Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

	A	For th	e 2005 calendar year, or tax year beginning , 2005, and	d ending		, 20		
	В	Check if	applicable	D	Emplo	yer identification number		
	_		change	- 45	4 .	1717138		
	_	vame c	20 70 200542 07 45 7 4	0000 TE	Te!eph	one number		
	_		JACOBS LADDER INC	R	ROH	1758-0712		
	=	nitial re	1: PU BUX 333	, † <u>-</u>		ng method: Cash Accrual		
	= '	inal ret	OKBANIA TA ESTIS OSS	. S F	_	ther (specify)		
	=		d return Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable	H and I are not an		to section 527 organizations		
	□ ′	фрисат	on pending Section 501(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a completed Schedule A (Form 990 or 990-EZ).			n for affiliates? 🔲 Yes 🔀 No		
	G I	Nebsit	* TZAdder. Org	H(b) if "Yes," enter	er numb	per of affiliates ▶		
			32733	H(c) Are all affilia		ncluded? Yes No		
	<u>J (</u>	Organia	ation type (check only one) ► 🗶 501(c) (3) ◄ (insert no.) 🗌 4947(a)(1) or 🔲 527	, ,		t. See instructions.)		
			nere ▶ ☐ if the organization's gross receipts are normally not more than \$25,000. The	H(d) Is this a separ	rate retu	rn filed by an by a group ruling?		
			tion need not file a return with the IRS, but if the organization chooses to file a return, be lile a complete return.	I Group Exem				
		sule to	ile a complete return Some states require a complete return.	 	`	the organization is not required		
	L (Gross	receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 228,496			Form 990, 990-EZ, or 990-PF).		
	_	rt I	Revenue, Expenses, and Changes in Net Assets or Fund Balar					
		1	Contributions, gifts, grants, and similar amounts received:	(000	100			
		-	Direct public support	33.488	? े ♦			
"	>		l at l	<u> </u>	· W			
2005	3		mailest public support					
			actorimon contractions (grants)		1d	200 488		
7.		۱ ـ	Total (add lines 1a through 1c) (cash \$ noncash \$		2	aw, 100		
-		2	Program service revenue including government fees and contracts (from Par	t VII, line 93)	3			
N N	5	3	Membership dues and assessments		4	243		
-	•	4	Interest on savings and temporary cash investments		5			
Ω		5	Dividends and interest from securities		<u>3</u>			
Ш		6a	aloss totals		1			
ξ		b	Loss. Territar expenses		6c			
SCANNED		l	Net rental income or (loss) (subtract line 6b from line 6a)	;	7			
2	ĕ	7	Other investment income (describe (A) Securities (E)	3) Other	2 .			
Ø	Revenue	8a	Gross amount from sales of assets other					
	ď		trial inventory		A .			
		D	Cost Cost Total Parish Sales (CApellaca		3 3			
		l -	Call of hoss tander schedology		8d			
		d	Net gain or (loss) (combine line (a) columns (A) and (B))		100			
		9	Special events and activities flattack schedule). It any amount is from gaming, cried	ik nere	3 🖏			
		а	Gross revenue (not including \$ 6700 of	7765	1 1			
			Special events and activities latta (Schedule). If any amount is from gaming, checking sevenue (not including \$ 6/0) of contributions reported on line 1a)	7 800	, i * * ₇ ,			
		D	Less: direct expenses other than fundraising expenses	< , 0 / / _	9c	14,866		
		l	Net income or (loss) from special events (subtract line 9b from line 9a) Gross sales of inventory less returns and allowances 10a		47	770-6		
		10a	arous saises of inventory, loss retains and anovarious					
		b	2000. 0000 07 90000 0070		10c			
		11	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b f Other revenue (from Part VII, line 103)	•	11			
		12	Other revenue (from Part VII, line 103)		12	215 594		
					13	17015		
	es	13 14	Program services (from line 44, column (B))		14	75'978		
	Expenses	15	Fundraising (from line 44, column (D))		15	18.770		
	X	16	Payments to affiliates (attach schedule)		16	70.77		
		17	Total expenses (add lines 16 and 44, column (A))		17	214 856		
	άί	18	Excess or (deficit) for the year (subtract line 17 from line 12)		18	741		
	Assets	19	Net assets or fund balances at beginning of year (from line 73, column (19	27 246		
		20	Other changes in net assets or fund balances (attach explanation).		20			
	Net	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)		21	27 987		

