) Program	(C) Management	(D) 5
	6b, 8b, 9b, 10b, or 16 of Pa	art I.		(A) TOTAL	services	and general	(D) Fundraising
22	Grants and allocations (attach schedule)						
	(cash \$ cash \$		22		i		
	If this amount includes foreign grants, check	k here 🕨 📙 📗				į	
23	Specific assistance to individuals (attach	_				į	
	schedule)		23				
24	Benefits paid to or for members (attach					į	
	schedule)	1	24				
25	Compensation of officers, directors, etc		25				
26	Other salaries and wages		26				
27	Pension plan contributions	Ĺ	27				
28	Other employee benefits		28				
29	Payroll taxes		29				
30	Professional fundraising fees	L	30				
31	Accounting fees	L	31	6,238		6,238	
32	Legal fees	Ĺ	32	40,223		40,223	
33	Supplies	L	33				
34	Telephone		34	6,681	6,347	334	
35	Postage and shipping		35				
36	Occupancy		36	10,065	9,562	503	
37	Equipment rental and maintenance		37				
38	Printing and publications		38				
39	Travel		39	238	238		
40	Conferences, conventions, and meetings		40				
41	Interest		41	115,353	109,585	5,768	
42	Depreciation, depletion, etc. (attach schedu	le)	42	443,612	421,434	22,178	
43	Other expenses not covered above (itemize	e):					
a	See Statement 1	1.	43a	110,486	99,944	10,542	
b	b	[-	43b				
С	3		43c				
d	i		43d				
е	•	[-	43e				
f	ţ	[43f				
g	9		43g				
44	Total functional expenses. Add lines 22						
	through 43. (Organizations completing		- {	1			
	columns (B)-(D), carry these totals to lines						
	13-15)		44	732,896	647,110	85,786	0
Joi	int Costs. Check I If you are following	SOP 98-2.					
Are	e any joint costs from a combined educationa	l campaign and fur	ndrais	ing solicitation reported	in (B) Program service	es?	▶ 🗌 Yes 🗓 No
f "Y	Yes," enter (i) the aggregate amount of these joint α	osts \$, (ir) the amou	int allocated to Program se	rvices \$	
jii)	the amount allocated to Management and general	\$, and (iv) the amou	int allocated to Fundraising	\$	-

f Total of Program Service Expenses (should equal line 44, column (B), Program services)

647,110

Form **990** (2005)

▶

om soc (2005) Foundation for CIVIC		Page 3
	ccomplishments (See the instructions.)	
particular organization. How the public perceives an organization	ople, serves as the primary or sole source of information about a ation in such cases may be determined by the information presented plete and accurate and fully describes, in Part III, the organization's	
What is the organization's primary exempt purpose? See Statement 2 All organizations must describe their exempt purpose achieved folients served, publications issued, etc. Discuss achieved organizations and 4947(a)(1) nonexempt charitable trusts means a Provide space for events, workshops, classes, in addistudent-community organizing	ments that are not measurable (Section 501(c)(3) and (4) must also enter the amount of grants and allocations to others) movie showings, meetings, dition to developing	Program Service Expenses (Required for 501(c)(3) & (4) orgs , & 4947(a)(1) trusts, but optional for others)
(Grants and allocations \$) If this amount includes foreign grants, check here	647,110
b		
(Grants and allocations \$) If this amount includes foreign grants, check here	
(Grants and allocations \$) If this amount includes foreign grants, check here	
d (Grants and allocations \$) If this amount includes foreign grants, check here ▶	
e Other program services (attach schedule)		
(Grants and allocations \$) If this amount includes foreign grants, check here	

	art IV	Balance Sheets (See the instructions		0020364		Page 4
	Note:	Where required, attached schedules and amounts with		(A)		(B)
		column should be for end-of-year amounts only	Beginning of year	l	End of year	
_	45	Cash-non-interest-bearing	430,547	45	126,308	
	46	Savings and temporary cash investments			46	
			[
	47a	Accounts receivable	47a		1	
	ь	Less allowance for doubtful accounts	47b		47c	
	48a	Pledges receivable	48a			
i	b	Less: allowance for doubtful accounts	48b		48c	
i	49	Grants receivable	_		49	
	50	Receivables from officers, directors, trustees, and key	y employees			
		(attach schedule)		·	50	
	51a	Other notes and loans receivable (attach	1 1			
		schedule)	51a			
Assets	b	Less: allowance for doubtful accounts	51b	· ·	51c	
Ass	52	Inventories for sale or use	1		52	
	53	Prepaid expenses and deferred charges		11,072	53	1,085
	54	investments-securities See Statement	3 ▶ ☐ Cost 🗓 FMV		54	411,472
	55a	Investments-land, buildings, and	, ,			
		equipment: basis	55a			
	b	Less: accumulated depreciation (attach				
		schedule)	55b		55c	
	56	Investments-other (attach schedule)	1 1 2 722 222		56	
		Land, buildings, and equipment basis	57a 2,709,339			
	Ь	Less: accumulated depreciation (attach				
		schedule) See Statement 4	57b 443,612	2,709,339		2,265,727
	58	Other assets (describe		58		
				2 150 050		2 004 500
	59	Total assets (must equal line 74) Add lines 45 through	gh 58	3,150,958		2,804,592
	60	Accounts payable and accrued expenses	-	69,450		63,788
	61	Grants payable	-		61	
	62	Deferred revenue			62	
ies	63	Loans from officers, directors, trustees, and key empl	oyees (attach			
abilities	C4-	schedule)	}		63	
Ē	64a	Tax-exempt bond liabilities (attach schedule) Mortgages and other notes payable (attach schedule)	See Worksheet	2,891,807	64a 64b	2,088,760
	65	Other liabilities (describe See Stateme		1,365,522	65	1,453,674
	05	Other habilities (describe > Dee Deaceme	, ,	1,303,322	- 65	1,433,074
	66	Total liabilities. Add lines 60 through 65		4,326,779	66	3,606,222
		nizations that follow SFAS 117, check here ▶ 🗶	and complete lines		00	0/000/222
	O.ga	67 through 69 and lines 73 and 74.	and complete intes	•		
,	67	Unrestricted		-1,175,821	67	-801,630
Ş	68	Temporarily restricted	ļ		68	
alar	69	Permanently restricted	. 1		69	
8		nizations that do not follow SFAS 117, check here	▶ ☐ and	 		
Net Assets or Fund Balances		complete lines 70 through 74	_			
5	70	Capital stock, trust principal, or current funds			70	
ş	71	Paid-in or capital surplus, or land, building, and equip	ment fund		71	
SS	72	Retained earnings, endowment, accumulated income	ľ	· · · · · · · · · · · · · · · · · · ·	72	
# A	73	Total net assets or fund balances (add lines 67 thro				
ž		70 through 72,	-			
		-		1 175 001	I	-801,630
		column (A) must equal line 19, column (B) must equ	al line 21)	-1,175,821	73	-001,030

