Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

benefit trust or private foundation)

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

	A I	For th	e 2005 calendar year, or tax year beginning July 1 , 2005, and	d ending June	≥ 30	, 20 06			
•	ВС	heck if	applicable Ptease C Name of organization		D Employ	yer identification number			
_			change label or Indigo Mountain Nature Center	84:1	503971				
_			nange print or Number and street (or P O box if mail is not delivered to street addres	E Teleph	one number				
_	_	ntial re	I TO Day 200	(719	748-5550				
		ınal ret	Specific Cata as to time about a second and 71D + 4		F Accounting method:				
	_		d return Lake George, CO 80827			her (specify)			
_	_		on pending • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable			to section 527 organizations			
•	``	,	trusts must attach a completed Schedule A (Form 990 or 990-EZ).	H(a) Is this a g	roup retur	n for affiliates? Yes 🔽 No			
(G V	Vebsite	e: ► www.indigomtn.org			er of affiliates ▶			
_				H(c) Are all affi		uded? Yes 🔽 No t. See instructions)			
_		•	ation type (check only one) ► 2 501(c) (3) ◄ (insert no)	H(d) Is this a se		·			
ŀ			nere > [] If the organization's gross receipts are normally not more than \$25,000. The tion need not file a return with the IRS, but if the organization chooses to file a return, be	organizatio	n covered t	by a group ruling? Tyes 🔽 No			
		_	ille a complete return Some states require a complete return.	I Group Exe	-				
-		. -		M Check ▶	· 🔽 if	the organization is not required			
١	L G	iross	receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 46235	to attach	Sch. B (F	form 990, 990-EZ, or 990-PF).			
	Pa	rt I	Revenue, Expenses, and Changes in Net Assets or Fund Balar	nces (See the	<u>e instru</u>	ctions.)			
		1	Contributions, gifts, grants, and similar amounts received:						
		а	Direct public support	4276	60				
	İ	b	Indirect public support	347	70				
		C	Government contributions (grants)		0				
		d	Total (add lines 1a through 1c) (cash \$35771 noncash \$	10459) .	1d	46230			
			Program service revenue including government fees and contracts (from Par		2				
		3	Membership dues and assessments		3	<u>C</u>			
		4	Interest on savings and temporary cash investments		4	•			
	Ì	5	Dividends and interest from securities		5	5			
		6a	Gross rents		0				
		b	Less: rental expenses		0				
		C	Net rental income or (loss) (subtract line 6b from line 6a)		6c	<u> </u>			
	Q	7	Other investment income (describe)	7				
	le)	8a	Gross amount from sales of assets other	B) Other					
	Re		than inventory						
	;		Less: cost or other basis and sales expenses.						
	İ		Gain or (loss) (attach schedule) L						
		d	Net gain or (loss) (combine line 8c, columns (A) and (B))		8d				
	ļ	9	Special events and activities (attach schedule). If any amount is from gaming, chec	ck here					
		а	Gross revenue (not including \$ of 9a						
		_	Continuations reported on line ray	<u> </u>					
	ļ		Ecos. direct expendes offici than failurationing expendes .		9c	•			
			Net income or (loss) from special events (subtract line 9b from line 9a) Gross sales of inventory less returns and allowances 10a		30				
			Circo caree of infronterly, received and another received	· · ·					
			Ecos. cost of goods sold	from line 10el	10c	C			
1		11	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b for the revenue (from Part VII, line 103)	mom ime roaj.	11	C			
		12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11).		12	46235			
-		13	Program services (from line 44, column (B))		13	44277			
	88	14	Management and general (from line 44, column (C))		14	2189			
	ens	15	Fundraising (from line 44, column (D)) . NOV 0 6 2006.	· · · ·	15	1828			
	EXP	16	Payments to affiliates (attach schedule)		16	•			
		17	Total expenses (add lines 16 and 44, column (A))		17	48294			
-	23	18	Excess or (deficit) for the year (subtract line 4) from line 1/2)	<u> </u>	18	(2059)			
	988	19	Net assets or fund balances at beginning of year (from line 73, column ((A))	19	7029			
	ot A	20	Other changes in net assets or fund balances (attach explanation).		20	C			
_	ž	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)		21	4970			

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y

Form **990** (2005)

Part II All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) Statement of organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.) Functional Expenses Do not include amounts reported on line (B) Program (C) Management (D) Fundraising (A) Total 6b, 8b, 9b, 10b, or 16 of Part I. and general services Grants and allocations (attach schedule) . . (cash \$ _____ noncash \$ _____ If this amount includes foreign grants, check here 🕨 📖 Specific assistance to individuals (attach Benefits paid to or for members (attach 24 Compensation of officers, directors, etc. . . Other salaries and wages Pension plan contributions Other employee benefits Professional fundraising fees 120 126 32448 1008 35269 1813 200 1230 1030 125 100 Postage and shipping 670 670 36 1479 1479 Equipment rental and maintenance 560 160 3530 2810 1386 1386 125 706 831 Conferences, conventions, and meetings. . 41 42 Depreciation, depletion, etc. (attach schedule) Other expenses not covered above (itemize): 838 838 43a a Dues & Licenses 600 Animal Rescue 600 43b 2210 2210 Vet Services 43c 43d 43e 43f 43g Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13–15) 2189 1828 48294 44277 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? . >

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 \$

\$ Yes	☑ No
Form 99	0 (2005)

Pag	e	3
, 64	C	•

Fðr	n 990 (2005)	Page
P	Statement of Program Service Accomplishments (See the instructions.)	
pa on	m 990 is available for public inspection and, for some people, serves as the primary or sole source of in ticular organization. How the public perceives an organization in such cases may be determined by the infoits return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, ograms and accomplishments.	rmation presented
WI	at is the organization's primary exempt purpose? Animal Rescue, Care and Sanctuary	Program Service
of	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.	(4) orgs , and 4947(a)(1)
а	All program services were for the care of the animals at the center. Both the cash and non-cash (in-kind) donations were expended on behalf of the animals.	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	44277
b		
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □]
C		

