

Return of Organization Exempt From Income Tax

2005

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

A For the 2005 calendar year, or tax year beginning and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return
 Amended return
 Application pending

C Name of organization: **RESEARCH! AMERICA**
 Number and street (or P.O. box if mail is not delivered to street address): **1101 KING STREET**
 City or town, state or country, and ZIP + 4: **ALEXANDRIA, VA 22314-2960**

D Employer identification number: **52-1609875**

E Telephone number: **(703) 739-2577**

F Accounting method: Cash Accrual
 Other (specify) _____

G Website: **WWW.RESEARCHAMERICA.ORG**

J Organization type: 501(c)(3) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

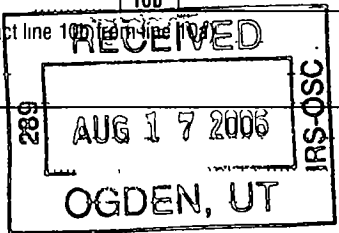
L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: **4,172,079.**

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

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1	Contributions, gifts, grants, and similar amounts received:				
	a	Direct public support	1a	2,250,842.		
	b	Indirect public support	1b			
	c	Government contributions (grants)	1c			
	d	Total (add lines 1a through 1c) (cash \$ 2,250,842. noncash \$)	1d	2,250,842.		
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	549,000.		
	3	Membership dues and assessments	3	1,194,580.		
	4	Interest on savings and temporary cash investments	4	24,873.		
	5	Dividends and interest from securities	5			
	6a	Gross rents	6a			
	b	Less: rental expenses	6b			
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7	Other investment income (describe)	7				
8a	Gross amount from sales of assets other than inventory	(A) Securities	8a			
		(B) Other	8b			
			8c			
			8d			
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>					
a	Gross revenue (not including \$ 342,332. of contributions reported on line 1a)	9a	104,700.			
b	Less: direct expenses other than fundraising expenses	9b	121,099.			
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	SEE STATEMENT 1	<16,399.>		
10a	Gross sales of inventory, less returns and allowances	10a				
		10b				
		10c				
11	Other revenue (from Part VII, line 103)	11	48,084.			
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	4,050,980.			
Expenses	13	Program services (from line 44, column (B))	13	3,364,999.		
	14	Management and general (from line 44, column (C))	14	375,085.		
	15	Fundraising (from line 44, column (D))	15	267,524.		
	16	Payments to affiliates (attach schedule)	16			
	17	Total expenses (add lines 16 and 44, column (A))	17	4,007,608.		
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	43,372.		
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	1,123,371.		
	20	Other changes in net assets or fund balances (attach explanation)	20	SEE STATEMENT 2	<7,250.>	
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	1,159,493.		

SCANNED SEP 13 2005



Part II Statement of Functional Expenses

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ <u>150,982.</u> noncash \$ <u>0.</u> If this amount includes foreign grants, check here <input type="checkbox"/>	22 150,982.	150,982.	STATEMENT 5	
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc. **	25 310,000.	155,000.	77,500.	77,500.
26 Other salaries and wages	26 1,084,158.	836,765.	156,070.	91,323.
27 Pension plan contributions	27 124,651.	88,304.	21,038.	15,309.
28 Other employee benefits	28 100,057.	70,882.	16,887.	12,288.
29 Payroll taxes	29 88,275.	62,675.	15,007.	10,593.
30 Professional fundraising fees	30			
31 Accounting fees	31 37,142.	26,062.	6,403.	4,677.
32 Legal fees	32			
33 Supplies	33 22,259.	18,303.	2,287.	1,669.
34 Telephone	34 9,229.	7,554.	700.	975.
35 Postage and shipping	35 37,040.	35,204.	838.	998.
36 Occupancy	36 221,380.	150,521.	44,894.	25,965.
37 Equipment rental and maintenance	37 54,963.	41,079.	8,086.	5,798.
38 Printing and publications	38 194,849.	193,025.	509.	1,315.
39 Travel	39 75,735.	71,709.	55.	3,971.
40 Conferences, conventions, and meetings	40 59,535.	59,489.	46.	
41 Interest	41 1,625.	482.	1,061.	82.
42 Depreciation, depletion, etc (attach schedule)	42 34,145.	24,280.	5,788.	4,077.
43 Other expenses not covered above (itemize)				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e _____	43e			
f _____	43f			
g SEE STATEMENT 3	43g 1,401,583.	1,372,683.	17,916.	10,984.
44 Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 4,007,608.	3,364,999.	375,085.	267,524.