Form	990 (2005)	Foundation for Civic	32-0	020584			Page 5
_	art IV-A	Reconciliation of Revenue per Audited Fin	ancial Statements V	Vith Revenue per	r Return	(See	
	<u>.</u>	instructions.)					
а	Total revenue	e, gains, and other support per audited financial statement	s		a	<u> </u>	1,107,087
ь	Amounts incl	uded on line a but not on Part I, line 12:				Į	
1	Net unrealize	d gains on investments	b1	·			
2	Donated serv	rices and use of facilities	b2	_		1	
3	Recoveries of	f prior year grants	b3			1	
4	Other (specif	у).				Į.	
			<u>b4</u>	_ -			
	Add lines b1	through b4			b		
С	Subtract line	b from line a			c		1,107,087
d	Amounts incl	uded on Part I, line 12, but not on line a:				1	
1	Investment e	xpenses not included on Part I, line 6b	d1				
2	Other (specif	у):	1 1			1	
			d2				
	Add lines d1	and d2			d	<u> </u>	
e	Total revenu	e (Part I, line 12). Add lines c and d			<u>▶</u> e		1,107,087
Pa	art IV-B	Reconciliation of Expenses per Audited Fi	nancial Statements	With Expenses	per Retu	ırn	
а	Total expens	es and losses per audited financial statements			а		732,896
b	Amounts incl	uded on line a but not Part I, line 17.					
1	Donated serv	rices and use of facilities	<u>b1</u>				
2	Prior year ad	iustments reported on Part I, line 20	b2				
3	Losses repor	ted on Part I, line 20	b3				
4	Other (specif	y)					
			b4				
	Add lines b1	through b4			ь	<u> </u>	
c	Subtract line	b from line a			С		732,896
ď	Amounts incl	uded on Part I, line 17, but not on line a:					
1	Investment e	xpenses not included on Part I, line 6b	d1			1	
2	Other (specif	у).					
			d2				
	Add lines d1	and d2			d	L	
е	Total expens	ses (Part I, line 17) Add lines c and d			▶ e	<u> </u>	732,896
Pa	irt V-A	Current Officers, Directors, Trustees, and			s an office	er, directo	r, trustee,
		or key employee at any time during the year even if they	were not compensated.) (See the instructions)			
		(A) Name and address	(B) Title and average hours per	(C) Compensation (If not paid, enter	(D) Cor employee	benefit	(E) Expense account and other
			week devoted to position	-0)	compensa	tion plans	allowances
	avid Gr		President	_		_	
		randa Ro Los Altos CA 94022	 	0	<u> </u>	0	0
	dward S		Treasurer			_	
_		nee Road Lake Forre IL 60045		0		0	0
	rica Si		Clerk	_		_	
_2	4 Lawre	nce Street Boston MA 02116	5	0	ļ	0	0
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							- 000