6-15-19

Form 990 (2005)

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) Part II Statement of Functional Expenses organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.) Do not include amounts reported on line (C) Management (B) Program (A) Total 6b, 8b, 9b, 10b, or 16 of Part I. and general 22 Grants and allocations (attach schedule) . (cash \$ _____ noncash \$ _____ 22 If this amount includes foreign grants, check here ightharpoonup23 Specific assistance to individuals (attach 23 24 Benefits paid to or for members (attach 24 25 25 Compensation of officers, directors, etc. . . . 26 26 Other salaries and wages Pension plan contributions 27 27 8407 28 228 28 Other employee benefits 29 8894 29 Payroll taxes 30 30 Professional fundraising fees . . . 31 31 Accounting fees 32 275 32 Legal fees 33 50 33 Supplies . . 28n 34 *2*763 Telephone 34 160 35 35 Postage and shipping 480 36 Occupancy 36 37 37 Equipment rental and maintenance. 38 38 2898 39 150 39 40 45°0 450 40 Conferences, conventions, and meetings. . . 41 41 42 42 Depreciation, depletion, etc. (attach schedule) Other expenses not covered above (itemize):
a Room 4 board To Challam Hall 50 bo L 300 43a 6 Ad is city-following frogisms 43b 600 3850 c Fasivithe 43c AUD lesex 43d 490 43e _____ 43f 43g Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines

Joint Costs. Check ▶ ∐ if you are following SOP 98-2.	
Are any joint costs from a combined educational campaign and fundra	aising 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 \$

13–15) . . . <u>.</u>

4 214,856 170,158 25,928 18,770

Part III - Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

	<u> </u>	
All of o	rat is the organization's primary exempt purpose? ► SAUR #T-1355, Jack of cally after the organizations must describe their exempt purpose achievements in a clear and concise manner. State the number clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) anizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)
а	Rouide A File-week, to5, don't a Summer enviolent Comp Bot ATTISK, Intellectually Gifted Obildon in gradus 5 Through 8	129110
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
b	Sur 58 Child in 2005	50,048
С	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
	······································	,
d	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
e	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □ Other program services (attach schedule)	-
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	hard a 1 a Co
_	Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	Form 990 (2005)

Pa	irt IV	Balance Sheets (See the instructions.)			
٨	lote:	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only. Begin	(A) nning of year		(B) End of year
	45	Cash—non-interest-bearing	7 246	45	741
	46	Savings and temporary cash investments		46	
				· ·]	
	47a	Accounts receivable		¥.¢ %1	
	ь	Less: allowance for doubtful accounts . 47b		47c	
				.*	
	48a	Pledges receivable		<u></u>	•
	b	Less: allowance for doubtful accounts . 48b		48c	
	49	Grants receivable		49 ,	1 11
	50	Receivables from officers, directors, trustees, and key employees	- '		
		(attach schedule)		50	
	51a	Other notes and loans receivable (attach		* 1	
sts		schedule)	<u> </u>		
Assets	b	Less: allowance for doubtful accounts		51c	1 .
⋖	52	Inventories for sale or use		52	
-	53	Prepaid expenses and deferred charges		53	
	54	Investments—securities (attach schedule) Cost FMV		54	
	55a				
		equipment: basis		1	
	b	Less: accumulated depreciation (attach			
		schedule)		55c	
	56	Investments—other (attach schedule)		56	
	57a	Land, buildings, and equipment: basis . 57a		` \	
	b	Less: accumulated depreciation (attach			
		schedule)		57c	
	58	Other assets (describe ▶)	·	58	
	59	Total assets (must equal line 74). Add lines 45 through 58	7246	59	741
			1 - 76	60	
İ	60 61	Accounts payable and accrued expenses		61	
	62	Grants payable		62	
ç	63			<u></u> +	
itie	63	Loans from officers, directors, trustees, and key employees (attach schedule)	ľ	63	
abilities	642	Tax-exempt bond liabilities (attach schedule)	·	64a	
Ë	ľ	Mortgages and other notes payable (attach schedule)		64b	
	65	Other liabilities (describe ►		65	
	66	Total liabilities. Add lines 60 through 65	1	66	
	Oras	anizations that follow SFAS 117, check here ▶ ☐ and complete lines		, ,	
m	J. 30	67 through 69 and lines 73 and 74.		·	
Š	67	Unrestricted		67	
lan	68	Temporarily restricted		68	
Ba	69	Permanently restricted		69	···
Fund Balances	Orga	anizations that do not follow SFAS 117, check here ▶ □ and			
	_	complete lines 70 through 74.			
þ	70	Capital stock, trust principal, or current funds	7 246	70	74/
ets	71	Paid-in or capital surplus, or land, building, and equipment fund .		71	
188	72	Retained earnings, endowment, accumulated income, or other funds		72	
Net Assets	73	Total net assets or fund balances (add lines 67 through 69 or lines	3	~	
ž		70 through 72;	17 900		201
	74	column (A) must equal line 19; column (B) must equal line 21)	7246	73	741
	74	i oral nationales and tier assers/fully balances. Add lines of and 73.	7276	74	741

