

Return of Organization Exempt From Income Tax

2005

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

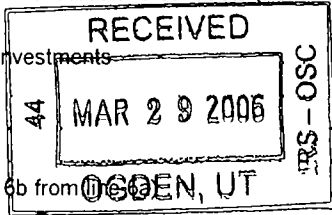
The organization may have to use a copy of this return to satisfy state reporting requirements.

Form 990 header section including: A For the 2005 calendar year, or tax year beginning 2005, and ending; B Check if applicable; C Name of organization GBU Foundation, Inc.; D Employer identification number 25-6076646; E Telephone number (412) 884-5100; F Accounting method: Accrual; J Organization type: 501(c) 3; L Gross receipts: 114,757.

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

SCANNED APR 14 2006

Table with 21 rows and 2 columns. Row 1: Contributions, gifts, grants, and similar amounts received. Row 2: Program service revenue including government fees and contracts (114,757). Row 3: Membership dues and assessments. Row 4: Interest on savings and temporary cash investments. Row 5: Dividends and interest from securities. Row 6: Gross rents. Row 7: Other investment income. Row 8: Gross amount from sales of assets other than inventory. Row 9: Special events and activities. Row 10: Gross sales of inventory, less returns and allowances. Row 11: Other revenue. Row 12: Total revenue (114,757). Row 13: Program services (55,111). Row 14: Management and general (0). Row 15: Fundraising (0). Row 16: Payments to affiliates. Row 17: Total expenses (55,111). Row 18: Excess or (deficit) for the year (59,646). Row 19: Net assets or fund balances at beginning of year (1,019,808). Row 20: Other changes in net assets or fund balances (-32,601). Row 21: Net assets or fund balances at end of year (1,046,853).



23P

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 \$ <u>49,250.</u> non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22	49,250.	49,250.		
23 Specific assistance to individuals (att sch)	23	0.	0.		
24 Benefits paid to or for members (att sch)	24	0.	0.		
25 Compensation of officers, directors, etc	25	0.	0.	0.	0.
26 Other salaries and wages	26	0.	0.	0.	0.
27 Pension plan contributions	27	0.	0.	0.	0.
28 Other employee benefits	28	0.	0.	0.	0.
29 Payroll taxes	29	0.	0.	0.	0.
30 Professional fundraising fees	30	0.	0.	0.	0.
31 Accounting fees	31	0.	0.	0.	0.
32 Legal fees	32	0.	0.	0.	0.
33 Supplies	33	0.	0.	0.	0.
34 Telephone	34	0.	0.	0.	0.
35 Postage and shipping	35	0.	0.	0.	0.
36 Occupancy	36	0.	0.	0.	0.
37 Equipment rental and maintenance	37	0.	0.	0.	0.
38 Printing and publications	38	0.	0.	0.	0.
39 Travel	39	0.	0.	0.	0.
40 Conferences, conventions, and meetings	40	0.	0.	0.	0.
41 Interest	41	0.	0.	0.	0.
42 Depreciation, depletion, etc (attach schedule)	42	0.	0.	0.	0.
43 Other expenses not covered above (itemize).					
a Other	43a	5,861.	5,861.	0.	0.
b Amortization	43b	0.			
c	43c				
d	43d				
e	43e				
f	43f				
g	43g				
44 Total functional expenses Add lines 22 through 43 (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	55,111.	55,111.	0.	0.

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 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	5,155.	45	26,007.
	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) L-54 Stmt <input type="checkbox"/> Cost <input type="checkbox"/> FMV	1,131,666.	54	1,135,067.
	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	57a			
b Less: accumulated depreciation (attach schedule)	57b	57c		
58 Other assets (describe ▶ <u>Accrued Interest</u>)	15,442.	58	16,965.	
59 Total assets (must equal line 74). Add lines 45 through 58	1,152,263.	59	1,178,039.	
LIABILITIES	60 Accounts payable and accrued expenses	775.	60	800.
	61 Grants payable		61	
	62 Deferred revenue		62	
	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 ▶ <u>See Line 65 Stmt</u>)	131,680.	65	130,386.
66 Total liabilities. Add lines 60 through 65	132,455.	66	131,186.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted		67	
	68 Temporarily restricted	1,019,808.	68	1,046,853.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input 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		72	
	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)	1,019,808.	73	1,046,853.
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	1,152,263.	74	1,178,039.	