Pert V.A. Current Officers, Directors, Trustees, and Key Employees (continued) 75 S Instite the build number of officers, directors, invalees, or key employees isseld in Form 990, Part V.A. or highest compensated enologives itseld in Schedule A, Part I, or highest compensated of problems of the state of the Schedule A, Part I, or highest compensated of problems of the state of the Schedule A, Part I, or highest compensated of problems of the state of the Schedule A, Part I, or highest compensated of problems of the state of the Schedule A, Part I, or highest compensated or schedule A, Part I, or highest compensated or problems of the state of the Schedule A, Part II, or highest compensated or schedule A, Part II, or highest compensated or problems of the schedule A, Part II, or highest compensated problems or the relationships? If "Yes," attach a statement that identifies the individuals and explains the relationships of the schedule A, Part II, or highest compensated problems or the relationships of the schedule A, Part II, or highest compensation from any other organizations, which is the schedule A, Part II, or highest compensation and of their independent contractors listed in Schedule A, Part II, or highest compensation and of their independent organizations and the schedule A, Part II, or highest compensation and schedule organizations and their independent organizations and the schedule A, Part II, or highest compensation and their independent organization organization and their independent organization and their independent organization and their independ	Form	n 990 (2005)	Foundation	on for	Civic	32	-0020584			P	age 6
meetings b Are any officers, directors, invates, or key employees listed in Form 990, Part V.A, or highest compensated employees listed in Schedula A, Part I, or highest compensated professional and other independent contractors listed in Schedula A, Part I, or highest compensated or school professional and other independent contractors listed in Schedula A, Part II, or highest compensated or school professional and other independent contractors listed in Schedula A, Part II, or highest compensated professional and other independent contractors listed in Schedula A, Part II, or highest compensation or or special complexes listed in Schedula A, Part II, or highest compensation from any other or generations, whether it is exempt or stabelline that excellent or instructions in the compensation from any other or generations, whether it is exempted to stabelline in Schedula A, Part II, or high schedular in the compensation or common carterior? Note: Related organizations include section 509(a)(3) supporting organizations. Sequence is exempted to reach organization should be a first interpretation or common carterior? Note: Related organizations include section 509(a)(3) supporting organizations. Sequence is exempted to responsible the compensation or common carterior? Part V.B. Common the common carterior interpretation or common carterior. (A) Does the common carterior interpretation or common carterior. (A) Name and address (B) Loans and Annances (C) Compensation (C) Compensation (D) Contractors, is parabosed accommon and the programation or common carterior in the appropriate column. See the instituctions.) (A) Name and address (B) Loans and Annances (C) Compensation (C) Compensation (D) Contractors, is parabosed accommon and the common carterior or common carterior plants. (E) Common members and the common carterior or programation or common carterior plants. (E) Common members and common carterior or programation or common carterior plants. (E) C C Compensation related of the common carterior	Pa	art V-A	Current Officer	rs, Directo	rs, Trustees	s, and Key Employees (c	ontinued)			Yes	No
b A any officers, directors, furtheres, or key employees listed in Form 990, Part V-A, or highest compensating employees listed in Schedule A, Part I, or highest compensation and order independent contractors listed in Schedule A, Part I, or highest compensation and order independent contractors listed in Schedule A, Part III-A or II	75a	Enter the to	otal number of officers	s, directors, a	ind trustees peri	mitted to vote on organization bus				-	
employees leaded in Schedule A, Part I, or highest compensated professional and other independent contractors lated in Schedule A, Part II And TIP, religious de each other through femaly or business relationships of the professional and the independent contractors listed in Schedule A, Part II And TIP, religious the midwiduals and explains the relationships (s. Sea Statement 6 c. Do any officers, directors, survives, or key employees listed in Form 900, Part V-A, or highest compensation of employees listed in Schedule A, Part II And TIP, or highest compensation from any other organizations, whether it as exempt or trabelle, that are related to this organization in through common supervision or common control? Note: Related organizations include section 909(a)(3) supporting organizations are generally. If "xs." stituch a statement that dentifies the individuals, explains the relationship between this organization and the other organization (s. and discharge in the compensation or arrangements, including amounts paid to each individual by each related organization. If "xs." stituch a statement that dentifies the individuals, explains the relationship between this organization and the other organization (s. and the organization). If you are stituted in Schedule A, Part III And TIP, and the stitute organization or organization and the other organization or of the prediction or organization or of the prediction organization or of the prediction or organization organization or organization or organization organ	_	_					. •				
contractors issted in Schedule A, Parl II.A or III.3 related to each other through family or business relationships? If "Yes." attach a statement that identifies the individuals and explains the relationship(s) C. Dip any officers, directors, intrates, or key employees listed in Schedule A, Parl I.O rightest compression from the other independent contractors listed in Schedule A, Parl II.A or III.B. receive compensation from the other independent contractors listed in Schedule A, Parl II.A or II.B. receive compensation from the other independent contractors listed in Schedule A, Parl II.A or II.B. receive compensation from the other independent contractors listed in Schedule A, Parl II.A or II.B. receive compensation and the independent contractors listed organizations with the compensation and the other organization (s), and describes the compensation and supervision or common content? If "Yes," attach a statement that indentifies the individual prompts of the in	ь	-		•			•				
relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship (a.e., directors, trustees, or key employees littled in Form 800. Part V.A. or highest compensated employees littled in Scheduls A. Part II. An III. Streeping compensated professional and other independent contractors listed in Scheduls A. Part II. An III. Streeping compensated professional and other independent contractors listed in Scheduls A. Part III. An III. Streeping compensation from any other organizations, whether lar vesing of strately. It is a statement that identifies the individuals, explains the relationship between this organization and the other organizations, and describes the compensation are demand and other organizations and the other organization and the other organizations and the other organization and the other organization and the other organization and the other organizations and the other organizations and the other organization or other benefits in the appropriate column. See the instructions are of the other organization or other benefits in the appropriate column. See the instructions are of the other organization or other benefits in the appropriate column. See the instructions are of the other organization organization or other benefits and the other organization organization organization organization organization organization. The other organization of the organization of the organization of the organi					•	·					
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I.or highest compensated professional and other independent contractors listed in Schedule A, Part I.or highest compensated professional and other independent contractors listed in Schedule A, Part I.or highest compensated professional and other independent contractors in the contraction of the compensation of the compensation of the compensation of the compensation and the other companizations include section 599(8)(3) supporting organization or common contract. If "Yes," attach a statement that identifies the midwduals year in a statement that identifies the midwdual year in a statement of the part in a statement that identifies the midwater policy? Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (I any former officer, director, trustee, role year) per seewed compensation or other benefits (described below) during the year, is that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions (A) Name and address (B) Loans and Advances (C) Compensation (ID, Corob.) is employed servicing the seemed part of the part o						• •			75b	x	Í
employees lated in Schedule A, Part I. of Inglest compensated professional and other independent contractors lated in Schedule A, Part II. of III. A receive compensation from any other organizations, whether lax exempt or taxable, that are related to this organization from any other organizations. White A related organization shoulds exclaim 508(a)(3) supporting organizations. If Yes, "attach a statement that identifies the individuals, explains the related organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization. If Yes, "attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization. If Yes, "attach a statement that identifies the individuals, explains the related organization or Other Benefits (Iran) former officiers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (Iran) former officiers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (Iran) former officiers, directors, trustees, and Key Employees That Received Compensation or Other Benefits (Iran) former officiers, and the year, list that person below and enter the amount of compensation or other benefits in the appropriate column Sea the instructions. If I'res, "attach a conformation (See the instructions.) If I'res, "attach a conformation (See the instructions.) Part VI Other Information (See the instructions.) If I'res, "attach a conformation of each activity. Yes to be described to the instructions of the instructions.) Yes to be described to the instructions of the inst		TOIGHOMP				The state of the opinion and tolers	, , ,	tement 6	,00		
contractors listed in Schedule A, Part III- Aor II-B, receive compensation from any other organizations, whether tax everent or staxible, that are related to this organization florings from the section 508(a)(3) supporting organizations. If Yes, "attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts pad to each individual by each related organization (s). and describes the compensation arrangements, including amounts pad to each individual by each related organization (s). and officers, director, director, director, some control of compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits (described below) during the year is described below) during the year is described below during the year is described below the list of th	С	Do any offic	cers, directors, truste	es, or key en	nployees listed ii	n Form 990, Part V-A, or highest	compensated			:	
tax exempt or taxable, that are related to this organization frough common supervision or common control? Note, Related organizations include section 508(a)(3) supporting organizations If "Yes", attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, individual and advantage of the properties of the compensation arrangements, and the compensation of the pearly of the compensation of the pearly of the compensation of the pearly of the pearly of the compensation of the pearly of the p		employees	listed in Schedule A,	Part I, or hig	hest compensat	ed professional and other indepe	ndent				ĺ
Note. Related organizations include section 508(a)(3) supporting organizations If "Yes," attach a statement that identifies the individual by each related organization and the other organization(s), and describes the compensation arrangements, including amounts pad to each individual by each related organization d. Does the prajamization have a written conflict of interest policy? Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (if any former officer, director, fusites, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits (described below) during the year, list that of the person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions) (B) Loans and Advances (C) Compensation (C) Compensation (D) Correct to employee benefit glaze's deferred compensation plans (E) Expense. (E) Expense. Part VI Other Information (See the instructions.) Yes No N/A Yes No N/A Yes No Yes No Yes No Yes, attach a detailed description of each activity Yes, attach a contormed copy of the changes. Yes If "Yes," attach a contormed copy of the changes. Yes Ji "Yes," attach a contormed copy of the changes. Yes Ji "Yes," attach a contormed copy of the changes. Yes Ji "Yes," attach a contormed copy of the changes. Yes Ji "Yes," attach a contormed copy of the changes. Yes Ji "Yes," attach a contormed copy of the changes. Yes Ji "Yes," att											
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organization and the other organization (\$\), and describes the compensation arrangements, including amounts paid to each individual by each related organization \[\begin{arrange} \text{Description for the properties of the organization and indirect politics? \[\text{Part VI} \text{Other Information (See the instructions.)} \] \[\text{VI Other Information (See the instructions.)} \] \[\text{Views and Advances} \] \[(C) Compensation becomes description or organization org		Note. Relat	ted organizations incl	ude section (509(a)(3) suppor	rting organizations					
organization and the other organization (\$\frac{1}{3}\$, and describes the compensation arrangements, including amounts paid to each individual by each related organization (\$\frac{1}{3}\$ and \$\frac{1}{3}\$ be organization have a written conflict of interest policy? Part VB Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (the scribed below) during the year, list that person below and enter the amount of compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column See the instructions. [6] Commb list of the compensation plants of the list of th		if "Voc " att	ach a statement that	identifies the	individuals evo	lains the relationship between the					
including amourts peet to each individual by each related organization Does the organization have a written conflict of interest policy?					-	•	5				
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Instructions) (A) Name and address (B) Loans and Advances (C) Compensation (D) Contrib. is employee compensators plans (E) Expense address (E) Expense compensators plans (E) Expense compensators (E) Expense			•		•	•	,				
(A) Name and address (B) Leans and Advances (C) Compensation (C) Compensation (D) Compensation (E) Exposes (F) Expo			•	rson below a	nd enter the am	ount of compensation or other be	enefits in the appropri	ate column See the			
Part VI			instructions)				Γ	I/D) Constitution is			
Part VI Other Information (See the instructions.) Part VI Other Information (See the instructions.) 76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity 77 Were any changes made in the organizing or governing documents but not reported to the IRS? 78 Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78 If "Yes," attach a conformed copy of the changes. 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement 80a is the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," attach a statement 80a is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc. to any other exempt or nonexempt organization? 80a b If "Yes," enter the name of the organization ▶ 80a and check whether it is exempt or nonexempt organization? 80a b If "Yes," enter the name of the organization ▶ 80b b Did the organization file Form 1120-POL for this year? 81b X			(A) Name a	nd address		(B) Loans and Advances	(C) Compensation	benefit plans & deferred	acco	int and	other
Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity 76	N/	A						compensation plans		Owario	
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Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity 76											
description of each activity 76	Pa	irt VI	Other Informati	ion (See	he instruction	ons.)				Yes	No
Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes. 78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78a X The proof of this year?	76	Did the orga	anization engage in a	ny activity no	ot previously rep	orted to the IRS? If "Yes," attach	a detailed				
If "Yes," attach a conformed copy of the changes. 78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78a X The proof of the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78a X 78b Table 78b Table 78b Table 78b Table 78c Tab		-	•							 -	
Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b If "Yes," has it filed a tax return on Form 990-T for this year? 78b 78b 78b 78b 78b 78c 78c 78c	77	-	-		-	ments but not reported to the IR	S?		77	ļ	X
b If "Yes," has it filed a tax return on Form 990-T for this year? 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement 80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? 80a X b If "Yes," enter the name of the organization and check whether it is exempt or nonexempt organization? 81a Enter direct and indirect political expenditures. (See line 81 instructions) 81b X	700		•	-	_	of \$1,000 or more discovery	novorod by the	·n?	70-		v
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement 80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? 80a X b If "Yes," enter the name of the organization and check whether it is exempt or nonexempt 81a Enter direct and indirect political expenditures. (See line 81 instructions) b Did the organization file Form 1120-POL for this year? 81b X		-			-	ii \$1,000 or more during the year	covered by this retu	mr		+	+^
a statement 80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? 80a X b If "Yes," enter the name of the organization and check whether it is exempt or nonexempt or nonexempt organization? 81a Enter direct and indirect political expenditures. (See line 81 instructions) 81b X						al contraction during the year? If	"Yes " attach		100	1-	+-
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? 80a X b If "Yes," enter the name of the organization and check whether it is exempt or nonexempt 81a Enter direct and indirect political expenditures. (See line 81 instructions) b Did the organization file Form 1120-POL for this year? 81b X				,			. 30, 41447		79		x
common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? b If "Yes," enter the name of the organization and check whether it is exempt or nonexempt 81a Enter direct and indirect political expenditures. (See line 81 instructions) b Did the organization file Form 1120-POL for this year? 81b X	80a			than by ass	ociation with a s	tatewide or nationwide organizat	on) through				1
and check whether it is exempt or nonexempt 81a Enter direct and indirect political expenditures. (See line 81 instructions) b Did the organization file Form 1120-POL for this year? 81b X		_	•	•		•	, ,		80a		X
81a Enter direct and indirect political expenditures. (See line 81 instructions) b Did the organization file Form 1120-POL for this year? 81b X	b	If "Yes," en	ter the name of the or	ganization	>			 1			
b Did the organization file Form 1120-POL for this year?							s exempt or	nonexempt		1	
	81a		•	•	•	structions)	81a		-		
	b	Dia the orga	anization file Form 11	20-POL for	ınıs year?	 		<u> </u>		_ 00	