Pa	rt IV-A Reconciliation of Revenue per Aud instructions.)	ited Financial Statem	ents With Rev	enue per	Return	See the
a b 1 2 3 4	Total revenue, gains, and other support per audit Amounts included on line a but not on Part I, line Net unrealized gains on investments Donated services and use of facilities Recoveries of prior year grants Other (specify):	12: 	b1 b2 b3 b4		a	N#
c d 1 2	Amounts included on Part I, line 12, but not on lill Investment expenses not included on Part I, line Other (specify):				b c	
	Add lines d1 and d2 Total revenue (Part I, line 12). Add lines c and d rt IV-B Reconciliation of Expenses per Au	dited Financial Stater	nents With Exp	enses p	e Retur	n
a b 1 2 3 4	Total expenses and losses per audited financial s Amounts included on line a but not on Part I, line Donated services and use of facilities Prior year adjustments reported on Part I, line 20 Losses reported on Part I, line 20 Other (specify):	9 17:	b1 b2			M
c d 1 2	Amounts included on Part I, line 17, but not on line Investment expenses not included on Part I, line Other (specify):	ne a: 6b	d1 d2		b c	
e Pa	Total expenses (Part I, line 17). Add lines c and rt V-A Current Officers, Directors, Trustees or key employee at any time during the year	, and Key Employees	(List each persor	► I	e an officer	, director, trustee,
7	(A) Name and address	(B) Title and average hours per week devoted to position	-0)	benefit plan compens	ns & deferred ation plans	and other allowances
		SO ha	44,000	600	0, -	δ
	Airechis recove					
	Conflersotun	,				
	Soe ATTACKED					

Par	t V-A Current Officers, Directors, Trustees	s, and Key Employe	es (continued)	Ĺ	. Yes 'No		
75a	Enter the total number of officers, directors, and trameetings	ustees permitted to vo	te on organizatio	n business at board			
b	Are any officers, directors, trustees, or key employemployees listed in Schedule A, Part I, or hig contractors listed in Schedule A, Part II-A or relationships? If "Yes," attach a statement that ide	hest compensated p II-B, related to each	rofessional and other through	other independent family or business	75b X		
C	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 II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? Note: Related organizations include section 509(a)(3) supporting organizations. If "Yes," attach a statement that identifies the individuals, explains the relationship between this						
-4	organization and the other organization(s), including amounts paid to each individual by	y each related orga	nization.				
	Does the organization have a written conflict of in				75d		
Par	Former Officers, Directors, Trustees, and officer, director, trustee, or key employee re person below and enter the amount of comp	ceived compensation of	r other benefits (de	escribed below) during	the year, list that		
	(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances		
			•				
		i					
Par	t VI Other Information (See the instruction	is.)			Yes No		
76					76 X		
77	Were any changes made in the organizing or gov If "Yes," attach a conformed copy of the changes	S.	•		77 🗶		
					78a 🔏		
	If "Yes," has it filed a tax return on Form 990-T f	•			78b		
79	Was there a liquidation, dissolution, termination, of a statement				79 X		
80a	Is the organization related (other than by associa common membership, governing bodies, trusted organization?	ees, officers, etc., to			80a		
b	If "Yes," enter the name of the organization ▶		_	noneyempt			
81a b	Enter direct and indirect political expenditures. (S Did the organization file Form 1120-POL for this	ee line 81 instructions	s.) . (81a	MA-	81b		
		·	····		Form 990 (2005)		