	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ []
d		

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

(Grants and allocations \$

(Grants and allocations \$

e Other program services (attach schedule)

If this amount includes foreign grants, check here ▶ □

If this amount includes foreign grants, check here 🕨 🔲

Form **990** (2005)

44277

N	ote:	Where required, attached schedules and amounts column should be for end-of-year amounts only	within the de	scnption	(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing			7029	45	4970
	46	Savings and temporary cash investments .			0	46	0
	47a	Accounts receivable	47a	0			
		Less: allowance for doubtful accounts .	47b	0	0	47c	0
	40		48a				
1		Pledges receivable	48b	0	0	48c	0
		Grants receivable			0	49	0
-1		Receivables from officers, directors, trustee (attach schedule)	-	• • •	0	50	0
	51a	Other notes and loans receivable (attach	· · · ·				<u>-</u>
,		schedule)	51a	0	_		_
		Less: allowance for doubtful accounts .	51b	-0	0	51c	
- [Inventories for sale or use			<u> </u>	52 53	<u>U</u>
		Prepaid expenses and deferred charges .			0	54	<u> </u>
		Investments—securities (attach schedule) .		J Cost L FIVIV			
		Investments—land, buildings, and equipment: basis	55a	0			
	b	Less: accumulated depreciation (attach	EEL	_	Λ	55c	Δ
	EC	schedule)	55b		0	56	0
Ł		Investments—other (attach schedule) Land, buildings, and equipment: basis .	57a				
		Less: accumulated depreciation (attach					
	_	schedule)	57b	0	-	57c	0
	58	Other assets (describe ►			<u> </u>	58	0
	59	Total assets (must equal line 74). Add lines	45 through	58	7029	59	4970
	60	Accounts payable and accrued expenses .				60	0
	61	Grants payable				61	
ł	62	Deferred revenue			<u>_</u>	62	0
		Loans from officers, directors, trustees, and	•	` \	Δ	63	n
		schedule)			0	64a	<u>_</u>
		Tax-exempt bond liabilities (attach schedule) Mortgages and other notes payable (attach s				64b	0
		Other liabilities (describe >	•		0	65	0
	66	Total liabilities. Add lines 60 through 65 .	• • •	<u> </u>	0	66	0
	Orga	nizations that follow SFAS 117, check here ▶	and c	omplete lines			
3		67 through 69 and lines 73 and 74.				67	
•	67	Unrestricted		1		68	
• I		Temporarily restricted		1	<u> </u>	69	
1		nizations that do not follow SFAS 117, check					•
•	Orga	complete lines 70 through 74.		and			
	70	Capital stock, trust principal, or current funds	s		0	70	0
	71	Paid-in or capital surplus, or land, building, a		ent fund .		 	0
	72	Retained earnings, endowment, accumulated	income, o	r other funds	<u> </u>	72	0
	73	Total net assets or fund balances (add line 70 through 72;	s 67 throug	h 69 or lines			
1		column (A) must equal line 19; column (B) m	_	<u></u>	7029	73	4970
	74	Total liabilities and net assets/fund balance	s. Add lines	66 and 73.	7029	74	4970

Pa	rt IV-A	Reconciliation of Revenue per Au instructions.)	dited Financial Staten	nents With Re	venue pe	r Retu	m (Se	e the
а	Total rev	enue, gains, and other support per auc	lited financial statements	<u> </u>		а		46235
b		included on line a but not on Part I, lin						
1		alized gains on investments		b1	0			
2		services and use of facilities		b2	0			
3	Recoveri	es of prior year grants		b3	0			
4	Other (sp	pecify):						
				<u>b4</u>	0	ļ		
	Add line	s b1 through b4				<u> </u>		0
C	Subtract	line b from line a				С	<u> </u>	46235
d		included on Part I, line 12, but not on		1 1	_			
1	Investme	ent expenses not included on Part I, line	e 6b	d1	0			
2	Other (sp	pecify):			_			
	A -1 -1 -1			d2	<u> </u>			0
_		s d1 and d2				<u>a</u>		46235
		Reconciliation of Expenses per A	•			er Ret	urn	
а	Total exp	penses and losses per audited financial	statements			а		48294
		included on line a but not on Part I, lin		1 0 4 1	_			
		services and use of facilities		b1	<u> </u>			
	-	ir adjustments reported on Part I, line 2			U			
		eported on Part I, line 20]		
4	Other (sp	pecify):		•	_			
				b4	<u> </u>			0
		s b1 through b4				6		48294
C		line b from line a						402.34
d		included on Part I, line 17, but not on		d1	O			
		ent expenses not included on Part I, line						
2	Other (S)	pecify):		d2	0			
	Add lines	s d1 and d2				d		0
е		penses (Part I, line 17). Add lines c and			•	е		48294
Pa		Current Officers, Directors, Trustee or key employee at any time during the y		•				rector, trustee,
-		(A) Name and address	(B) Tritle and average hours per week devoted to position	(C) Compensation (if not paid, enter -0)	benefit plai	ons to empl ns & deferre ation plans	ad and	Expense account double allowances
Sue	Cransto					•		
P. C). Box 208	3, Lake George, CO 80827	President / 50 hrs		<u>'</u>			0
Car	ol Scarbo	rough	Secy/Treas. / 12 hrs					Δ
<u>P. C</u>). Box 208	3, Lake George, CO 80827	Secyrifeas. / 12 III's					
	Broyles	*	- Director / 2 hrs	•			0	0
321	0 Nova Ro	oad, Pine, CO 80470		<u> </u>				
	cy Webe		Director / 2hrs				0	0
		nont Ave., Las Vegas, NV 89103		 				<u>.</u>
	ryl Steate		Director / 6 hrs				0	0
108	Trenton :	St., Buena Vista, CO 81211	<u> </u>	 			-	
			· 					
				<u> </u>				
	••			<u>. </u>	 	· · · · · · · · · · · · · · · · · · ·		
		<u> </u>	· -					
	• • • • • • • • • • • • • • • • • • • •							
						_		
			~ 1					