	n 990 (2005) Foundation for Civic 32-0020584			<u>F</u>	age 7
_Pa	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		i .		
	or at substantially less than fair rental value?		82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this				
	amount as revenue in Part I or as an expense in Part II.				
	(See instructions in Part III.)		Į		ļ
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?		83a	X	<u> </u>
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		83b	X	<u> </u>
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	_	1		
	gifts were not tax deductible?	N/A	84b		
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	N/A	85a		<u> </u>
ь	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	85b	ļ	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 85c				
d	Section 162(e) lobbying and political expenditures				
е	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		1		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	85g	<u> </u>	<u> </u>
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f		1		
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the				
	following tax year?	N/A	85h		ļ
86	501(c)(7) orgs. Enter, a Initiation fees and capital contributions included on				
	line 12		4		
þ	Gross receipts, included on line 12, for public use of club facilities		_	1	
87	501(c)(12) orgs Enter: a Gross income from members or shareholders 87a		1		
b	Gross income from other sources. (Do not net amounts due or paid to other]	
	sources against amounts due or received from them)		_		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or				
	partnership, or an entity disregarded as separate from the organization under Regulations sections 301 7701-2				
	and 301 7701-3? If "Yes," complete Part IX		88	ļ	X
89a	501(c)(3) organizations. Enter. Amount of tax imposed on the organization during the year under	_			
	section 4911 ▶ 0 ; section 4912 ▶ 0 , section 4955 ▶ ·	. 0			
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction		į .	i	
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach		1	1	\
	a statement explaining each transaction		89b	<u> </u>	X
C	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year				_
	sections 4912, 4955, and 4958	<u> </u>			
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 MA				
Ь	Number of employees employed in the pay period that includes March 12, 2005 (See	1. 1			,
	instructions)	90b	400		
91a	The books are in care of Corporation Telephone r	617-	-492	2-88	122
	30 Bow Street	00120			
	Located at ► Cambridge, MA ZIP+4 ►	02138			
ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority				т
	over a financial account in a foreign country (such as a bank account, securities account, or other financial			Yes	+
	account)?		91b	-	X
	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			1	
	At any time during the calendar year, did the organization maintain an office outside of the United States?		91c	<u> </u>	<u> </u>
С	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	-1 (►į
	and enter the amount of tax-exempt interest received or accrued during the tax year	▶ 92			
			Fo	m 99	0 (200

Part VII	Analysis of Income-Pro	ducing Activities (See the	instructio	ns.)	,			
Note: Enter gr	oss amounts unless otherwise			d business inc	ome		by sec 512,	513, or 514	(E) Related or
indicațed.		Bus	(A) siness code	(B) Amor) unt	(C) Exclusion	Amo)) xunt	exempt function
•	service revenue:					code			Income
a Pro	gram Income								1,674
b						ļ			
С						ļ			
d						<u> </u>			
е									
f Medicar	e/Medicald payments								
g Fees an	d contracts from government agence	ies							
94 Member	ship dues and assessments				·-··				
95 Interest	on savings and temporary cash inve	estments				14		2,732	
96 Dividend	ts and interest from securities					14		8,731	
97 Net rent	al income or (loss) from real estate:	·	3		130			· / · · ·	- 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
a debt-fina	anced property								
b not debt	-financed property								
98 Net rent	al income or (loss) from personal pr	operty							<u> </u>
99 Other in	vestment income								
100 Gain or	(loss) from sales of assets other tha	n inventory							<u> </u>
101 Net inco	me or (loss) from special events					<u> </u>			
102 Gross p	rofit or (loss) from sales of inventory			<u></u>		<u> </u>			<u> </u>
103 Other re	venue: a							·	<u></u>
b						<u> </u>			
c				<u> </u>					
		,				<u> </u>			
е						ļ			
104 Subtotal	(add columns (B), (D), and (E))				0	/ - `	1	1,463	
105 Total (a	dd line 104, columns (B), (D), and (I							▶ _	13,137
Note: Line 105	plus line 1d, Part I, should equal th	e amount on line 12, Par	t I.						
Part VIII	Relationship of Activitie	es to the Accompli	shment	of Exemp	t Purpo	ses (S	ee the ir	structio	ns.)
Line No.	Explain how each activity for which	ch income is reported in c	olumn (E)	of Part VII co	ontributed	important	ly to the ac	complishm	ent
	of the organization's exempt purp								
<u>93a</u>	Space provided t				cies t	to			
	encourage worksh	ops and other	er for	ums.					
Part IX	Information Regarding		es and l		ed Entit	ies (S		struction	
Name, add	(A) dress, and EIN of corporation,	(B) Percentage of	1	(C) Nature of act	vities		(D) Total inco	me	(E) End-of-year
partner	ship, or disregarded entity	ownership interest							assets
N/A	<u> </u>	%							
		%							
		%							
		9	1						
Part X	Information Regarding								structions.)
	e organization, during the year, rec						benefit cor	itract?	Yes X No
(b) Did th	e organization, during the year, pay	premiums, directly or inc	firectly, on	a personal b	enefit con	tract?		-	Yes X No
Note: If "Y	es" to (b), file Form 8870 and Form	1 4720 (see instructions).							
	Under penalties of perjury, I declare the and belief, it is true, correct, and comp	at I have examined this retur	n, including	accompanying	schedules a	and statem	ents, and to t	he best of m	ny knowledge
Please	and belief, it is true, correct and comp	nete Declaration of preparer	(oune man		A	TIZALION OF V	willian prepare	i Oi	nowledge
Sign	1/1/2/		/			<u> </u>		1 / po	1 [L 2010
Here	Signature of officer	/ بایامان	, /	- ' Y	ρ	\bigcirc		palle	
neie	Lie Lyn	nan Clerk			an	ALA	Mans	<u> </u>	silent
	Type or print name and title				,	<u> </u>	·	· · · · · · · · · · · · · · · · · · ·	
Date	Preparer's				Date		Check if self-	_ [Preparer's SSN or PTIN (See Gen Instr. W)
Paid	1 '	J. Creeden,	CPA		3/0	5/10	sen- employed		P00747568
Preparer's	Firm's name (or yours SAN	DBERG, GONZA	ALEZ (CREE	DEN, I	P.C.		EIN	▶ 04-3195921
Use Only	if self-employed). 7 331	PAGE STREE	r, 2nd	i FLOOR	R			Phone	
		OUGHTON, MA	02072	2				no 🕨 '	781-344-0850
-			· · · · · · · · · · · · · · · · · · ·						- 000