Pai	t VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no char or at substantially less than fair rental value?	ge . 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.)			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications	? 83a	X	
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? .	. 83b	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	. 84a	7 40 2	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions gifts were not tax deductible?	or 84b		32.33
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	. 85a	_~	<u> </u>
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	222	-
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization	on 💮		
	received a waiver for proxy tax owed for the prior year.			
С	Dues, assessments, and similar amounts from members			
d	Section 162(e) lobbying and political expenditures		F 16.	
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)	95-		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	. 85g	-	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for t following tax year?			
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12			
b	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			
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 partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701 and 301.7701-3? If "Yes," complete Part IX		_	
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4915 ▶ ; section 4955 ▶ ;			
	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transactic during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attaction a statement explaining each transaction		_	
	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0,	<u>@</u>
	Enter: Amount of tax on line 89c, above, reimbursed by the organization		<u>0</u> ,	<u>~</u>
90a	List the states with which a copy of this return is filed ▶			
	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.) The books are in care of ▶ Rogsy much Telephone no. ▶ (Social Section 12)	1 M =0	4	• •
91a	The books are in care of ► 1299/ 100000000000000000000000000000000000	02	-37 5.5	<u>/</u>
b	At any time during the calendar year, did the organization have an interest in or a signature or other author over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	ial . 91b	Yes	No X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Ba and Financial Accounts.	34 M		
С	At any time during the calendar year, did the organization maintain an office outside of the United State If "Yes," enter the name of the foreign country ▶		<u> </u>	 _
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	he instructions	.)	,	<u> </u>
		er gross amounts unless otherwise		usiness income	 	ction 512, 513, or 514	(E)
indicat	ed.	•	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function income
	FIQ	ogram service revenue:			†	 	
a b			-				
C	_			1	 		
d				11/1/		 	
e	_		_	 	 	<u> </u>	t
f	Me	edicare/Medicaid payments					
g		es and contracts from government agencie	es .				
94		mbership dues and assessments	.~				
95		erest on savings and temporary cash investmen	ts				
96		ridends and interest from securities					
97		t rental income or (loss) from real estate:	47	\$15.20 Kg		REAL RESIDE	
а		bt-financed property					
b		t debt-financed property					
98		rental income or (loss) from personal property	v				
99		ner investment income					
100		n or (loss) from sales of assets other than invento	ry		<u></u>		ļ
101	Ne	t income or (loss) from special events .		<u> </u>	L		
102	Gro	oss profit or (loss) froin sales of inventory		<u> </u>	ļ		
103	Oth	ner revenue: a	_				
b							
C			_	ļ		 	ļ
đ	_		_	ļ	ļ		
е			553963887 \$ 1544 \$ 1545			ļ	
104		btotal (add columns (B), (D), and (E)) .			Single Lands	1	
105	Tot	tal (add line 104, columns (B), (D), and (E)) _. . <u>.</u> .			▶	
	_	e 105 plus line 1d, Part I, should equal th					
Part							
Line	No.	Explain how each activity for which incon of the organization's exempt purposes (or				importantly to the	accomplishment
		or the organization's exempt purposes (o	ther than by provid	ing fullus for such	purposes).		
		1					·
		1 12					
		 		- 			
Part	ĺΧ	Information Regarding Taxable Sub	sidiaries and D	sregarded Entit	ies (See the	instructions.)	
		(A)	(B)	(C)		(D)	(E)
	Nar	me, address, and EIN of corporation, partnership, or disregarded entity	Percentage of wnership interest	Nature of a	ctivities	Total income	End-of-year assets
			%		·		
	-	6/10	%				
			%	 			
			%				
Part	X	Information Regarding Transfers Ass	ociated with Per	sonal Benefit Co	ntracts (See	the instructions.)	
(a)	Did	the organization, during the year, receive any funds,	directly or indirectly, t	o pay premiums on a	personal benef	it contract?	☐ Yes 🏻 No
(b)		I the organization, during the year, pay pre			•		☐ Yes 🄀 No
Not		f "Yes" to (b), file Form 8870 and Form 4					
	T	Under penalties of perjury, I declare that I have exam	ined this return, includ	ing accompanying so	hedules and sta	tements, and to the t	est of my knowledge
Pleas		and belief, it is true, correct, and complete. Declarat	ion of preparer (other	than officer) is based	on all informati	on of which prepare	nas any knowledge.
Sign	-	In Un Mil				5/9/06	
Here		Signature of officer	_ \	^ ~	ı	Date	
		W. Aubrey HALL E	drective	MITCH 181			
		Type or print name and title.					
Paid		Preparer's		Date	Check if self-	Preparer's SSN o	PTIN (See Gen Inst W
Prepare	r _s	signature			employed ▶]	
Use On	- 1	Firm's name (or yours of self-employed),			EIN	>	
		address, and ZIP + 4			Phone	e no ▶ ()	

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

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.)