Par	V-A Current Officers, Directors, Trustees	s, and Key Employe	es (continued)			Yes	No	
75a	Enter the total number of officers, directors, and transferings	•	_					
b	b Are 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, related to each other through family or business						-	
	relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)							
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(and of the section of the section 509) organization and the other organization(s), including amounts paid to each individual by	ne ındividuals, explai and describes t	ins the relations the compensati	•				
d	Does the organization have a written conflict of in				75d	·	- - -	
Par	Former Officers, Directors, Trustees, and officer, director, trustee, or key employee reperson below and enter the amount of comp	ceived compensation o	r other benefits (de	escribed below) during	the ye	ear, lis		
	(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	accou	Expenint and owance	other	
Non	e							
	· · · · · · · · · · · · · · · · · · ·							
Par	Other Information (See the instruction	s.)				Yes	No	
76	Did the organization engage in any activity not produced description of each activity				76		√	
77	Were any changes made in the organizing or government of attach a conformed copy of the changes	eming documents but			77		✓	
78a	Did the organization have unrelated business grothis return?		or more dunng t	he year covered by	78a	· -	/	
b	If "Yes," has it filed a tax return on Form 990-T for	_			78b			
79	Was there a liquidation, dissolution, termination, of a statement			ar? If "Yes," attach	79		✓	
80a	Is the organization related (other than by associated common membership, governing bodies, trusted	es, officers, etc., to	any other exe		80a	I		
b	•		<u></u>		Jua		▼	
81a	Enter direct and indirect political expenditures. (S	and check whether it ee line 81 instructions	is exempt o	r nonexempt				
	Did the organization file Form 1120-POL for this	year?	<u> </u>		81b		(2225)	

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 charge or at substantially less than fair rental value?	82a		✓
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.)			
	Did the organization comply with the public inspection requirements for returns and exemption applications? Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83a 83b	✓	
	Did the organization comply with the disclosure requiremental tolating to quid pro quo contributions	84a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85 b	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a 85b		
d e f	Dues, assessments, and similar amounts from members	85g		
_	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85h		
86 h	501(c)(7) orgs Enter: a Initiation fees and capital contributions included on line 12			
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		- ✓
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶; section 4912 ▶; section 4955 ▶			
b	501(c)(3) and 501(c)(4) orgs. 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		✓
	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			_
	Enter: Amount of tax on line 89c, above, reimbursed by the organization			
	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	•	D	
91a	The books are in care of ▶ Sue Cranstons Located at ▶ P. O. Box 208, Lake George, CO ZIP + 4 ▶ 808		50	
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)?	91b	Yes	No ✓
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 >	91c		✓
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		.	▶ □