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

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

** SEE STATEMENT 4

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.

What is the organization's primary exempt purpose? ► <u>SEE STATEMENT 6</u>	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a <u>CORE PROGRAM OF NATIONAL EDUCATION TO ENCOURAGE INTEREST IN MEDICAL, HEALTH AND PREVENTION RESEARCH AND AWARENESS OF THEIR BENEFITS, INCLUDING PUBLICATIONS, PRESS RELEASES, SEMINARS, CONFERENCES AND PUBLIC SERVICE ANNOUNCEMENTS.</u>	
(Grants and allocations \$ <u>150,982.</u>) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<u>3,364,999.</u>
b	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
c	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
d	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	<u>3,364,999.</u>

Form 990 (2005)

Part IV Balance Sheets (See the instructions.)

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

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing	31.	131.
	46 Savings and temporary cash investments	1,554,909.	911,196.
	47 a Accounts receivable		
	b Less allowance for doubtful accounts	1,472.	
	48 a Pledges receivable	360,500.	
	b Less allowance for doubtful accounts	6,919.	353,581.
	49 Grants receivable		
	50 Receivables from officers, directors, trustees, and key employees		
	51 a Other notes and loans receivable		
	b Less allowance for doubtful accounts		
	52 Inventories for sale or use		
	53 Prepaid expenses and deferred charges	12,768.	10,655.
	54 Investments - securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		
	55 a Investments - land, buildings, and equipment basis		
b Less accumulated depreciation			
56 Investments - other	48,881.	45,164.	
57 a Land, buildings, and equipment basis	263,035.		
b Less accumulated depreciation STMT 8	182,058.	80,977.	
58 Other assets (describe SEE STATEMENT 9)	81,057.	81,307.	
59 Total assets (must equal line 74). Add lines 45 through 58	2,120,644.	1,483,011.	
Liabilities	60 Accounts payable and accrued expenses	252,874.	178,000.
	61 Grants payable		
	62 Deferred revenue	75,000.	50,000.
	63 Loans from officers, directors, trustees, and key employees		
	64 a Tax-exempt bond liabilities		
	b Mortgages and other notes payable		
	65 Other liabilities (describe SEE STATEMENT 10)	669,399.	95,518.
66 Total liabilities. Add lines 60 through 65	997,273.	323,518.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74		
	67 Unrestricted	719,538.	796,068.
	68 Temporarily restricted	403,833.	363,425.
	69 Permanently restricted		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74		
	70 Capital stock, trust principal, or current funds		
	71 Paid-in or capital surplus, or land, building, and equipment fund		
	72 Retained earnings, endowment, accumulated income, or other funds		
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	1,123,371.	1,159,493.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	2,120,644.	1,483,011.

Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	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)	82b	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	N/A
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b	N/A
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) organizations	86a	N/A
a	Enter initiation fees and capital contributions included on line 12	86b	N/A
b	Gross receipts, included on line 12, for public use of club facilities	87a	N/A
87	501(c)(12) organizations	87b	N/A
a	Enter 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	X
89 a	501(c)(3) organizations		
Enter:	Amount of tax imposed on the organization during the year under section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
b	501(c)(3) and 501(c)(4) organizations		
Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
90 a	List the states with which a copy of this return is filed		VA, MA, PA
b	Number of employees employed in the pay period that includes March 12, 2005	90b	18
91 a	The books are in care of		THE ORGANIZATION
Located at	<u>1101 KING ST., SUITE 520, ALEXANDRIA, VA</u>	Telephone no.	<u>(703) 739-2577</u>
		ZIP + 4	<u>22314-2944</u>
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country	91b	X
	<u>N/A</u>		
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	X
	<u>N/A</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	N/A

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

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a <u>SURVEYS AND FORUM</u>					429,000.
b <u>SPECIAL PROJECTS</u>					120,000.
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					1,194,580.
95 Interest on savings and temporary cash investments			14	24,873.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					<16,399.>
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a <u>OTHER INCOME</u>					48,084.
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		24,873.	1,775,265.
105 Total (add line 104, columns (B), (D), and (E))					1,800,138.