0005

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

JALOBS LACIN,			14:171	
Part I Compensation of the Five High (See page 1 of the instructions. L				and Trustees
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans deferred compensation	& account and other
None				
Total number of other employees paid over \$50,000 .				1. A
Part II-A Compensation of the Five Highe (See page 2 of the instructions. List				
(a) Name and address of each independent contractor			of service	(c) Compensation
,				
10	WE			
Total number of others receiving over \$50,000 for professional services			-24	
Part II-B Compensation of the Five Higher (List each contractor who perform firms. If there are none, enter "No	ned services other than p	orofessional serv		
(a) Name and address of each independent contractor		· · · · · · · · · · · · · · · · · · ·	of service	(c) Compensation
1610				
700104				
			· · · · · ·	
Total number of other contractors receiving over \$50,000 for other services				

1	X
2a	X
26 2c 2d	X
2е	X
3a	+ ×
3b 3c	17
4a 4b	X
al'e nom	ne, city,
	(1)(A)(iv).
public.	Section

Par	art III Statements About Activities (See	e page 2 of the instructions.)	Yes	No
1	attempt to influence public opinion on a legislati	d to influence national, state, or local legislation, including any ve matter or referendum? If "Yes," enter the total expenses paid vities (Must equal amounts on line 38,		χ
		tion 501(h) by filing Form 5768 must complete Part VI-A. Other art VI-B AND attach a statement giving a detailed description of		
2	substantial contributors, trustees, directors, offi with any taxable organization with which any s	ectly or indirectly, engaged in any of the following acts with any cers, creators, key employees, or members of their families, or uch person is affiliated as an officer, director, trustee, majority any question is "Yes," attach a detailed statement explaining the		
а	a Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
C	c Furnishing of goods, services, or facilities?	2c		X
d	d Payment of compensation (or payment or reimb	ursement of expenses if more than \$1,000)? 2d	<u> </u>	X
е	e Transfer of any part of its income or assets? .			X
3a	a Do you make grants for scholarships, fellowship you determine that recipients qualify to receive	ps, student loans, etc.? (If "Yes," attach an explanation of how payments.)		X
b	b Do you have a section 403(b) annuity plan for you	our employees?	 	X
C	c During the year, did the organization receive a co	intribution of qualified real property interest under section 170(h)?		X
4 a		ipating donors where donors have the right to provide advice on	1	
	the use or distribution of funds?	mont gradit rangia or dobt pagatiation convent?	+	13
ь	b Do you provide credit counseling, debt manage	ment, credit repair, or debt negotiation services? 4b	т	T-2
Par	art IV Reason for Non-Private Founda	tion Status (See pages 3 through 6 of the instructions.)		
The	e organization is not a private foundation because	it is: (Please check only ONE applicable box.)		
5	☐ A church, convention of churches, or associ	ation of churches. Section 170(b)(1)(A)(i).		
6	A school. Section 170(b)(1)(A)(ii). (Also comp	lete 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 gov	, , , , , , , ,		
9	and state ▶	conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's		· · · · · ·
10	(Also complete the Support Schedule in Pa	•		
11a	An organization that normally receives a subs 170(b)(1)(A)(vi). (Also complete the Support S	tantial part of its support from a governmental unit or from the general pu chedule in Part IV-A.)	blic. Se	ection
11b		Also complete the Support Schedule in Part IV-A.)		
12		re than 331/3% of its support from contributions, membership fees, and g		•
	from gross investment income and unrelate	unctions—subject to certain exceptions, and (2) no more than 331/3% of d business taxable income (less section 511 tax) from businesses acc n 509(a)(2). (Also complete the Support Schedule in Part IV-A.)		
13	☐ An organization that is not controlled by an	y disqualified persons (other than foundation managers) and supports or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509	(a)(2). (
	Provide the following information a	bout the supported organizations. (See page 6 of the instructions.)		
	(a) Name(s) o	f supported organization(s) (b) Line num from abo		
	_	test for public safety. Section 509(a)(4). (See page 6 of the instructions.		