BAA

Form 990 (2005)

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

a	Total revenue, gains, and other support per audited financial statements		a	82,156.
b	Amounts included on line a but not on Part I, line 12:			
	1 Net unrealized gains on investments	b1		
	2 Donated services and use of facilities	b2		
	3 Recoveries of prior year grants	b3		
	4 Other (specify) <u>Unrealized Loss</u>	b4	-32,601.	
	Add lines b1 through b4		b	-32,601.
c	Subtract line b from line a		c	114,757.
d	Amounts included on Part I, line 12, but not on line a:			
	1 Investment expenses not included on Part I, line 6b	d1		
	2 Other (specify)	d2		
	Add lines d1 and d2		d	
e	Total revenue (Part I, line 12). Add lines c and d		e	114,757.

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

a	Total expenses and losses per audited financial statements		a	55,111.
b	Amounts included on line a but not on Part I, line 17:			
	1 Donated services and use of facilities	b1		
	2 Prior year adjustments reported on Part I, line 20	b2		
	3 Losses reported on Part I, line 20	b3		
	4 Other (specify)	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	55,111.
d	Amounts included on Part I, line 17, but not on line a:			
	1 Investment expenses not included on Part I, line 6b	d1		
	2 Other (specify)	d2		
	Add lines d1 and d2		d	
e	Total expenses (Part I, line 17). Add lines c and d		e	55,111.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, 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 week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
James D. Reagan 161 Hampton Dr. Glen Carbon, IL 62034	Chairman Of The Board 0	0.	0.	0.
James R. Stoker 9 East Club Dr. Pittsburgh, PA 15236	Secretary/Treasurer 1	0.	0.	0.
Ernest C. Bevins 9838 N. Territorial Dr. Dexter, MI 48130	Director 0	0.	0.	0.
Donna Brophy 5185 Elmwood Dr. Pittsburgh, PA 15227	Director 0	0.	0.	0.
Barry Gorzelsky 134 Harshberger St. Johnstown, PA 15905	Director 0	0.	0.	0.
Lea Ann Hazi 8776 Man-O-War Palm Beach Gardens, FL 33418	Director 0	0.	0.	0.

Part VI Other Information (continued)	Yes	No
82 a 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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<input type="checkbox"/>	<input type="checkbox"/>
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	<input type="checkbox"/>	<input type="checkbox"/>
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<input type="checkbox"/>	<input type="checkbox"/>
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		
c Dues, assessments, and similar amounts from members	85c	
d Section 162(e) lobbying and political expenditures	85d	
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
86 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on line 12	86a	
b Gross receipts, included on line 12, for public use of club facilities	86b	
87 501(c)(12) organizations Enter a Gross income from members or shareholders	87a	
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
89 a 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) 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	▶ 0.	
d Enter: Amount of tax on line 89c, above, reimbursed by the organization	▶ 0.	
90 a List the states with which a copy of this return is filed ▶ <u>None</u>		
b Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	90b 0	
91 a The books are in care of ▶ <u>Secretary/Treasurer</u> Telephone number ▶ <u>(412) 884-5100</u> Located at ▶ <u>4254 Clairton Boulevard</u> Pittsburgh, PA ZIP + 4 ▶ <u>15227-3394</u>		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country ▶ _____	<input type="checkbox"/>	<input type="checkbox"/>
See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Statements		
c At any time during the calendar year, did the organization maintain an office outside of the United States? If 'Yes,' enter the name of the foreign country ▶ _____	<input type="checkbox"/>	<input type="checkbox"/>
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 <input type="checkbox"/>	

Part VII Analysis of Income-Producing Activities (See the 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 CONTRIBUTIONS					44,899.
b INVESTMENT INCOME					69,858.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts					
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					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))					114,757.
105 Total (add line 104, columns (B), (D), and (E))					114,757.

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 the 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)
93	Contributions from members, and investment income are used exclusively to provide scholarship for continuing education

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.) N/A

(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 the 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 Sign Here:
 Signature of officer: James R. Stoker
 Date: March 21, 2006
 Type or print name and title: James R. Stoker, National Secretary/Treasurer, CEO

Paid Preparer's Use Only:
 Preparer's signature: L. Edward Mertz, CPA
 Date: 3/9/2006
 Check if self-employed:
 Preparer's SSN or PTIN (See General Instruction W): 000142245
 Firm's name (or yours if self-employed), address, and ZIP + 4: Hosack Specht Muetzel & Wood LLP
305 Mount Lebanon Blvd
Pittsburgh PA 15234-1511
 EIN: 25-0810411
 Phone no: (412) 343-9200

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under
Section 501(c)(3)

OMB No 1545-0047

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

2005

Department of the Treasury
Internal Revenue Service

Supplementary Information — (See separate instructions.)

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

Name of the organization GBU Foundation, Inc.	Employer identification number 25-6076646
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Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See instructions. List each one. If there are none, enter 'None'.)