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

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

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	SEE STATEMENT 12

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

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

Part X Information Regarding Transfers Associated with

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to
 - (b) Did the organization, during the year, pay premiums, directly or indirectly, on a
- Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here

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

Signature of officer: *[Signature]* Date: *[Date]*

Paid Preparer's Use Only

Preparer's signature: *[Signature]*

Firm's name (or yours if self-employed), address, and ZIP + 4: RSM MCGLADREY, INC. 6701 DEMOCRACY BLVD, SUITE 20817 BETHESDA, MD 20817

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No 1545-0047

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

2005

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)

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

Name of the organization

RESEARCH!AMERICA

Employer identification number

52 1609875

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<u>WILLIAM LEINWEBER</u> <u>ALEXANDRIA, VA</u>	<u>EXECUTIVE VP</u> <u>40.00</u>	<u>166,367.</u>	<u>27,093.</u>	<u>0.</u>
<u>KAREN GORALESKI</u> <u>ALEXANDRIA, VA</u>	<u>DIR PREV RES</u> <u>40.00</u>	<u>99,291.</u>	<u>14,599.</u>	<u>0.</u>
<u>JANET FEDAK</u> <u>ALEXANDRIA, VA</u>	<u>ADMINISTRATOR</u> <u>40.00</u>	<u>78,525.</u>	<u>12,400.</u>	<u>0.</u>
<u>CYNTHIA MCCONNELL</u> <u>ALEXANDRIA, VA</u>	<u>SR DIR MEMB</u> <u>40.00</u>	<u>73,793.</u>	<u>17,558.</u>	<u>0.</u>
<u>STACIE PROPST, PHD</u> <u>ALEXANDRIA, VA</u>	<u>DIR SCI. POL.</u> <u>40.00</u>	<u>69,875.</u>	<u>11,440.</u>	<u>0.</u>
Total number of other employees paid over \$50,000 ▶	4			

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
<u>PORTER NOVELLI</u> <u>1909 K STREET, NW, WASHINGTON, DC 20006</u>	<u>PUBLIC RELATIONS/COMMUNI</u>	<u>502,014.</u>
<u>CHARLTON RESEARCH</u> <u>255 JOSEPH LANE, PLEASANTON, CA 94588</u>	<u>MARKET RESEARCH</u>	<u>286,250.</u>
<u>HARRIS INTERACTIVE</u> <u>135 CORPORATE WOODS, ROCHESTER, NY 14623</u>	<u>MARKET RESEARCH</u>	<u>132,000.</u>
<u>EIN COMMUNICATIONS</u> <u>1220 19TH STREET, NW, WASHINGTON, DC 20036</u>	<u>PUBLIC RELATIONS/COMMUNI</u>	<u>69,685.</u>

Total number of others receiving over \$50,000 for professional services ▶	0	

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	(b) Type of service	(c) Compensation
<u>NONE</u>		

Total number of other contractors receiving over \$50,000 for other services ▶	0	

Part III Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ 162,996. (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) VI-A, LINE 38B Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	X	
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
e	Transfer of any part of its income or assets?		X
3 a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)		X
b	Do you have a section 403(b) annuity plan for your employees?	X	
c	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		X
4 a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

- The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)
- 5** A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
 - 6** A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
 - 7** A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
 - 8** A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
 - 9** A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **▶** _____
 - 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
 - 11a** An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
 - 11b** A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
 - 12** An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
 - 13** An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: Type 1 Type 2 Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

