

Return of Organization Exempt from Income Tax

2004

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2004 calendar year, or tax year beginning, 2004, and ending

B Check if applicable: X Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: Marine Corps Reserve Association, 2020 General Booth Blvd, Virginia Beach, VA 23454. D Employer Identification Number: 53-0235297. E Telephone number: (757) 301-2032. F Accounting method: Accrual.

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Web site: www.mcrassn.org

J Organization type (check only) X 501(c) 19 (insert no) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 167,578.

H and I are not applicable to section 527 organizations. H (a) Is this a group return for affiliates? No. H (b) If 'Yes,' enter number of affiliates. H (c) Are all affiliates included? No. H (d) Is this a separate return filed by an organization covered by a group ruling? No. I Group Exemption Number. M Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

Table with 3 columns: Description, (A) Securities, (B) Other. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less: rental expenses; 6c Net rental income or (loss); 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less: cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less: direct expenses other than fundraising expenses; 9c Net income or (loss); 10a Gross sales of inventory; 10b Less: cost of goods sold; 10c Gross profit or (loss); 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.

SCANNED DEC 1 2 2005

REVENUES

EXPENSES

ASSETS

2867

Part II. Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att sch) (cash \$ _____ non-cash \$ _____)	22				
23 Specific assistance to individuals (att sch)	23				
24 Benefits paid to or for members (att sch)	24				
25 Compensation of officers, directors, etc	25	55,000.			
26 Other salaries and wages	26	41,442.			
27 Pension plan contributions	27				
28 Other employee benefits	28				
29 Payroll taxes	29	7,611.			
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	3,111.			
34 Telephone	34	5,222.			
35 Postage and shipping	35	1,354.			
36 Occupancy	36	9,700.			
37 Equipment rental and maintenance	37	1,254.			
38 Printing and publications	38	11,482.			
39 Travel	39	4,174.			
40 Conferences, conventions, and meetings	40	19,421.			
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42				
43 Other expenses not covered above (itemize):					
a <u>Web Page</u>	43a	980.			
b <u>Insurance</u>	43b	779.			
c <u>Utilities</u>	43c	3,096.			
d <u>Property Taxes</u>	43d	65.			
e <u>See Other Expenses Stmt</u>	43e	16,973.			
44 Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	181,664.			

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III. Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? <u>See Statement 1</u> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) & (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
a <u>Conducted an annual military conference to update members and other interested parties on current Marine Corps and national defence issues.</u> _____ (Grants and allocations \$ _____)	
b <u>Published a bi monthly professional journal, The Word, to educate members and other readers on current military events of interest, and to develop 'esprit' within the Marine Corps Reserve</u> _____ (Grants and allocations \$ _____)	
c <u>Funded local and regional professional military development programs, an awards program for outstanding achievements, and other activities to benefit the career growth of members nad USMC Reserve Officers.</u> _____ (Grants and allocations \$ _____)	
d _____ _____ (Grants and allocations \$ _____)	
e Other program services _____ (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	

Part IV Balance Sheets (See Instructions)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash — non-interest-bearing	23,192.	45	19,870.
	46 Savings and temporary cash investments		46	
	47a Accounts receivable		47a	
	b Less: allowance for doubtful accounts		47b	47c
	48a Pledges receivable		48a	
	b Less: allowance for doubtful accounts		48b	48c
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes & loans receivable (attach sch)		51a	
	b Less: allowance for doubtful accounts		51b	51c
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 Investments — securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
	55a Investments — land, buildings, & equipment: basis		55a	
b Less: accumulated depreciation (attach schedule)		55b	55c	
56 Investments — other (attach schedule)		56		
57a Land, buildings, and equipment: basis	35,399.	57a		
b Less: accumulated depreciation (attach schedule)	L-57 Stmt 35,399.	57b	57c	
58 Other assets (describe ▶		58		
59 Total assets (add lines 45 through 58) (must equal line 74)	23,192.	59	19,870.	
LIABILITIES	60 Accounts payable and accrued expenses	1,956.	60	2,838.
	61 Grants payable		61	
	62 Deferred revenue	69,215.	62	80,555.
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe ▶		65	
66 Total liabilities (add lines 60 through 65)	71,171.	66	83,393.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted		67	
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds	-47,979.	72	-63,523.
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	-47,979.	73	-63,523.	
74 Total liabilities and net assets/fund balances (add lines 66 and 73)	23,192.	74	19,870.	

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.

BAA

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions.)