Mate: 5			e-Froudenig Activiti					540 544	(5)
indicate	•	oss amounts unless otherwis	C		business income		by sec 512,		(E) Related or
		service revenue.		(A) Business code	(B) Amount	(C) Exclusion	Amo	unt	exempt function
а ,	-	gram Income				code			1,674
и _ b									2/0/2
- c									
d -									
u _								· · · · · · · · · · · · · · · · · · ·	
f N	Aedicare	e/Medicaid payments							
		d contracts from government	agencies						
_		ship dues and assessments	ugou.ou						
		on savings and temporary ca	sh investments			14		2,732	
		Is and interest from securities				14		8,731	
_		al income or (loss) from real						- 1	
		inced property						************	
		-financed property					T		
		al income or (loss) from perso	onal property						
99 C	Other inv	vestment income							
100 0	Sain or ((loss) from sales of assets of	her than inventory						
101 N	let inco	me or (loss) from special eve	nts						
102 G	Gross pr	rofit or (loss) from sales of inv	ventory						
103 C	Other re	venue: a							
b									
c _			-						
е _		·			- 				ļ
104 S	Subtotat	(add columns (B), (D), and (E))			0	1	1,463	
105 T	otal (ad	dd fine 104, columns (B), (D),	and (E))					.	13,137
Note: L	ine 105	plus line 1d, Part I, should e	qual the amount on line 12	2, Part I.					
Part	VIII	Relationship of Ac	<u>tivities to the Accor</u>	<u>nplishment o</u>	f Exempt P	urposes (S	See the ir	<u>istructio</u> i	ns.)
Line	No.	Explain how each activity for					tly to the ac	complishm	ent
		of the organization's exemp							
93	<u>a</u>	Space provide				es to	·		
		encourage wor	kshops and o	ther foru	ıms			~*	
									
						= /6			
Part	IX.	(A)	ding Taxable Subsid	diaries and Di	sregarded (C)	Entities (S	ee the in	struction	1S.) (E)
		lress, and EIN of corporation	, Percentage of		ature of activitie	es	Total inco	me	End-of-year
	·	ship, or disregarded entity	ownership intere						assets
	N/A	<u> </u>		%					
				%					
		 -		%					
	V	Information Domes	ding Transfers Asse	%	Darson of Da	masia Camar	/S	o the in	atriations \
Part			ding Transfers Asso						
٠.		e organization, during the yea e organization, during the yea	•	•		•	i benent cor	itracti	Yes X No
٠,		e organization, during the yea es" to (b), file Form 8870 and		• •	personal bene	iii contract?			res _ No
NO	te: II T								
		Under penalties of perjury, I de and belief, it is true, correct, an							
Pleas	e	L						1	
Sign		Constitute of officer						Data	
Here	Į	Signature of officer						Date	
		Type or print name and titl	le /						
			1/2	1			Check if		Preparer's SSN or PTIN
Paid		Preparer's signature	1/4//		ا ا)ate - 4 / 2 0 / 1 (self-	_ [_ [(See Gen Instr W)
Prepa	rer's	signature Theze			CDEEDER	4/28/10	employed		P00747568
Use C	,	Firm's name (or yours —		NZALEZ &		N, P.C.		EIN	▶ 04-3195921
	-	if self-employed), address, and ZIP + 4		EET, 2nd A 02072	FLOOK			Phone	701_244.0050
		Dourest, and Elit F 4	STOUGHTON, M	A 02012				no 🕨	781-344-0850

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 orga		hip, Inc.		Employer Identi	
Part I	Compensation of the Five Highest Paid Emplo		ers. Directors. ar		<u> </u>
	(See page 1 of the instructions. List each one.				
	(a) Name and address of each employee paid more than \$50,000	(b) Title and average it per week devoted to po	1 (c) Como	(d) Contrib to empl ben plans & deferred comp	
NONE					
				+	
					<u> </u>
				 	
Total number	of other employees paid over \$50,000	<u> </u>			<u> </u>
Part II-A	Compensation of the Five Highest Paid Indepe	 	Professional Se	rvices	
** ** *	(See page 2 of the instructions. List each one (r "None.")
	(a) Name and address of each independent contractor paid more th		(b) Type of		c) Compensation
NONE					
					···-
					
		 			
Total number o professional se	of others receiving over \$50,000 for			,	
Part II-B	Compensation of the Five Highest Paid Independent (List each contractor who performed services of firms. If there are none, enter "None." See page	other than professional		r individuals	ог
	(a) Name and address of each independent contractor paid more the		(b) Type of	service ((c) Compensation
NONE					
			 		
					
Total number of	of other contractors receiving over				
\$50,000 for oth		<u> </u>			
For Paperwor	k Reduction Act Notice, see the Instructions for Form 990 a	and Form 990-EZ.	Schedi	ule A (Form 990	or 990-FZ1 20