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

14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	2,176,139.	1,826,995.	1,640,616.	860,203.	6,503,953.
16 Membership fees received	1,173,666.	1,090,490.	981,060.	952,515.	4,197,731.
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	575,528.	321,676.	0.	0.	897,204.
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	56,285.	17,731.	29,529.	43,960.	147,505.
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	11,980.		SEE STATEMENT 13		11,980.
23 Total of lines 15 through 22	3,993,598.	3,256,892.	2,651,205.	1,856,678.	11,758,373.
24 Line 23 minus line 17	3,418,070.	2,935,216.	2,651,205.	1,856,678.	10,861,169.
25 Enter 1% of line 23	39,936.	32,569.	26,512.	18,567.	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	26a	N/A
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	26b	N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e)	26c	N/A
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____	26d	N/A
e Public support (line 26c minus line 26d total)	26e	N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f	N/A %

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2004) 66,500. (2003) 69,500. (2002) 546,050. (2001) 270,250.		
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2004) 170,000. (2003) 265,000. (2002) 0. (2001) 0.		
c Add: Amounts from column (e) for lines: 15 6,503,953. 16 4,197,731. 17 897,204. 20 _____ 21 _____	27c	11,598,888.
d Add: Line 27a total 952,300. and line 27b total 435,000.	27d	1,387,300.
e Public support (line 27c total minus line 27d total)	27e	10,211,588.
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)	27f	11,758,373.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g	86.8452%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h	1.2545%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

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

N/A

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

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		

32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	32d	

33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	33h	

34 a	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? If you answered "Yes" to either 34a or b, please explain using an attached statement.	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	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768)

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations												
		N/A													
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)		34,375.												
37	Total lobbying expenditures to influence a legislative body (direct lobbying)		128,621.												
38	Total lobbying expenditures (add lines 36 and 37)		162,996.												
39	Other exempt purpose expenditures		3,965,711.												
40	Total exempt purpose expenditures (add lines 38 and 39)		4,128,707.												
41	Lobbying nontaxable amount. Enter the amount from the following table - <table border="0" style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 50%;">If the amount on line 40 is -</td> <td style="width: 50%;">The lobbying nontaxable amount is -</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>	If the amount on line 40 is -	The lobbying nontaxable amount is -	Not over \$500,000	20% of the amount on line 40	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		356,435.
If the amount on line 40 is -	The lobbying nontaxable amount is -														
Not over \$500,000	20% of the amount on line 40														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
42	Grassroots nontaxable amount (enter 25% of line 41)		89,109.												
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36		0.												
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38		0.												

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period					
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total	
45	Lobbying nontaxable amount	356,435.	345,192.	315,240.	294,349.	1,311,216.
46	Lobbying ceiling amount (150% of line 45(e))					1,966,824.
47	Total lobbying expenditures	162,996.	159,281.	69,672.	61,593.	453,542.
48	Grassroots nontaxable amount	89,109.	86,298.	78,810.	73,587.	327,804.
49	Grassroots ceiling amount (150% of line 48(e))					491,706.
50	Grassroots lobbying expenditures	34,375.	8,738.	17,849.	18,729.	79,691.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

N/A

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

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

Yes	No	Amount
		0.

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

FORM 990	SPECIAL EVENTS AND ACTIVITIES				STATEMENT	1
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME	
ANNUAL ADVOCACY AWARDS DINNER	447,032.	342,332.	104,700.	121,099.	<16,399.>	
TO FM 990, PART I, LINE 9	447,032.	342,332.	104,700.	121,099.	<16,399.>	

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	2
DESCRIPTION		AMOUNT	
UNREALIZED LOSS ON INVESTMENTS		<7,250.>	
TOTAL TO FORM 990, PART I, LINE 20		<7,250.>	