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a Total revenue, gains, and other support per audited financial statements	a	N/A
b Amounts included on line a but not on line 12, Form 990:	b	
(1) Net unrealized gains on investments		
(2) Donated services and use of facilities		
(3) Recoveries of prior year grants		
(4) Other (specify):		
Add amounts on lines (1) through (4)	b	
c Line a minus line b	c	
d Amounts included on line 12, Form 990 but not on line a:	d	
(1) Investment expenses not included on line 6b, Form 990		
(2) Other (specify):		
Add amounts on lines (1) and (2)	d	
e Total revenue per line 12, Form 990 (line c plus line d)	e	

a Total expenses and losses per audited financial statements	a	N/A
b Amounts included on line a but not on line 17, Form 990:	b	
(1) Donated services and use of facilities		
(2) Prior year adjustments reported on line 20, Form 990		
(3) Losses reported on line 20, Form 990		
(4) Other (specify):		
Add amounts on lines (1) through (4)	b	
c Line a minus line b	c	
d Amounts included on line 17, Form 990 but not on line a:	d	
(1) Investment expenses not included on line 6b, Form 990		
(2) Other (specify):		
Add amounts on lines (1) and (2)	d	
e Total expenses per line 17, Form 990 (line c plus line d)	e	

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
BGen Andrew Davis, USMCR Virginia Beach, VA 23454	Chairman As	0.	0.	0.
Col Kevin Hart, USMCR Virginia Beach, VA 23454	President As	0.	0.	0.
Col RW Hillery, USMCR Virginia Beach, VA 23454	Vice President As	0.	0.	0.
BGen Eugene Payne, USMCR Virginia Beach, VA 23454	Vice President As	0.	0.	0.
Col Danny Bubp, USMCR Virginia Beach, VA 23454	Vice President As	0.	0.	0.
See List of Officers, Etc. Statement		55,000.	0.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? Yes No
If 'Yes,' attach schedule - see instructions.

Part VI Other Information (See instructions.)		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
77	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.		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
78b	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	X	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement		X
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? b If 'Yes,' enter the name of the organization and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		X
81a	Enter direct and indirect political expenditures. See line 81 instructions	81a	
81b	b Did the organization file Form 1120-POL for this year?		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? 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.)	82b	X
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible? b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	X	
85a	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
85b	b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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.		
85c	c Dues, assessments, and similar amounts from members	85c	
85d	d Section 162(e) lobbying and political expenditures	85d	
85e	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
85f	f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
85g	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
85h	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?	85h	
86a	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	
86b	b Gross receipts, included on line 12, for public use of club facilities	86b	
87a	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	
87b	b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	
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	X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955		
89b	b 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? If 'Yes,' attach a statement explaining each transaction	89b	
	c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
	d Enter: Amount of tax on line 89c, above, reimbursed by the organization		
90a	List the states with which a copy of this return is filed	None	
90b	b Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)	90b	3
91	The books are in care of The Association Telephone number (757) 301-2032 Located at 2020 General Booth Blvd, Ste 200, Virginia Beach VA ZIP + 4 23454		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year	92	

Part VII Analysis of Income-Producing Activities (See instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a Program Services					3,089.
b Annual Military Conference					25,756.
c Foundation Cost Reimbursement					26,363.
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					59,003.
95 Interest on savings & temporary cash invmnts			14	16.	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b Advertising	541800	1,440.			
c Royalties			15	5,972.	
d					
e					
104 Subtotal (add columns (B), (D), and (E))		1,440.		5,988.	114,211.
105 Total (add line 104, columns (B), (D), and (E))					121,639.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93a	Programs, Services & Newsletter keep members informed of current defense events of interest.
93b	The Annual Military Conference updates members and provides professional military education and networking.
	See Relationship of Activities to the Accomplishment of Exempt Purposes Statement

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions.)

- a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please

[Signature]

Date

114 NOV 05

JR EXECUTIVE DIRECTOR

Date

Check if

Preparer's SSN or PTIN (See instructions.)

Form 990, Page 2, Part II, Line 43

Other Expenses Stmt

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Other expenses not covered above (itemize):				
Computer Services	1,162.			
Bank Fees	1,595.			
Office Exp.	201.			
Membership Programs	4,408.			
Professional Development	1,071.			
Public Relations	2,197.			
Penalties	1,865.			
Miscellaneous	4,474.			
Total	16,973.			

Form 990, Page 3, Part IV, Lines 57a & 57b

Land, Buildings and Equipment Statement

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
Furniture, Fixtures, Equipment	29,249.	29,249.	0.
Leasehold Improvements	6,150.	6,150.	0.
Total	35,399.	35,399.	0.

Form 990, Page 4, Part V

List of Officers, Etc. Statement

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
SgtMaj James Kuiken, USMCR Virginia Beach, VA 23454	Vice President As needed	0.	0.	0.
Col Judy Smith, USMCR Virginia Beach, VA 23454	Secretary As needed	0.	0.	0.
Col Robert Donaghue, USMCR Virginia Beach, VA 23454	Vice President As needed	0.	0.	0.
Col Lawrence Underwood, USMCR Virginia Beach, VA 23454	Vice President As needed	0.	0.	0.
Col Raymond Bruneau, USMCR Virginia Beach, VA 23454	Vice President As needed	0.	0.	0.