Sche	dule	A (Form 990 or 990-EZ) 2005 Foundation for Civic 32-0020584		F	Page 2
Pi	art I	Statements About Activities (See page 2 of the instructions.)		Yes	No
1		ring the year, has the organization attempted to influence national, state, or local legislation, including any empt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid			
	or i	ncurred in connection with the lobbying activities 🕨 \$ (Must equal amounts on line 38,			
	Par	rt VI-A, or line i of Part VI-B)	1		X
	_	ganizations 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.			
2		ring the year, has the organization, either directly or indirectly, engaged in any of the following acts with any estantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or			
		n any taxable organization with which any such person is affiliated as an officer, director, trustee, majority			
		ner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the			
		nsactions)			
a	Sal	e, exchange, or leasing of property?	2a		х
b	Len	nding of money or other extension of credit?	2b		X
С		rnishing of goods, services, or facilities?	2c		X
d	Pay	yment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		X
e		nsfer of any part of its income or assets?	2e		X
3a		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		you have a section 403(b) annuity plan for your employees?	3b		X
c 4a		ring the year, did the organization receive a contribution of qualified real property interest under section 170(h)? You maintain any separate account for participating donors where donors have the right to provide advice on	3c		1
44		use or distribution of funds?	4a		x
ь		you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		X
Pa	irt I	V Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)			
The	organ	nization is not a private foundation because it is. (Please check only ONE applicable box)	<u>-</u>		
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	Ш	A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii)			
8	Н	A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)			
9	Ц	A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city,			
40	П	and state >			
10		An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A)	1		
11a	X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)			
11b		A community trust Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A)			
12		An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipt	s		
		from activities related to its charitable, etc., functions-subject to certain exceptions, and (2) no more than 33 1/3% of its support			
		from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the			
	\Box	organization after June 30, 1975 See section 509(a)(2) (Also complete the Support Schedule in Part IV-A)			
13	Ш	An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations			
		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) Check the box that describes the type of supporting organization Type 1 Type 2 Type 3			
		Provide the following information about the supported organizations (See page 6 of the instructions)			
			b) Line	numb	er
		(a) Name(s) of supported organization(s)	from a	bove	
14	\Box	An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 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 Calendar year (or fiscal year beginning in) (a) 2004 **(b)** 2003 (d) 2001 (e) Total Gifts, grants, and contributions received (Do 2,000 2,000 not include unusual grants. See line 28.) 16 Membership fees received Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the 0 organization's chantable, etc., purpose 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 1,061 448 916 2,425 by the organization after June 30, 1975 Net income from unrelated business 0 activities not included in line 18 20 Tax revenues levied for the organization's benefit and either paid to it or expended on 0 its behalf 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 0 public without charge Other income Attach a schedule Do not include gain or (loss) from sale of capital assets 2,448 1,061 916 23 Total of lines 15 through 22 916 1,061 2,448 24 Line 23 minus line 17 9 25 Enter 1% of line 23 89 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 26a b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts 26b Total support for section 509(a)(1) test: Enter line 24, column (e) 4,425 26c 18 _____**2,425** d Add. Amounts from column (e) for lines: 2,425 264 2,000 e Public support (line 26c minus line 26d total) 26e 45.1977% Public support percentage (line 26e (numerator) divided by line 26c (denominator)) 26f Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." N/A Do not file this list with your return. Enter the sum of such amounts for each year. (2003)(2002)b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess N/A amounts) for each year: (2004)(2003)(2001)Add. Amounts from column (e) for lines. 27c and line 27b total d Add. Line 27a total. 27d e Public support (line 27c total minus line 27d total) 27e Total support for section 509(a)(2) test. Enter amount from line 23, column (e) g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) 27g h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) % 27h Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief

description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

Part V Private School Questionnaire (See page 7 of the instructions.)

(To be completed ONLY by schools that checked the box on tie

	(10 be completed ONLY by schools that checked the box on line 6 in Part IV)			
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, N/A		Yes	No
	other governing instrument, or in a resolution of its governing body?	29		•
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its		1	
	brochures, catalogues, and other written communications with the public dealing with student admissions,			
	programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during			
	the period of 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?	31		
	If "Yes," please describe; if "No," please explain (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory			
	basis?	32b		
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	30-		
	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)			
33	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	33a		
_	Admissions policion?	33b		
þ	Admissions policies?	220		
С	Employment of faculty or administrative staff?	33c		
	·	<u> </u>		-
d	Scholarships or other financial assistance?	33d		
е	Educational policies?	33e		
			1	1
f	Use of facilities?	33f	ļ	
g	Athletic programs?	33g		
L	Other outrequered or petuutas?	225		1
n	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
	you allow a look to diff of the deere, please explain (if you need more epace, allastic a deparate statement)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	<u> </u>	
b	Has the organization's right to such aid ever been revoked or suspended?	34b		ļ
	If you answered "Yes" to either 34a or b, please explain using an attached statement			
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05		1	1
	of Rev. Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35	<u> </u>	ـــــــــــــــــــــــــــــــــــ

Schedule A (Form 990 or 990-EZ) 2005 Foundation for Civic

Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.) Part VI-A (To be completed ONLY by an eligible organization that filed Form 5768) Check ▶ b I If you checked "a" and "limited control" provisions apply Check ▶ a if the organization belongs to an affiliated group (a) (b) Limits on Lobbying Expenditures Affiliated group totals To be completed for ALL electing organizations (The term "expenditures" means amounts paid or incurred.) 36 Total lobbying expenditures to influence public opinion (grassroots lobbying) 36 37 37 Total lobbying expenditures to influence a legislative body (direct lobbying) 38 Total lobbying expenditures (add lines 36 and 37) 38 39 39 Other exempt purpose expenditures 40 Total exempt purpose expenditures (add lines 38 and 39) 40 41 Lobbying nontaxable amount. Enter the amount from the following table-If the amount on line 40 is-The lobbying nontaxable amount is-Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000 41 Over \$1,000,000 but not over \$1,500,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000 42 Grassroots nontaxable amount (enter 25% of line 41) 42 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36. 43 44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38 Caution: If there is an amount on either line 43 or line 44, you must file Form 4720 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions) Lobbying Expenditures During 4-Year Averaging Period (b) (d) (e) Calendar year (or (a) (c) 2005 2004 2003 2002 Total fiscal year beginning in) 45 Lobbying nontaxable amount 46 Lobbying ceiling amount (150% of line 45(e)) 47 Total lobbying expenditures 48 Grassroots nontaxable amount 49 Grassroots ceiling amount (150% of line 48(e)) 50 Grassroots lobbying expenditures Lobbying Activity by Nonelecting Public Charities Part VI-B (For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.) During the year, did the organization attempt to influence national, state or local legislation, including any Amount No attempt to influence public opinion on a legislative matter or referendum, through the use of X Volunteers X Paid staff or management (Include compensation in expenses reported on lines through c h.) b X C Media advertisements X Mailings to members, legislators, or the public X Publications, or published or broadcast statements X Grants to other organizations for lobbying purposes X Direct contact with legislators, their staffs, government officials, or a legislative body X Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means Total lobbying expenditures (Add lines through c h.) If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