Note:	Enter gross amounts unless otherwise		usiness income	Excluded by sect	on 512, 513, or 514	• •
indicate		(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function income
а					<u> </u>	
b			<u> </u>			
C				-		<u></u>
d						<u> </u>
e						
	Medicare/Medicaid payments	1	<u> </u>	<u> </u>	<u></u>	
_	Fees and contracts from government agence		- 			<u> </u>
	Membership dues and assessments		 		· · · · · · · · · · · · · · · · · · ·	<u></u>
	Interest on savings and temporary cash investme Dividends and interest from securities		- 		· · · · · · · · · · · · · · · · · · ·	
	Net rental income or (loss) from real estate	1	-			
	debt-financed property			 		
	not debt-financed property					
	Net rental income or (loss) from personal proper	1		_		
	Other investment income	'y			-	
	Gain or (loss) from sales of assets other than invent	orv				<u> </u>
	Net income or (loss) from special events	· 1	1			
	Gross profit or (loss) from sales of inventor					
	Other revenue: a					
ь						
C			-			
d						
e						
_	Subtotal (add columns (B), (D), and (E))		0		0	5
	Total (add line 104, columns (B), (D), and (I	 =))			•	5
	Line 105 plus line 1d, Part I, should equal t					
	, in the second of the second		12, 1 art 1.			
	Relationship of Activities to the A			oses (See th	e instructions.)	<u> </u>
	Explain how each activity for which inco	ccomplishment of the me is reported in co	of Exempt Purp	l contributed in	•	accomplishment
Part \ Line N	Explain how each activity for which income of the organization's exempt purposes (ccomplishment of the contract	of Exempt Purp lumn (E) of Part Vi ing funds for such	l contributed in purposes).	•	accomplishment
Part \	Explain how each activity for which inco	ccomplishment of the contract	of Exempt Purp lumn (E) of Part Vi ing funds for such	l contributed in purposes).	•	accomplishment
Part Line N	Explain how each activity for which income of the organization's exempt purposes (ccomplishment of the contract	of Exempt Purp lumn (E) of Part Vi ing funds for such	l contributed in purposes).	•	accomplishment
Part Line N	Explain how each activity for which income of the organization's exempt purposes (ccomplishment of the complishment of the compl	of Exempt Purp lumn (E) of Part Vi ing funds for such	l contributed in purposes).	•	accomplishment
Part V	Explain how each activity for which income of the organization's exempt purposes (Interest from checking account helps Output Description:	me is reported in continuous than by provide to provide care f	of Exempt Purpolumn (E) of Part Ving funds for such or animals at the	l contributed in purposes). e Center.	nportantly to the	accomplishment
Part V	Explain how each activity for which incomof the organization's exempt purposes (Interest from checking account helps Information Regarding Taxable Summer (A)	me is reported in continuous than by provide to provide care for the c	of Exempt Purpolumn (E) of Part Ving funds for such or animals at the sregarded Entit	l contributed in purposes). e Center.	nportantly to the	
Part \ Line No. 95 Part	Explain how each activity for which incomof the organization's exempt purposes (Interest from checking account helps Information Regarding Taxable Summe, address, and EIN of corporation,	bsidiaries and Di (B) Percentage of	of Exempt Purpolumn (E) of Part Ving funds for such or animals at the	ies (See the i	nportantly to the	(E) End-of-year
Part \ Line No. 95 Part	Explain how each activity for which incomof the organization's exempt purposes (Interest from checking account helps Information Regarding Taxable Summe, address, and EIN of corporation,	ccomplishment one is reported in continuous than by provide to provide care for the continuous (B) Percentage of ownership interest	of Exempt Purpolumn (E) of Part Ving funds for such or animals at the sregarded Entit (C)	ies (See the i	nstructions.)	
Part \ Line No. 95 Part	Explain how each activity for which incomof the organization's exempt purposes (Interest from checking account helps Information Regarding Taxable Summe, address, and EIN of corporation,	complishment one is reported in continuous than by provide to provide care for the continuous (B) Percentage of ownership interest %	of Exempt Purpolumn (E) of Part Ving funds for such or animals at the sregarded Entit (C)	ies (See the i	nstructions.)	(E) End-of-year
Part V	Explain how each activity for which incomof the organization's exempt purposes (Interest from checking account helps Information Regarding Taxable Summe, address, and EIN of corporation,	complishment of the is reported in continuous the is reported in continuous the provide care for the image of	of Exempt Purpolumn (E) of Part Ving funds for such or animals at the sregarded Entit (C)	ies (See the i	nstructions.)	(E) End-of-year
Part \ Line No. 95 Part	Explain how each activity for which incomof the organization's exempt purposes (Interest from checking account helps Information Regarding Taxable Summe, address, and EIN of corporation,	complishment one is reported in continuous than by provide to provide care for the	of Exempt Purpolumn (E) of Part Ving funds for such or animals at the sregarded Entit (C)	ies (See the i	nstructions.)	(E) End-of-year
Part \ Line Part Pa	Explain how each activity for which incomo of the organization's exempt purposes (Interest from checking account helps Information Regarding Taxable Summe, address, and EIN of corporation, partnership, or disregarded entity	complishment one is reported in continuous than by provide to provide care for the complishment (B) Percentage of ownership interest when the complement of	of Exempt Purpolumn (E) of Part Ving funds for such or animals at the sregarded Entite (C) Nature of ac	ies (See the introduced in purposes). ies (See the introduced in purposes).	nstructions.) (D) Total income	(E) End-of-year
Part Part Part (a)	Explain how each activity for which incomo of the organization's exempt purposes (Interest from checking account helps Information Regarding Taxable Summer, address, and EIN of corporation, partnership, or disregarded entity Information Regarding Transfers As Did the organization, during the year, receive any funds	ccomplishment on the is reported in continuous to provide care for the image of the	of Exempt Purpolumn (E) of Part Ving funds for such or animals at the See See See See See See See See See S	ies (See the intracts (See the personal benefit	nstructions.) Total income ne instructions.)	(E) End-of-year assets Ves V No
Part Part Part (a) (b)	Explain how each activity for which incomo of the organization's exempt purposes (Interest from checking account helps Information Regarding Taxable Summe, address, and EIN of corporation, partnership, or disregarded entity Information Regarding Transfers As	ccomplishment of the is reported in continuous than by provide to provide care for the image of	of Exempt Purpolumn (E) of Part Ving funds for such or animals at the Seregarded Entite (C) Nature of according payments on a coronal Benefit Coronal Period (C) or andirectly, on a coronal payment of according to the coronal payments on a coronal payment of according to the coronal payment of according to the coronal payment of according to the coronal payment of according to the coronal payment of according to the coronal payment of according to the coronal payment of according to the coronal payment of the coronal payme	ies (See the intracts (See the personal benefit	nstructions.) Total income ne instructions.)	(E) End-of-year assets Ves V No
Part Part Part (a) (b)	Explain how each activity for which incomof the organization's exempt purposes (Interest from checking account helps Information Regarding Taxable Summer, address, and EIN of corporation, partnership, or disregarded entity Information Regarding Transfers As Did the organization, during the year, receive any funds Did the organization, during the year, pay page if "Yes" to (b), file Form 8870 and Form and Under penalties of perjury, I decide that I have example of the organization	Accomplishment of the is reported in continuous than by provide to provide care for the image of	sregarded Entite Sonal Benefit Cor or animals at the conal Benefit Cor or indirectly, on a cors). Ing according sonying sol	ies (See the intracts (See the personal benefit personal	nstructions.) (D) Total income ne instructions.) contract? nefit contract? ments, and to the be	(E) End-of-year assets Yes No Ves No No