Form 990, Page 4, Part V

Continued

List of Officers, Etc. Statement

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
<u>GySgt Charles Glynn, USMCR</u> <u>Virginia Beach, VA 23454</u>	<u>Vice President</u> <u>As needed</u>	0.	0.	0.
<u>Maj Joseph Crane, USMCR</u> <u>Virginia Beach, VA 23454</u>	<u>Vice President</u> <u>As needed</u>	0.	0.	0.
<u>Col Michael Howard, USMCR</u> <u>Virginia Beach, VA 23454</u>	<u>Vice President</u> <u>As needed</u>	0.	0.	0.
<u>Col Allan Cruz, USMCR</u> <u>Virginia Beach, VA 23454</u>	<u>Member</u> <u>As needed</u>	0.	0.	0.
<u>LtCol Mark Ferketish, USMCR</u> <u>Virginia Beach, VA 23454</u>	<u>Member</u> <u>As needed</u>	0.	0.	0.
<u>Col Bruce Giron, USMCR</u> <u>Virginia Beach, VA 23454</u>	<u>Member</u> <u>As needed</u>	0.	0.	0.
<u>Col Dennis Goldsmith, USMCR</u> <u>Virginia Beach, VA 23454</u>	<u>Member</u> <u>As needed</u>	0.	0.	0.
<u>Col W O Lenihan, USMCR</u> <u>Virginia Beach, VA 23454</u>	<u>Member</u> <u>As needed</u>	0.	0.	0.
<u>MGySgt Ralph Capen, USMCR</u> <u>Virginia Beach, VA 23454</u>	<u>Member</u> <u>As needed</u>	0.	0.	0.
<u>SgtMaj Alphonse Pinero, USMCR</u> <u>Virginia Beach, VA 23454</u>	<u>Member</u> <u>As needed</u>	0.	0.	0.
<u>Col Richard Esau, USMC (Ret)</u> <u>Virginia Beach, VA 23454</u>	<u>Executive Director</u> <u>40+</u>	30,000.	0.	0.
<u>Thomas Green</u> <u>Virginia Beach, VA 23454</u>	<u>Former Exec Dir</u> <u>40+</u>	25,000.	0.	0.

Total

<u>55,000.</u>	<u>0.</u>	<u>0.</u>
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Form 990, Page 6, Part VIII

Relationship of Activities to the Accomplishment of Exempt Purposes Statement

Line Number ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93c	<u>Shared employees, equipment, and work spaces with MCRA Foundation that helps meet objectives of both entities and serves the exempt purposes of the MCRA.</u>

Marine Corps Reserve Association
EIN: 53-0235297
Form 990
Year End December 31, 2004

Part III

Organization's Primary Exempt Purpose

To foster the advancement of professional knowledge of the United States Marine Corps Reserve; to promote the interest of the members of the Marine Corps Reserve in the marine Corps and the interest if the Marine Corps in its Reserve; to represent and assist individual members; and at times, to promote the interests of the United States Marine Corps in the broadest and most liberal manner to the end that it may best advance the welfare of and serve to preserve the security of the United States.

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box **X**
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time – Must File Original and One Copy.

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization Marine Corps Reserve Association	Employer identification number 53-0235297
	Number, street, and room or suite number. If a P.O. box, see instructions. 337 Potomac Avenue	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Quantico VA 22134-3460	

Check type of return to be filed (File a separate application for each return):

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 4720 | |

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of The Association
Telephone No. (703) 630-3772 FAX No. (703) 630-1904
- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organizations four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is **part** of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until Nov 15, 2005.

5 For calendar year 2004, or other tax year beginning , 20 , and ending , 20 .

6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

7 State in detail why you need the extension ... The information necessary to ensure the filing of a proper return has not yet been obtained. Once this information is made available the return will be filed.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ 0.

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ 0.

c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ 0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Amy Fox Title CPA Date 08/04/05

Notice to Applicant – To be Completed by the IRS

- We **have** approved this application. Please attach this form to the organization's return.
- We **have not** approved this application. However, we have granted a 10-day grace period from the date on the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely filed return. Please attach this form to the organization's return.
- We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant our request for an extension of time to file. We are not granting a 10-day grace period.
- We **cannot consider** this application because it was filed after the extended due date of the return for which an extension was requested. Other:

EXTENSION APPROVED
AUG 25 2005
SUBMISSION PROCESSING, OGDEN

Director _____ By: _____ Date _____

Alternate Mailing Address – Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name Langan Associates, P.C.
	Number and street (include suite, room, or apartment number) or a P.O. box number 2900 South Quincy Street, Suite 150
	City or town, province or state, and country (including postal or ZIP code) Arlington VA 22206
	Arlington VA 22206