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$50,000	▶ None			

Part II – A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See instructions. List each one (whether individuals or firms) If there are none, enter 'None'.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services	▶ None	

Part II – B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None'. See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over \$50,000 for other services	▶ None	

Part III Statements About Activities (See instructions)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities \blacktriangleright \$ <u>0.</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
e Transfer of any part of its income or assets?		X
3a Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments)	X	
b Do you have a section 403(b) annuity plan for your employees?		X
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		X
4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

Part IV Reason for Non-Private Foundation Status (See instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i)
- 6 A school. Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v)
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state \blacktriangleright
- 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.)
- 11a 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 receipts 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 organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports 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 instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See 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	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	31,221.	15,585.	14,122.	12,650.	73,578.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	68,266.	65,722.	68,652.	67,263.	269,903.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	99,487.	81,307.	82,774.	79,913.	343,481.
24 Line 23 minus line 17	99,487.	81,307.	82,774.	79,913.	343,481.
25 Enter 1% of line 23	995.	813.	828.	799.	

26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24	26a	6,870.
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	
c Total support for section 509(a)(1) test. Enter line 24, column (e)		26c	343,481.
d Add: Amounts from column (e) for lines:	18 269,903.	19	
	22	26b	
e Public support (line 26c minus line 26d total)		26e	73,578.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		26f	21.42 %

27 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.' Do not file this list with your return. Enter the sum of such amounts for each year: (2004) _____ (2003) _____ (2002) _____ (2001) _____	
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 amounts) for each year: (2004) _____ (2003) _____ (2002) _____ (2001) _____		
c Add: Amounts from column (e) for lines:	15 _____ 16 _____	27c
	17 _____ 20 _____ 21 _____	27d
d Add: Line 27a total _____ and line 27b total _____		27e
e Public support (line 27c total minus line 27d total)		27f
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)		27g
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))		27h
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))		

28 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 instructions.)
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

		N/A	
		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
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? 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?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? 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		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement) ----- -----		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? 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 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If 'No,' attach an explanation.		

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked 'a' and 'limited control' provisions apply.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) 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		0.
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		0.
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		0.
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		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41	0.
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		0.
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		0.
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		0.

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)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (add lines c through h.)

Yes	No	Amount

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities

Miscellaneous Statement

SCHEDULE A PART III, LINE 4		
<u>INDIVIDUALS ARE AWARDED SCHOLARSHIPS BASED ON MERIT, ACADEMIC ACHIEVEMENT, COMMUNITY INVOLVEMENT AND OTHER RELATED ACTIVITIES. THE SCHOLARSHIPS ARE PAID DIRECTLY TO THE INSTITUTION PROVIDING THE INDIVIDUALS EDUCATION</u>		

Total

Form 990, Page 4, Part IV, Line 54

Investments - Securities Statement

Line 54 – Investments - Securities:	Beginning of Year	End of Year
PUBLICLY TRADED SECURITIES	1,131,666.	1,135,067.
Total	<u>1,131,666.</u>	<u>1,135,067.</u>

Form 990, Page 4, Part IV, Line 65

Other Liabilities Statement

Line 65 - Other Liabilities:	Beginning of Year	End of Year
AMOUNTS RETAINED BY GBU FOUNDATION, INC. AS TRUSTEE	131,680.	130,386.
Total	<u>131,680.</u>	<u>130,386.</u>

Supporting Statement of:

Form 990 p 2/Line 22-Cash

Description	Amount
Emily A. Adas Clinton Township, MI 48038	1,000.
Asheley L. Biermann Burt, Mi 48417	1,000.
Joseph A. Ebert Cincinnati, OH 45231	1,000.
Kristin N. Fack Mount Prospect, IL 60056	1,000.
Sherriann M. Fertall Monessen, PA 15067	1,000.
Makenna E. Knight Brunswick, OH 44212	1,000.
Kelli A. Kutz Clinton Township, MI 48035	1,000.
Kathryn L. Myers Maumee, OH 43537	1,500.
James D. Rice Lexington, KY 40505	1,000.
Ashlee G. Sommer Altoona, PA 16601	1,000.
Valerie N. Davis Pasadena, MD 21122	500.
Brandy M. Donnell Woodville, OH 43469	500.
Jodi L. Kratzer St. Louis, MO 63137	500.
Andrew M. Mutka St. Louis, MO 63139	500.
Kristen E. Delamatre Huron Oh, 44839	500.
David S. Ripper New Brighton, PA 15066	500.
Megan Schmotzer Pittsburgh, PA 15236	500.
Jessica A. Schohn Pittsburgh, PA 15210	500.
Heather L. Distel Graytown, OH 43432	500.
Frank A. Ebert San Francisco, CA 94158	500.
Thomas M. Benner Pittsburgh, PA 15227	500.
Nicholas M. Schilman Florance, SC 29505	500.
Seth J. Davis Wescosville, PA 18106	500.
Katherine H. Kunz Centerville, OH 45458	500.
Timothy B. Singer-Towns Minneapolis, MN 55414	500.
Shawn D. Thomas Saint Marys, PA 15857	500.
Trevor S. Thomas St. Clair Shores, MI 48082	500.
Stefanie K. Lewis Dayton, OH 45424	500.
Kaylie D. Gerds St. Clair Shores, MI 48080	500.
Nathan E. Haag Swedesboro, NJ 08085	500.
Megan R. Kappel Pittsburgh, PA 15236	500.
Brad J. Kowalinski Toledo, OH 43623	500.
Kevin R. Deutsch Glenshaw, PA 15116	500.
Sherri A. Fawcett Sarvre, PA 16055	500.
Daniel J. Maluta Naperville, IL 60564	500.
Rebecca A. Opaluch Olmsted Falls, OH 44138	500.
Thomas E. Rutledge East Peterburgh, PA 17520	500.
Jordan D. Sperko Strongsville, OH 44149	750.
Adam B. Percy Fenton, MI 48830	500.
Geri L. Wilson Summerhill, PA 15958	500.
Elizabeth M. Krason Tupelo, MS 38801	500.
Scott R. Kling Plymouth Meeting, PA 19462	500.
Ashley A. Brough Port Clinton, OH 43452	500.
Marisa L. Dolansky Pittsburgh, PA 15220	500.
Joshua T. Madison Summerhill, PA 15958	500.
Daniel Staifer Lambertville, MI 48114	500.
Vicki L. Plant Toledo, OH 43620	500.
Tara M. Fairclough Ann Arbor, MI 48108	500.
Jason A. Goeller Glenshaw, PA 15116	500.
Kendra S. Greenberg Pittsburgh, PA 15221	500.
Nicole M. Klever Warner Robins, GA 31088	500.
Rebecca L. Langenderfer Toledo, OH 43615	500.
Laura K. Bowman Smethport, PA 16749	500.

Continued

Supporting Statement of:

Form 990 p 2/Line 22-Cash

Description	Amount
Amy R. Lerch Monaca, PA 15061	750.
Amanda M. Little Cincinnati, OH 45247	500.
Michael P. Schneider Brunswick, OH 44212	500.
Celine M. vanBreukelen Dayton, OH 45458	500.
Melissa M. Zemanek Highland Heights, OH 44143	500.
Bernard J. O,Keefe Pittsburgh, PA 15227	500.
Adam J. Braun Orlando, FL 32822	500.
Kirsten M. Luxbacher Pittsburgh, PA 15205	500.
Eric C. Duetsch Pittsburgh, PA 15237	500.
Alexandra T. Dodson Stoneville, NC	500.
Cynthia K. Drescher Toledo, OH 43614	500.
James S. Dvorsky Bethel Park, PA 15102	500.
Daniel F. Ruggieri Oreland, PA 19075	500.
Marsh A. Loth Hollidaysurg, PA 16648	750.
Elisa J. Lutz Casselberry, FL 32707	500.
Jessica M. Sciulli Pittsburgh, PA 15236	500.
Melissa A. Sciulli Pittsburgh, PA 15236	500.
Brady W. Donnell Woodville, OH 43469	500.
Emily S. Cordes Pittsburgh, PA 15243	500.
Daniel J. Figurski Hartland, Wi 53029	500.
John J. Garber Elizabethville, PA 17023	500.
Alan C. Hodkinson Tiffin, OH 44883	500.
Kelly J. Horvath South Bend, IN 46613	500.
Jacob T. Madison Summerhill, PA 15958	500.
Kelynne M. Miller Berkey, OH 43504	500.
Josephine E. Oblinger Caledonia, MI 49316	500.
Stephanie S. Peters Finleyville, PA 15332	500.
Rita M. Uhlenhake Seaver Creek, OH 45432	500.
Lauren E. Bickel Bethel Park, PA 15102	100.
Ashley Marie Bodor St. Augustine, FL 32086	100.
Alayna Hitz Wentzville, MO 63385	100.
Bart W. Hungerford, Jr. Akron, OH 44319	100.
Keethan R. Kleinre Columbus, NC 28722	100.
Brady W. Donnell Woodville, OH 43469	1,000.
Brian I. Ramsey Toledo, OH 43614	1,000.
Total	<u>49,250.</u>