Part Line N 95 Part (a) (b) Note	Explain how each activity for which income of the organization's exempt purposes (Interest from checking account helps Information Regarding Taxable St. (A) Name, address, and EIN of corporation, partnership, or disregarded entity Information Regarding Transfers As Did the organization, during the year, receive any funds Did the organization, during the year, pay part of the organization, during the year, pay part of the organization, during the year, pay part of the organization, during the year, pay part of the organization, during the year, pay part of the organization, during the year, pay part of the organization, during the year, pay part of the organization, during the year, pay part of the organization, during the year, pay part of the organization, during the year, pay part of the organization of perjury, I declare that whave examined belief it is true, correct, and complete. Declared	Accomplishment of the is reported in continuous than by provide to provide care for the image of	sregarded Entite Sonal Benefit Cor or animals at the conal Benefit Cor or indirectly, on a cors). Ing according sonying sol	ies (See the intracts (See the personal benefit personal	nstructions.) (D) Total income ne instructions.) contract? nefit contract? ments, and to the be	(E) End-of-year assets Yes No Ves No No
Part Part Part Please	Explain how each activity for which income of the organization's exempt purposes (Interest from checking account helps Information Regarding Taxable St. (A) Name, address, and EIN of corporation, partnership, or disregarded entity Information Regarding Transfers As Did the organization, during the year, receive any funds Did the organization, during the year, pay part of the organization, during the year, pay part of the organization, during the year, pay part of the organization, during the year, pay part of the organization, during the year, pay part of the organization, during the year, pay part of the organization, during the year, pay part of the organization, during the year, pay part of the organization, during the year, pay part of the organization, during the year, pay part of the organization of perjury, I declare that whave examined belief it is true, correct, and complete. Declared	Accomplishment of the is reported in continuous than by provide to provide care for the image of	sregarded Entite Sonal Benefit Cor or animals at the conal Benefit Cor or indirectly, on a cors). Ing according sonying sol	ies (See the intracts (See the personal benefit personal	nstructions.) (D) Total income ne instructions.) contract? nefit contract? ments, and to the be	(E) End-of-year assets Yes No Ves No No
Part Part Part Part Sign	Explain how each activity for which income of the organization's exempt purposes (Interest from checking account helps Information Regarding Taxable St. (A) Name, address, and EIN of corporation, partnership, or disregarded entity Information Regarding Transfers As Did the organization, during the year, receive any funds Did the organization, during the year, pay part of the organization, during the year, pay part of the organization, during the year, pay part of the organization, during the year, pay part of the organization, during the year, pay part of the organization, during the year, pay part of the organization, during the year, pay part of the organization, during the year, pay part of the organization, during the year, pay part of the organization, during the year, pay part of the organization of perjury, I declare that whave examined belief it is true, correct, and complete. Declared	Accomplishment of the is reported in continuous than by provide to provide care for the image of	sregarded Entite Sonal Benefit Cor or animals at the conal Benefit Cor or indirectly, on a cors). Ing according sonying sol	ies (See the intracts (See the personal benefit personal	nstructions.) (D) Total income ne instructions.) contract? nefit contract? ments, and to the be	(E) End-of-year assets Yes No Ves No No
Part Part Part Part Sign	Interest from checking account helps Interest from checking account helps Interest from checking account helps Information Regarding Taxable Su (A) Name, address, and EIN of corporation, partnership, or disregarded entity Information Regarding Transfers As Did the organization, during the year, receive any funds Did the organization, during the year, pay post if "Yes" to (b), file Form 8870 and Form Under penalties of perjury, I declare that mave examined belief it is true, correct, and complete. Declare that may be a supported by the correct of the complete of the correct of the complete of the correct of the corporation.	Accomplishment of the is reported in continue than by provide to provide care for the image of t	sregarded Entite Sonal Benefit Cor or pay premiums on a cor indirectly, on a corporation of the corporatio	ies (See the intracts (See the personal benefit personal	nstructions.) (D) Total income ne instructions.) contract? nefit contract? ements, and to the bear of which preparer	(E) End-of-year assets Yes No Ves No No
Part Part Part Part Sign	Interest from checking account helps Interest from checking account helps Information Regarding Taxable Su (A) Name, address, and EIN of corporation, partnership, or disregarded entity Information Regarding Transfers As Id the organization, during the year, receive any funds Did the organization, during the year, pay positive of perjury, I decide that shave examined belief it is true, correct, and complete. Declarations of perjury, I decide that shave examined belief it is true, correct, and complete. Declarations	Accomplishment of the is reported in continue than by provide to provide care for the image of t	sregarded Entite Sonal Benefit Cor or pay premiums on a cor indirectly, on a corporation of the corporatio	ies (See the intracts (See the personal benefit personal	nstructions.) (D) Total income ne instructions.) contract? nefit contract? ements, and to the bear of which preparer	(E) End-of-year assets Yes No No No est of my knowledge
Part Line N 95 95 Part (a) (b) Note Sign Here	Interest from checking account helps Interest from checking account helps Interest from checking account helps Information Regarding Taxable Survival (A) Name, address, and EIN of corporation, partnership, or disregarded entity Information Regarding Transfers As Information Regarding Transfers As Information Regarding Transfers As Information Regarding Transfers As Under organization, during the year, receive any funds Information Regarding Transfers As Information Regarding Transfe	Accomplishment of the is reported in continue than by provide to provide care for the image of t	sregarded Entite Sonal Benefit Cor or pay premiums on a cor indirectly, on a corporation of the corporatio	ies (See the intracts (See the personal benefit personal	nstructions.) (D) Total income ne instructions.) contract? nefit contract? ements, and to the bear of which preparer 10/31/0 ate	(E) End-of-year assets Yes No No No est of my knowledge
Part Line N 95 95 Part (a) (b) Note Please Sign Here Paid	Interest from checking account helps Interest from checking account helps Information Regarding Taxable Su (A) Name, address, and EIN of corporation, partnership, or disregarded entity Information Regarding Transfers As Eld the organization, during the year, receive any funds Did the organization, during the year, pay positif "Yes" to (b), file Form 8870 and Form Under penalties of perjury, I declare that shave examinated belief it is true, correct, and complete. Declared the complete of officer ARO CAR DOROUGE Type or print name and title	Accomplishment of the is reported in continue than by provide to provide care for the image of t	sregarded Entite Sonal Benefit Cor o pay premiums on a cor indirectly, on a cors). Ing accompanying solution of icer) is based	ies (See the intracts (See the personal benefit personal	nstructions.) (D) Total income ne instructions.) contract? nefit contract? ements, and to the bear of which preparer 10/31/0 ate	(E) End-of-year assets Yes No Yes No No est of my knowledge has any knowledge.
Part Part Part (a) (b)	Interest from checking account helps Interest from checking account helps Information Regarding Taxable Su Name, address, and EIN of corporation, partnership, or disregarded entity Information Regarding Transfers As Information Regarding Tra	Accomplishment of the is reported in continue than by provide to provide care for the image of t	sregarded Entite Sonal Benefit Cor o pay premiums on a cor indirectly, on a cors). Ing accompanying solution of icer) is based	ies (See the intracts (See the intracts (See the intracts (See the interpretation personal benefit personal	nstructions.) (D) Total income ne instructions.) contract? nefit contract? ements, and to the bear of which preparer 10/31/0 ate	(E) End-of-year assets Yes No Yes No No est of my knowledge has any knowledge.