FORM 990	OTHER EXPENSES				STATEMENT	3
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING		
PUBLIC OPINION POLLS/OTHER RESEARCH LIAISONS	330,650.	330,650.				
PROFESSIONAL SERVICES	27,136.	27,136.				
SPECIAL PROJECTS	69,349.	63,045.	4,700.	1,604.		
CAMPAIGN FOR PUBLIC HEALTH	27,268.	27,268.				
CAMPAIGN FOR MEDICAL RESEARCH	50,000.	50,000.				
DUES, SUBSCRIPTIONS, AND REGISTRATION FEES	50,000.	50,000.				
TAXES AND LICENSES	20,097.	17,786.	1,343.	968.		
MISCELLANEOUS	6,777.	4,459.	1,522.	796.		
INSURANCE	11,669.	8,401.	1,860.	1,408.		
ADVERTISING/NEWS PLACEMENT	8,858.	6,326.	1,477.	1,055.		
BOARD MEETINGS	734,717.	734,312.	234.	171.		
OTHER LOBBYING	37,927.	26,165.	6,780.	4,982.		
TOTAL TO FM 990, LN 43	27,135.	27,135.	17,916.	10,984.		
	1,401,583.	1,372,683.	17,916.	10,984.		

FORM 990	OTHER INVESTMENTS	STATEMENT	7
DESCRIPTION	VALUATION METHOD	AMOUNT	
INVESTMENT IN PARTNERSHIPS	COST	27,690.	
CERTIFICATES OF DEPOSIT	MARKET VALUE	15,905.	
STOCK	COST	1,569.	
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		45,164.	

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	8
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
FURNITURE AND EQUIPMENT	198,101.	134,804.	63,297.
EQUIPMENT	51,086.	38,021.	13,065.
LEASEHOLD IMPROVEMENTS	13,848.	9,233.	4,615.
TOTAL TO FORM 990, PART IV, LN 57		182,058.	80,977.

FORM 990	OTHER ASSETS	STATEMENT	9
DESCRIPTION			AMOUNT
SECURITY DEPOSITS			16,089.
INVESTMENT IN LIFE INSURANCE			65,218.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B		81,307.	

FORM 990	OTHER LIABILITIES	STATEMENT	10
DESCRIPTION			AMOUNT
OBLIGATIONS UNDER CAPITAL LEASES			17,993.
DEFERRED COMPENSATION LIABILITY			65,218.
DEFERRED RENT			12,307.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B		95,518.	

FORM 990

PART V-A - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 11

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
MARY WOOLLEY ALEXANDRIA, VA	PRESIDENT AND CEO 40.00	310,000.	41,607.	0.
HONORABLE JOHN EDWARD PORTER ALEXANDRIA, VA	CHAIR 1.00	0.	0.	0.
WILLIAM A. PECK, MD ALEXANDRIA, VA	VICE CHAIR 1.00	0.	0.	0.
MARTHA N. HILL, RN, PHD ALEXANDRIA, VA	TREASURER 1.00	0.	0.	0.
WENDY CHAITE, ESQ. ALEXANDRIA, VA	SECRETARY 1.00	0.	0.	0.
GEORGES C. BENJAMIN, MD ALEXANDRIA, VA	DIRECTOR 1.00	0.	0.	0.
WILLIAM R. BRINKLEY, PHD ALEXANDRIA, VA	DIRECTOR 1.00	0.	0.	0.
DENNIS A. AUSIELLO, MD ALEXANDRIA, VA	DIRECTOR 1.00	0.	0.	0.
GAIL H. CASSELL, PHD ALEXANDRIA, VA	DIRECTOR 1.00	0.	0.	0.
YANK D. COBLE, JR., MD ALEXANDRIA, VA	DIRECTOR 1.00	0.	0.	0.
JORDAN J. COHEN, MD ALEXANDRIA, VA	DIRECTOR 1.00	0.	0.	0.

DOMINICK P. DEPAOLA, DDS, PHD ALEXANDRIA, VA	DIRECTOR 1.00	0.	0.	0.
SAM DONALDSON ALEXANDRIA, VA	DIRECTOR 1.00	0.	0.	0.
EUGENE GARFIELD, PHD ALEXANDRIA, VA	DIRECTOR 1.00	0.	0.	0.
JAY A. GERSHEN, DDS, PHD ALEXANDRIA, VA	DIRECTOR 1.00	0.	0.	0.
MARY J.C. HENDRIX, PHD ALEXANDRIA, VA	DIRECTOR 1.00	0.	0.	0.
EVAN JONES ALEXANDRIA, VA	DIRECTOR 1.00	0.	0.	0.
CAROLINE A. KOVAC, PHD ALEXANDRIA, VA	DIRECTOR 1.00	0.	0.	0.
WILLIAM D. NOVELLI ALEXANDRIA, VA	DIRECTOR 1.00	0.	0.	0.
HERBERT PARDES, MD ALEXANDRIA, VA	DIRECTOR 1.00	0.	0.	0.
WILLIAM L. ROPER, MD, MPH ALEXANDRIA, VA	DIRECTOR 1.00	0.	0.	0.
THE HONORABLE PAUL G. ROGERS ALEXANDRIA, VA	DIRECTOR 1.00	0.	0.	0.
JOHN R. SEFFRIN, PHD ALEXANDRIA, VA	DIRECTOR 1.00	0.	0.	0.
LAING ROGERS SISTO ALEXANDRIA, VA	DIRECTOR 1.00	0.	0.	0.