N/A 2a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule (a) (b)	cribed in section is? Yes 51a(i) a(ii) b(i) b(ii) b(iii) b(iii) c fair market value of the arket value in any	X X X X X X X X X X X X
Did the reporting organization directly or indirectly engage in any of the following with any other organization de 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organization (1) Cash (ii) Other assets b Other transactions. (i) Sales or exchanges of assets with a noncharitable exempt organization (ii) Purchases of assets from a noncharitable exempt organization (iii) Rental of facilities, equipment, or other assets (iv) Reimbursement arrangements (v) Loans or loan guarantees (vi) Performance of services or membership or fundraising solicitations (if the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the goods, other assets, or services given by the reporting organization. If the organization received less than fair in transaction or sharing airrangement, show in column (d) the value of the goods, other assets, or services received in the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the goods, other assets, or services given by the reporting organization. If the organization received less than fair in transaction or sharing airrangement, show in column (d) the value of the goods, other assets, or services received in a column (d) the value of the goods, other assets, or services received in a column (d) the value of the goods, other assets, or services received in section of transfer that it is a column of the properties of transfer that is a column of transfer that is a column of the properties of the pro	fair market value of the arket value in any	X X X X X X
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(vi) Performance of services or membership or fundraising solicitations C Sharing of facilities, equipment, mailing lists, other assets, or paid employees d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the goods, other assets, or services given by the reporting organization. If the organization received less than fair in transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (a) (b) (c) (c) Line no Amount involved Name of nonchantable exempt organization. Description of transfer. N/A N/A 1	fair market value of the arket value in any	X
c Shanng of facilities, equipment, mailing lists, other assets, or paid employees d if the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the goods, other assets, or services given by the reporting organization. If the organization received less than fair in transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (a) Line no Amount involved Name of nonchantable exempt organization Description of transfer. N/A Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b if "Yes," complete the following schedule (a) Name of organization Type of organization Description of transfer. Description of transfer.	fair market value of the arket value in any ed. (d)	
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(a) (b) Amount involved Name of nonchantable exempt organization Description of transfer N/A	(d)	
N/A N/A Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b if "Yes," complete the following schedule (a) Name of organization Name of organization Description of transfer N/A Description of transfer Description of transfer Description of transfer N/A N/A Description of transfer N/A N/A Description of transfer Description of transfer N/A N/A N/A Description of transfer Description of transfer N/A N/A N/A Description of transfer Description of transfer N/A N/A N/A Description of transfer Description of transfer N/A N/A Description of transfer N/A Description of transfer N/A N/A N/A N/A Description of transfer N/A N/A N/A N/A N/A N/A N/A N/		
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2a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule (a) Name of organization Description:		
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b If "Yes," complete the following schedule (a) (b) Name of organization Type of organization De	_	_
(a) (b) Name of organization Type of organization De	▶ ∐ Yes	X No
Name of organization Type of organization De		
	(c) scription of relationship	
N/A	Scription of Telationship	
		
ı		

CIVIC	LEADER 04/28/2010 12 20 F	-m , .					
For			Mort	gages and Otl	ner Notes Payable	1	2005
9 5	90 / 990-PF	For calendar year	2005, or ta	x year beginning	7/01/05 , and ending	6/30/06	2005
Vame		-					ntification Number
	oundation for						
Le	eadership, In	nc.				32-0020	584
Fc	orm 990, Pari	IV, Lin	e 64b	- Addition	al Information	·	
		Name of lender			Relationship to	disqualified person	
	Adele Smith				Related		
	Aaron Edison				None		
	Wainwright B	sank and	Trust		None		
(4) (5)				_ _	 		
5) 6)					T		
7)							
8)							
9)					 		
10)				······	<u> </u>		
	Original amount			Maturity		······································	Interest
	borrowed	Date of	loan	date	Repayment term	ıs	rate
1)	300,00	0 7/2	5/02	7/25/07	Within 5 years		4.600
2)	250,00		5/02	7/25/06	Renewalable annu	ally	5.000
3)	2,000,00	0 7/1	5/02	7/15/07	Monthly		
<u>4)</u>					 		
<u>5)</u>					 		
6 <u>)</u> 7)					 		
8)							
9)							
10)				· · · · · · · · · · · · · · · · · · ·	<u> </u>		
		···· <u>····</u>		<u></u>			····
	Sec	urity provided by b	orrower		Purpo	se of loan	
1)	None				To secure the but	ilding in	Cambridge
2)					Purchase building	ĭ	
3)					Purchase and reha	ab buildin	9
4)							
5) 6\							
6) 7)							
. <i></i> 8)							
8) 9)							
10)							
	·····		<u></u>		Deleteration		
	Considera	ition furnished by I	ender		Balance due at beginning of year		ance due at nd of year
1)	Forgiven F				743,413		
2)					250,000		250,000
3)					1,898,394		L,838,760
4)							
5)					 		
6)					-		
7) 8)					 		
9)							
10)							
Tota	als				2,891,807		2,088,760

32-0020584

Federal Statements

FYE: 6/30/2006

Statement 1 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$ \$		\$	\$
Expenses				
Bank Service Charges	253		253	
Building Maintenance	51,448	48,876	2,572	
Stipends	1,329	1,329	•	
Membership Dues	100		100	
Office Expenses	891	846	45	
Real Estate Taxes	39,500	37,525	1,975	
Insurance	11,935	11,338	597	
Website	30	30		
Professional Fees	5,000		5,000	
Total	\$110,486 \$	99,944	\$ 10,542	\$ 0

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32-0020584

Federal Statements

4/28/2010 12:18 PM

FYE: 6/30/2006

Statement 2 - Form 990, Part III - Organization's Primary Exempt Purpose

To foster a more vibrant local and global democracy by supporting more sustainable, united and stronger communities of action.

32-0020584

Federal Statements

4/28/2010 12:18 PM

FYE: 6/30/2006

Statement 3 - Form 990	Part IV, Line	e 54 - Investments	in Securities

Description	Beginning	End of	Basis of
	of Year	Year	Valuation
US and State Government Money Funds		411,472	Market

Statement 4 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

Description				
	Beginning of Year	Accum Deprec	End of Year	Accum Deprec
Building	\$ 2,412,096 \$		\$ 2,412,096 \$	417,852
Furniture and equipment	29,243		29,243	25,760
Land	268,000		268,000	
Total	\$ 2,709,339 \$	C	\$ 2,709,339 \$	443,612

Statement 5 - Form 990, Part IV, Line 65 - Other Liabilities

Description	Beginning of Year	End of Year
Ian Simmons Advances	\$ 1,365,522	\$ 1,453,674
Total	\$ 1,365,522	\$ <u>1,453,674</u>

					,		
4/26/2010 12:18 PM	Name	Relationship	Simmons				
	I Party Information Title	Title	Ian Exec Dir Mother/Son	•			
Federal Statements	Statement 6 - Form 990, Part V-A, Line 75b - Related Party Information Business Name	Business Name				• ,	
32-0020584 FYE: 6/30/2006	Stateme. Name		Simmons				

CIVICLEADER Foundation for Civic 32-0020584 Federal Asset Report Form 990, Page 1

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Asset	Description	Date In Service	Bus Cost %	Sec Basis 179Bonus for Depr PerConv Meth	Prior Current
Prior 1 2 3 4 5 6 7 8	MACRS: 45 Mount Auburn Building Office Copier Office Copier Sony Computer Computers Computer Computer Furniture	7/31/02 3/17/03 11/20/03 7/31/02 9/30/02 10/31/02 11/30/02 6/30/04	2,412,096 6,164 5,930 1,184 9,653 1,396 1,426 3,490 2,441,339	2,412,096 27 MM S/L 6,164 3 HY S/L 5,930 3 HY S/L 1,184 3 HY S/L 9,653 3 HY S/L 1,396 3 HY S/L 1,426 3 HY S/L 3,490 7 HY S/L 2,441,339	0 417,852 0 6,164 0 4,940 0 1,184 0 9,653 0 1,396 0 1,426 0 997 0 443,612
<u>Other</u> 9	Depreciation: Land Total Other Depreciation	7/31/02	268,000 268,000	268,000 0 Land 268,000	0 0
	Total ACRS and Other Depre	eciation =	268,000	268,000	0
	Grand Totals Less: Dispositions Net Grand Totals	-	2,709,339 0 2,709,339	2,709,339 0 2,709,339	$ \begin{array}{c cccc} 0 & 443,612 \\ 0 & 0 \\ \hline 0 & 443,612 \end{array} $