SCHEDULE A

(Form 990 or 990-EZ)

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.)

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 Name of the organization Employer identification number Indigo Mountain Nature Center 84 1503971 Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I (See page 1 of the instructions. List each one. If there are none, enter "None.") (d) Contributions to (e) Expense (a) Name and address of each employee paid more (b) Title and average hours |employee benefit plans & (c) Compensation account and other than \$50,000 per week devoted to position deferred compensation allowances None Total number of other employees paid over \$50,000 . Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the 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 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 page 2 of the instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (c) Compensation (b) Type of service None

Total number of other contractors receiving over

\$50,000 for other services

Sche	dule 🗚 (F	orm 990 or 990-EZ) 2005		P	age 2
Pa	rt III	Statements About Activities (See page 2 of the instructions.)		Yes	No
1	attempor inco	the year, has the organization attempted to influence national, state, or local legislation, including any of to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid urred in connection with the lobbying activities \$\Bigsim \text{\$\sum_{\text{u}=0}}\$ (Must equal amounts on line 38, -A, or line i of Part VI-B)	1		✓
	organi	izations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other zations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of obying activities			
2	substa with a owner	the year, has the organization, either directly or indirectly, engaged in any of the following acts with any initial contributors, trustees, directors, officers, creators, key employees, or members of their families, or ny taxable organization with which any such person is affiliated as an officer, director, trustee, majority, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the ctions.)			
а	Sale, e	exchange, or leasing of property?	2a		✓
b	Lendir	ng of money or other extension of credit?	2b		<u> </u>
c	Furnis	hing of goods, services, or facilities?	2c		_ ✓
d	Payme	ent of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		<u>√</u>
е	Transf	er of any part of its income or assets?	2e		<u> </u>
3a	-	u make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how			1
	-	etermine that recipients qualify to receive payments.)	3a		
	·	u have a section 403(b) annuity plan for your employees?	3b		- /
С	_	the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c		
4a	-	u maintain any separate account for participating donors where donors have the right to provide advice on	40		\checkmark
b		e or distnbution of funds?	4a 4b		<u></u>
		· · · · · · · · · · · · · · · · · · ·			
Fa	rt IV	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions	•)		
The	organiz	ation is not a private foundation because it is (Please check only ONE applicable box.)			
5		church, convention of churches, or association of churches Section 170(b)(1)(A)(i).			
		school Section 170(b)(1)(A)(ii) (Also complete Part V.)			
		nospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii).			
	□ A I	Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v). medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hose d state ▶	pital's	name,	, city,
10	☐ An	organization operated for the benefit of a college or university owned or operated by a governmental unit. Sec so complete the Support Schedule in Part IV-A.)	ction 170)(b)(1)(A)(iv)
11a		organization that normally receives a substantial part of its support from a governmental unit or from the gen 0(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)	eral pub	lıc. Se	ction
11b		community trust. Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A.)			
12	fro fro	organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, metalogically activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 35 m gross investment income and unrelated business taxable income (less section 511 tax) from business panization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)	31∕₃% of	its su	pport
13	de	organization that is not controlled by any disqualified persons (other than foundation managers) and supscribed in. (1) lines 5 through 12 above, or (2) sections 501(c)(4), (5), or (6), if they meet the test of sections box that describes the type of supporting organization. ► ☐ Type 1 ☐ Type 2 ☐	•)(2). C	
		Provide the following information about the supported organizations (See page 6 of the instructions			
		(a) Name(s) of supported organization(s)	e numb m above		
14		organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instruc	ctions)		