Sched	ule A (Form 990 or 990-EZ) 2005					Page 3
	t IV-A Support Schedule (Complete only You may use the worksheet in the instructions					
	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15	Gifts, grants, and contributions received. (Do	(4) 200 .	(2) 2002	(0)	(-/	(4, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,
	not include unusual grants. See line 28.).	2/8332	1717/3	185,465	17175	9 747,268
16	Membership fees received		77,		1	
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.	236	647	47/	5	8 1412
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	218568	172360	185936	17181	7 748,681
24	Line 23 minus line 17	218568	172360	18593L	171817	7 748,681
25	Enter 1% of line 23	2186	17 24	1859	1718	
26 b c d	Organizations described on lines 10 or 11: Prepare a list for your records to show the nar governmental unit or publicly supported organizamount shown in line 26a. Do not file this list w Total support for section 509(a)(1) test: Enter li Add: Amounts from column (e) for lines:	ne of and amoun zation) whose tota ith your return. E ne 24, column (e)	t contributed by only gifts for 2001 the contributed by only gifts for 2001 the contributed by the contribut	each person (other nrough 2004 exce I these excess arr	er than a reded the rounts	26b 23523 26c 74868) 26d 24945
	Public support (line 26c minus line 26d total) Public support percentage (line 26e (numera					26e 723736 26f 96%
27	Organizations described on line 12: a For person," prepare a list for your records to show Do not file this list with your return. Enter the	the name of, and e sum of such ar	total amounts red nounts for each y	ceived in each yea year:	ar from, each	from a "disqualified "disqualified person.
b	(2004)	ved from each per year, that was mo 5 through 11b, as v	son (other than "d re than the larger well as individuals.	lisqualified person: of (1) the amount) Do not file this li	s"), prepare a on line 25 for stantage of the	list for your records to the year or (2) \$5,000. eturn. After computing
	(2004)		. (2002)		(2001)	
	(===:/		(, ******		- 1/	
С	Add: Amounts from column (e) for lines: 15 17 20		16	···-	<u>.</u>	27c
	Add: Line 27a total.	and line 27b total				27d
d	Add: Line 27a total, Public support (line 27c total minus line 27d to					27e
e f	Total support for section 509(a)(2) test: Enter a	mai)	 23 column (e)	▶ 27f		42.7.49
g	Public support percentage (line 27e (numera					27g %
h	Investment income percentage (line 18, colu					27h 9
28	Unusual Grants: For an organization describe				•	•
	prepare a list for your records to show, for ea description of the nature of the grant. Do not	ch year, the nam	e of the contribu	tor, the date and	amount of t	he grant, and a brief

sche	edule A (Forn	n 990 or 990-EZ) 2005
Pa		Private School Questionnaire (See page 7 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)
29	Does the	e organization have a racially nondiscriminatory policy toward students by statement in its charter, b

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?	29	Yes	No
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?	30	3 = 1	
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?	35		
32	Done the appropriate maintain the fallacing.			
	Does the organization maintain the following:	32a	22718 60	<u> </u>
a b	Records indicating the racial composition of the student body, faculty, and administrative staff?	32b		
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
a	Copies of all material used by the organization or on its behalf to solicit contributions?			
33	Does the organization discriminate by race in any way with respect to:	33a		
a h	Students' rights or privileges?	33b		
c	Employment of faculty or administrative staff?	33c		-
đ	Scholarships or other financial assistance?	33d		
е	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g 33h		
h	Other extracurricular activities?			
	in you answered Tes to any or 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?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
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	35		