CIVICLEADER Foundation for Civic
32-0020584 Future Depreciation Report FYE: 6/30/07
Form 990, Page 1

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Asset	Description	Date In Service	Cost	Tax	AMT
Prior M	1ACRS:				
1 2 3 4 5 6 7 8	45 Mount Auburn Building Office Copier Office Copier Sony Computer Computers Computer Computer Furniture	7/31/02 3/17/03 11/20/03 7/31/02 9/30/02 10/31/02 11/30/02 6/30/04	2,412,096 6,164 5,930 1,184 9,653 1,396 1,426 3,490 2,441,339	60,302 0 990 0 0 0 499 61,791	0 0 0 0 0 0 0 0 0
Other I	Depreciation:				
9	Land	7/31/02	268,000	0	0
	Total Other Depreciation		268,000	0	0
	Total ACRS and Other Depreciation		268,000	0	0
	Grand Totals		2,709,339	61,791	0

32-0020584

Federal Statements

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FYE: 6/30/2006

Form 990, Part I, Line 1a - Direct Public Support

Description			Cash	Noncash		Total		
Contributions from S	chedule B	\$	1,093,950	\$		\$_	1,093,950	
Total		\$	1,093,950	\$	0	\$	1,093,950	

Form 4562 (Rev January 2006) Department of the Treasury Internal Revenue Service **Depreciation and Amortization**

(Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return.

OMB No 1545-0172 2005

2005 Attachment Sequence No 6

Name(s) shown on return

Foundation for Civic

Leadership, Inc.

Identifying number 32-0020584

								
	ess or activity to which this form relates							
_	ndirect Depreciati		4 11-1-2	4. 470				
;Pá	Election To Expen	•	•		mploi	o Doel I		
	Note: If you have a Maximum amount. See the instruct				Complet	e Part I.	1	105,000
1		<u> </u>		562			2	103,000
2	Total cost of section 179 property placed in service (see instructions) Threshold cost of section 179 property before reduction in limitation.						3	420,000
4	Threshold cost of section 179 property before reduction in limitation Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-						4	120/000
5	Dollar limitation for tax year Subtra			-0- If married filing s	senarately	see instr	5	
<u> </u>	(a) Description		. 2010 01 1000, 01110	(b) Cost (business use		(c) Elected c		
6	(0) 5000 p.10			7-27 - 0-0-1 /	3 3	(9/ = 11111111111111111111111111111111111		
<u> </u>								
7	Listed property. Enter the amount fi	rom line 29			7			
8	Total elected cost of section 179 pr		ın column (c), lines	6 and 7			8	
9	Tentative deduction Enter the sma			9				
10	Carryover of disallowed deduction from line 13 of your 2004 Form 4562						10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)							
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11							
13	Carryover of disallowed deduction t	to 2006. Add lines 9 a	ind 10, less line 12	>	13			
Note	: Do not use Part II or Part III below	for listed property. Ins	stead, use Part V					
Pé	ırt II Special Depreciati	on Allowance ar	nd Other Depre	eciation (Do not	include	listed prop	erty.)	(See instructions.)
14	Special allowance for certain aircra	ft, certain property wi	th a long production	n period, and qualified	NYL		- {	
	or GO Zone property (other than listed property) placed in service during the tax year (see instructions)							
15	Property subject to section 168(f)(1) election					15	
16	Other depreciation (including ACRS						16	
Pa	rt III MACRS Depreciati	on (Do not inclu	ide listed prope	erty.) (See instru	<u>ictions.)</u>			
			Secti	on A				
17	MACRS deductions for assets place	ed in service in tax ye	ears beginning befo	re 2005		, _	17	443,612
18	If you are electing to group any assets pl						<u>L</u>	
	Section B-As	ssets Placed in Serv			eneral De	preciation Sy	stem	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depr (business/investmi only-see instruct	ent use	(e) Conv	ention (f) f	Method	(g) Depreciation deduction
<u>19a</u>	3-year property							
_ <u>b</u>	5-year property							
_c	7-year property							
<u>d</u>	10-year property							
е	15-year property	•						
f	20-year property				ļ			
	25-year property			25 yrs			5/L	
h	Residential rental		<u> </u>	27.5 yrs	M <i>N</i>		6/L	
		<u> </u>				1 9	S/L	
	property			27 5 yrs	MN			
i	Nonresidential real			27 5 yrs 39 yrs	MM	1 8	S/L	
i	Nonresidential real property			39 yrs	MM MM	1 5	6/L 6/L	
	Nonresidential real property Section C-Ass	ets Placed in Service	e During 2005 Ta	39 yrs	MM MM	l S Depreciation S	S/L S/L System	
20a	Nonresidential real property Section C-Ass Class life	ets Placed in Servic	e During 2005 Ta	39 yrs	MM MM	l S Depreciation S	S/L System	
20a b	Nonresidential real property Section C-Ass Class life 12-year	ets Placed in Servic	e During 2005 Ta	x Year Using the Alt	MM MM ernative E	1 S Depreciation S	S/L System S/L S/L	
20a b	Nonresidential real property Section C-Ass Class life 12-year 40-year		e During 2005 Ta	39 yrs	MM MM	1 S Depreciation S	S/L System	
20a b c	Nonresidential real property Section C-Ass Class life 12-year 40-year Int IV Summary (see inst	tructions)	e During 2005 Ta	x Year Using the Alt	MM MM ernative E	1 S Depreciation S	S/L System S/L S/L	
20a b c Pa	Nonresidential real property Section C-Ass Class life 12-year 40-year Irt IV Summary (see inst Listed property. Enter amount from	tructions)		x Year Using the Alt 12 yrs. 40 yrs.	MM MM ernative E	1 S Depreciation S	S/L System S/L S/L	
20a b c	Nonresidential real property Section C-Ass Class life 12-year 40-year Irt IV Summary (see inst Listed property. Enter amount from Total. Add amounts from line 12, line	tructions) line 28 nes 14 through 17, lin	es 19 and 20 in co	x Year Using the Alt 12 yrs. 40 yrs.	MM MM ernative E	1 S Depreciation S	S/L S/L System S/L S/L S/L S/L	443 612
20a b c P 8 21	Nonresidential real property Section C-Ass Class life 12-year 40-year Int IV Summary (see inst Listed property. Enter amount from Total. Add amounts from line 12, lin Enter here and on the appropriate I	tructions) line 28 nes 14 through 17, lin	es 19 and 20 in co artnerships and S	x Year Using the Alt 12 yrs. 40 yrs.	MM MM ernative E	1 S Depreciation S	S/L System S/L S/L	443,612
20a b c Pa	Nonresidential real property Section C-Ass Class life 12-year 40-year Irt IV Summary (see inst Listed property. Enter amount from Total. Add amounts from line 12, line	tructions) line 28 nes 14 through 17, lin lines of your return P d in service during the	es 19 and 20 in co artnerships and S o e current year,	x Year Using the Alt 12 yrs. 40 yrs.	MM MM ernative E	1 S Depreciation S	S/L S/L System S/L S/L S/L S/L	443,612