: You may use the worksheet in the instructions ndar year (or fiscal year beginning in)	(a) 2004		THE CASH HERIOC	or accounting.	
	10, 20,	(b) 2003	(c) 2002	(d) 2001	(e) Total
Gifts, grants, and contributions received. (Do		, ,			
not include unusual grants. See line 28.).	45375	52638	42737	19345	160095
Membership fees received	0	0	0	0	C
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	860	740	2657	2293	6550
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			2001		
by the organization after June 30, 1975 .	0	0	0	0	0
Net income from unrelated business activities not included in line 18	0	0	0	0	0
Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.	0	0	0	0	0
The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the					
	0	0	0	0	
	46225	52270	45204	24620	46664E
l 00 l' 47			-		166645 160095
				-	100033
Prepare a list for your records to show the name governmental unit or publicly supported organizamount shown in line 26a. Do not file this list with	ne of and amount ation) whose total th your return. En	contributed by e gifts for 2001 the ter the total of all	ach person (other rough 2004 exced these excess amo	r than a eded the ounts > 26b	
Add. Amounts from column (e) for lines. 18		19			
				• • • • • • • • • • • • • • • • • • • •	
				• • • • • • • • • • • • • • • • • • • •	<u>%</u>
Organizations described on line 12: a For person," prepare a list for your records to show to Do not file this list with your return. Enter the	r amounts include the name of, and to e sum of such am	ed in lines 15, 16 otal amounts reco ounts for each ye	3, and 17 that we elved in each year.	ere received from r from, each "disqi	a "disqualified Jalified person."
(2004)	<u>U</u>	(2002)		(2001)	
show the name of, and amount received for each y (include in the list organizations described in lines 5 the difference between the amount received and amounts) for each year.	year, that was more through 11b, as we the larger amount	e than the larger of ell as individuals) described in (1) of	of (1) the amount of Do not file this lis or (2), enter the su	n line 25 for the yest with your return. Im of these differen	ar or (2) \$5,000. After computing ices (the excess
0000	^		<u>0</u>	▶ 27c	166645
· · · · · · · · · · · · · · · · · · ·			0	27d	0
				▶ 27e	166645
· · · · · · · · · · · · · · · · · · ·	•			166645	
				> 27g	100 %
Investment income percentage (line 18, colu	•	•	**	tor)). > 27h	0 %
	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. 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. Net income from unrelated business activities not included in line 18. Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf. The value of services or facilities furnished to the organization by a governmental unit without charge. Other income. Attach a schedule Do not include gain or (loss) from sale of capital assets Total of lines 15 through 22. Line 23 minus line 17. Enter 1% of line 23. Organizations described on lines 10 or 11: Prepare a list for your records to show the nam governmental unit or publicly supported organiz amount shown in line 26a. Do not file this list wit Total support for section 509(a)(1) test. Enter line Add. Amounts from column (e) for lines. 18 22 Public support (line 26c minus line 26d total) Public support percentage (line 26e (numera) Organizations described on line 12: a Forperson," prepare a list for your records to show the name of, and amount received for each of the difference between the amount received and amounts) for each year. (2004). O (2003) For any amount included in line 17 that was received show the name of, and amount received for each of the difference between the amount received and amounts) for each year. (2004). O (2003) Add. Amounts from column (e) for lines 15 17 6550 Add. Line 27a total. Public support (line 27c total minus line 27d total support for section 509(a)(2) test. Enter and amounts) for each year.	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	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. 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. Net income from unrelated business activities not included in line 18. Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf. Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf. The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge. Do not include the value of services or facilities generally furnished to the public without charge. Do not include gain or (loss) from sale of capital assets O total of lines 15 through 22. 46235 53378 Line 23 minus line 17. Total of lines 23. Organizations described on lines 10 or 11: a Enter 2% of amount in column prepare a list for your records to show the name of and amount contributed by expovernmental unit or publicly supported organization) whose total gifts for 2001 the amount shown in line 26a. Do not file this list with your return. Enter the total of all Total support for section 509(a)(1) test. Enter line 24, column (e). Add. Amounts from column (e) for lines. 18. 19 22 26b Public support (line 26c minus line 26d total). Public support percentage (line 26e (numerator) divided by line 26c (denomin organization) described on line 12: a For amounts included in lines 15, 16 person, "prepare a list for your records to show the name of, and total amounts records to show the name of, and amount for each year, (include in the list organizations described in lines 5 through 11b, as well as ind	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. 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 Net income from unrelated business acquired by the organization after June 30, 1975 Net income from unrelated business acquired by the organization after June 30, 1975 Net income from unrelated business acquired by the organization activities not included in line 18. 0 0 0 0 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf. 0 0 0 0 The value of services or facilities furnished to the organization by a governmental unit without charge. 0 0 0 0 Other income. Attach a schedule Do not include gain or (loss) from sale of capital assets 0 0 0 0 Other income. Attach a schedule Do not include gain or (loss) from sale of capital assets 0 0 0 0 Total of lines 15 through 22. 46235 45337 Enter 1% of line 23. 462 533 4539 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24. Prepare a list for your records to show the name of and amount contributed by each person (other governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceed amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amount shown in line 26a control of lines. 18 22 26b Public support (line 26c minus line 26d total) Prepare a list for your records to show the name of, and total amounts received in each year. Public support percentage (line 26e (numerator) divided by line 26e (denominator)) Organizations described on line 12: a For amou	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

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

Part V Private School Questionnaire (See page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		Yes	No
	other governing instrument, or in a resolution of its governing body?	29		<u> </u>
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	· ·	
31	programs, and scholarships?			
•	the period of solicitation for students, or during the registration period if it has no solicitation program, in a way		,,	
	that makes the policy known to all parts of the general community it serves?	31		
	ii res, piease describe, ii rio, piease explair (ii you need more space, attach a separate statement.)		-	
32	Does the organization maintain the following	_		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b]
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	32c 32d	-	
đ	Copies of all material used by the organization or on its behalf to solicit contributions?	32u		<u>}</u>
	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		i	
а	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
C	Employment of faculty or administrative staff?	33c	_	
d	Scholarships or other financial assistance?	33d		
е	Educational policies?	33e	· · · · · · · · · · · · · · · · · · ·	
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h	•	
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.)			
				<u> </u>
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
L	Hoo the propriesticals right to such aid over been revolved as assessed of	34b		
b	Has the organization's right to such aid ever been revoked or suspended?			
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		