Pa	rt VI-A Lobbying Expenditures by El (To be completed ONLY by an					ruction	ns.)		
Che	ck ▶ a ☐ if the organization belongs to an affilia		ck ▶ b ☐ if			nited cor	ntrol"	provisions apply.	
	Limits on Lobbyii (The term "expenditures" mea	ng Expenditures				(a) liated gro totals		(b) To be completed for ALL electing organizations	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)					1			
37	Total lobbying expenditures to influence a legis	· ·-		37			1		
38	Total lobbying expenditures (add lines 36 and	• •		38			丈		
39	Other exempt purpose expenditures			1 .)				
40	Total exempt purpose expenditures (add lines								
41	Lobbying nontaxable amount. Enter the amour		2 2	1.0.2.5	1.4				
			bbying nontaxable amount is—						
		of the amount on		. 1984:19					
		000 plus 15% of t		1 289		(6)			
		000 plus 10% of th							
		000 plus 5% of the		1,000,000					
		0,000)					
42	Grassroots nontaxable amount (enter 25% of I	ine 41)		42	!				
43	Subtract line 42 from line 36. Enter -0- if line 4	2 is more than lir	ne 36	43	3				
44	Subtract line 41 from line 38. Enter -0- if line 4	1 is more than lir	ne 38	44		107.1			
				13322					
	Caution: If there is an amount on either line 43	or line 44, you n	nust file Form 4/	20.					
	4-Year Ave (Some organizations that made a section See the instructions for		do not have to c	omplete all of t		columr	ns be	elow.	
		Lob	bying Expenditu	res During 4-1	ear A	eragin	g Pe	riod	
_	Calendar year (or	(a)	(b)	(c)		(d)		(e)	
	fiscal year beginning in) ▶	2005	2004	2003		2002		Total	
45	Lobbying nontaxable amount								
		5.25 Ex		4. OF 18. 4.	3 6 4				
46	Lobbying ceiling amount (150% of line 45(e))								
47	Total lobbying expenditures								
					ļ				
48	Grassroots nontaxable amount								
		er melt otte	**************************************	100					
49	Grassroots ceiling amount (150% of line 48(e))	100	**************************************			1000			
50	Grassroots lobbying expenditures								
Pa	rt VI-B Lobbying Activity by Nonelec (For reporting only by organiza			Part VI-A) (Se	e pag	e 11 o	ıf the	e instructions	
Duri	ng the year, did the organization attempt to influ						No	Amount	
atte	mpt to influence public opinion on a legislative n	natter or referend	um, through the	use of:				Amount	
а	Volunteers								
b	Paid staff or management (Include compensati	ion in expenses r	eported on lines	c through h.).				256 2 25	
С	Media advertisements								
d	Mailings to members, legislators, or the public								
е	Publications, or published or broadcast statem	ents							
f	Grants to other organizations for lobbying purp	ooses				\vdash			
g	Direct contact with legislators, their staffs, gov	ernment officials,	or a legislative b	ody		\vdash			
h	·	•	res, or any other	means			764300×	ļ	
i	Total lobbying expenditures (Add lines c through the above also attach a state	gh h.)	otailad dasariatia	n of the labbuil		vities	7 (30)		

Par	t VI			ransfers To and Transa e page 12 of the instructio		Relationships	With	None	hari	table
51		id the reporting organization directly or indirectly engage in any of the following with any other organization described in section 01(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?								
а				to a noncharitable exempt orga	·	9			Yes	No
_			• •					51a(i)		
		Other assets						a(ii)		
b		er transactions:					•			
_		•	es of assets with a	noncharitable exempt organiza	tion			b(i)	ļ	
				itable exempt organization				b(ii)		
				ner assets			• •	b(iii)		
							• •	b(iv)		
								b(v)		
				ship or fundraising solicitations				b(vi)		
С				sts, other assets, or paid emplo	vees			С		
d	good	ds, other assets, or	r services given by	complete the following schedule the reporting organization. If to column (d) the value of the good	he organization	received less that	n fair n	market narket v	value /alue	of the in any
	a)	(b)	!	(c)		(d)				
-	no I	Amount involved	Name of none	chantable exempt organization	Description o	f transfers, transactions	s, and sh	narıng arr	angem	ents
					L					
			L <u></u>							
					<u> </u>					
					<u> </u>					
					ļ					
										
					-					
					 					
					 					
	des	cribed in section 50 (es," complete the	01(c) of the Code (·		☐ Yes	· [] No
		(a) Name of organiz	ation	(b) Type of organization		(c) Description of rel	ationship	<u> </u>		
					ļ			·····		
					 					
					 					
					 					
					 					
					 					
					<u> </u>					
					 					
					 					
		 -			 					
					 					
					 					

PATTACHMUT Form 990 - 2005 Jacob's Ladder, Inc.® Board of Directors & Affiliations - 2006

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revised 04/25/06