. 7						
chedule A	(Form	990	Or S	agn_	F7	2005

	Lobbying Expenditures by Ele (To be completed ONLY by an	-	•	•		instructions.)		
Che	ck > a	`	ck ▶ b ☐ rf		<u> </u>	d "limited control"	provisions apply.	
	Limits on Lobbyin (The term "expenditures" mean					(a) Affillated group totals	(b) To be completed for ALL electing organizations	
	<u> </u>	36		Organizations				
36 37	Total lobbying expenditures to influence public opinion (grassroots lobbying)					<u> </u>		
38	Total lobbying expenditures (add lines 36 and 3				37 38			
		-			39	• •		
40								
41	Lobbying nontaxable amount. Enter the amoun	•						
	, •	obbying nontaxa	•	•				
	Not over \$500,000	of the amount on	line 40	}				
	Over \$500,000 but not over \$1,000,000 . \$100,0	000 plus 15% of th	ne excess over \$5	600,000				
	Over \$1,000,000 but not over \$1,500,000 . \$175,0	000 plus 10% of the	e excess over \$1,0	000,000	41		<u> </u>	
	Over \$1,500,000 but not over \$17,000,000. \$225,0	000 plus 5% of the	e excess over \$1,5	500,000				
	Over \$17,000,000	0,000				· 	ļ	
42	Grassroots nontaxable amount (enter 25% of li	ne 41)			42			
43	Subtract line 42 from line 36. Enter -0- if line 43				43	<u>-</u>		
44	Subtract line 41 from line 38. Enter -0- if line 4	1 is more than lin	ie 38		44		<u> </u>	
	Caution: If there is an amount on either line 43	or line 44, you n	nust file Form 47.	20.				
		eraging Period			!		-	
	(Some organizations that made a section	• •				a five columns be	elow.	
	See the instructions for			-				
•		Lob	bying Expenditu	res During	4-Ye	ar Averaging Pe	riod	
 =	Calendar year (or (a) (b) (c)					(d)	(e)	
	fiscal year beginning in) ▶	2005	2004	2003		2002	Total	
- -				1	1			
45	Lobbying nontaxable amount							
45 46	Lobbying nontaxable amount							
46	Lobbying ceiling amount (150% of line 45(e))							
46 47	Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures							
46 47 48	Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount							
46 47 48 49 50	Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e))	ting Public Cl		Part VI-A)	(See	page 11 of the	e instructions.)	
46 47 48 49 Duri	Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures rt VI-B Lobbying Activity by Nonelec	ting Public Clations that did rence national, st	not complete Fate or local legis	lation, inclu	··		e instructions.) Amount	
46 47 48 49 Duri	Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures rt VI-B Lobbying Activity by Noneled (For reporting only by organizating the year, did the organization attempt to influence public opinion on a legislative metal.	ting Public Clations that did rence national, st	not complete Fate or local legis	lation, inclu	··		_	
46 48 49 50 Duri atte	Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures rt VI-B Lobbying Activity by Noneled (For reporting only by organizating the year, did the organization attempt to influence public opinion on a legislative meters.	ting Public Clations that did rence national, stratter or referendent.	not complete Fate or local legistum, through the	lation, incluuse of:	ding a	Yes No	_	
46 48 49 50 Duri atte	Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures rt VI-B Lobbying Activity by Nonelect (For reporting only by organizating the year, did the organization attempt to influence public opinion on a legislative model.	ting Public Clations that did reference national, stratter or reference on in expenses reference on in expenses references.	ate or local legistum, through the	lation, incluuse of:	ding a	Yes No	_	
46 48 49 50 Duri atte	Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures rt VI-B Lobbying Activity by Noneled (For reporting only by organizating the year, did the organization attempt to influence public opinion on a legislative modulated to the compensation of the staff or management (Include compensation)	ting Public Clations that did reference national, stratter or referendence on in expenses reference on in expenses references.	ate or local legistum, through the eported on lines	lation, incluuse of: c through h	ding a	Yes No	_	
46 48 49 50 Duri atte	Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures	ting Public Clations that did reference national, stratter or referendence on in expenses reference on in expenses reference.	ate or local legis um, through the eported on lines	lation, incluuse of:	ding a	Yes No	_	
46 47 48 49 50 Duri atte	Lobbying celling amount (150% of line 45(e)) Total lobbying expenditures	ting Public Clations that did natter or referendent on in expenses related to the control of the	ate or local legistum, through the	lation, incluuse of: c through h	ding a	Yes No	_	
46 48 49 50 Duri atte	Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount	ting Public Clations that did reference national, stratter or referendence on in expenses reference on expenses reference on in expenses reference on expenses referenc	ate or local legistum, through the eported on lines	lation, incluuse of: c through h	ding a	Yes No	_	
46 47 48 49 50 Duri atte	Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures	ting Public Clations that did reference national, stratter or referendence on in expenses reference on in expenses refere	ate or local legistum, through the eported on lines or a legislative bres, or any other	lation, incluuse of: c through h	ding a	Yes No	_	

Pai	rt VI		_	ransfers To and Tra		d Relationships	With	Nonc	harit	able	
51				indirectly engage in any o					d in s	ection	
а				to a noncharitable exempt					Yes	No	
_			• •					51a(i)		√	
								a(ii)		✓	
b		er transactions.				• • • • •	•				
	(i) Sales or exchanges of assets with a nonchantable exempt organization			anization			b(i)		✓		
		_		itable exempt organization				b(ii)		√	
								b(iii)		√	
(iii) Rental of facilities, equipment, or other assets							b(iv)		√		
	(iv) Reimbursement arrangements							b(v)		√	
				ship or fundraising solicitati						√	
G				sts, other assets, or paid e				С		√	
		_		complete the following sch	•			•	value	of the	
	goo	ds, other assets, o	r services given by	the reporting organization column (d) the value of the	. If the organization	on received less tha	ກ fair n				
(a	3)	(b)	(c)			(d)					
Line	no	Amount involved	Name of none	charitable exempt organization	Description	of transfers, transaction	s, and st	aring arr	angem	ents	
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			<u> </u>		i						
	des	cnbed in section 50		affiliated with, or related to other than section 501(c)(3)		-		Yes		No	
		(a) Name of organiz	ation	(b) Type of organization		(c) Description of relationship					
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