OF ETHICS OF STEM CELL RESEARCH, A ONE-YEAR FEASABILITY STUDY ON
 COMMUNICATING THE CRITICAL NEED FOR US INVESTMENT IN RESEARCH TO
 ADVANCE GLOBAL HEALTH, AND A SERIES OF ONE PAGE REPORTS ON SPECIFIC
 DISEASES SHOWING HOW RESEARCH SAVES LIVES AND SAVES MONEY.
 94 MEMBERSHIP PROVIDES OPPORTUNITY FOR EXCHANGE OF INFORMATION REGARDING
 MEDICAL RESEARCH AND ITS BENEFITS, AND EFFORTS TO ENCOURAGE PUBLIC
 INTEREST AND KNOWLEDGE.
 103A OTHER ACTIVITIES TO PROMOTE THE BENEFITS OF MEDICAL RESEARCH

SCHEDULE A	OTHER INCOME			STATEMENT 13
DESCRIPTION	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT
	11,980.	0.	0.	0.
TOTAL TO SCHEDULE A, LINE 22	11,980.	0.	0.	0.

(a)				
Class of Activity	Donee's Name	Address	Amount	Relationship
1 Advocacy Training	Johns Hopkins University	624 North Broadway	\$15,000	NONE
Media-Science Forum	Bloomberg School of Public Health	Baltimore, MD 21205		
2 Media-Science Forum	Join Together	1 Appleton Street	\$14,944	NONE
Advocacy Training		Boston, MA 02116		
3 Media-Science Forum	University of Texas	1200 Herman Pressler Street	\$4,843	NONE
Advocacy Training	School of Public Health	Houston, TX 77030		
4 Advocacy Training	Mississippi Health Advocacy Program	PO Box 11837	\$15,000	NONE
Media-Science Forum		Jackson, MS 39283		
5 Media-Science Forum	Northeastern State University Rural Health Institute	1001 North Grand Avenue Tahlequah, OK 76664	\$5,651.67	NONE
6 Media-Science Forum	Coconino County Health Department	2656 N King Street Flagstaff, AZ 86004	\$15,000	NONE
7 Educational Media Forum	North Carolina Association for Biomedical Research	PO Box 19469 Raleigh, NC 27619	\$7,500	NONE
8 Media-Science Forum	Oregon Health & Science University	3181 SW Sam Jackson Park Road	\$19,500	NONE
Advocacy Training		Portland, OR 97239	\$9,550	
9 Advocacy Training	Grand Forks Public Health Department	151 South 4th Street Grand Forks, ND 58201	\$942	NONE
10 Advocacy Training	Montana Department of Public Health	Cogswell Building, C202 Helena, MT 59620	\$14,904	NONE
Advocacy Training	Louisiana State University Health Science Center, School of Pub Health	1600 Canal Street New Orleans, LA 70112	\$6,170.30	NONE
Media-Science Forum	University of North Carolina at Chapel Hill School of Public Health	422 Rosenau Hall Chapel Hill, NC 27599	\$8,165	NONE
Media-Science Forum	Texas A&M University	301 Tarrow	\$13,812	NONE
Advocacy Training		College Station, TX 77840		

TOTAL TO PAGE 2, LINE 22

\$150,982

Please provide a statement to explain how recipients are chosen

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print	Name of Exempt Organization RESEARCH!AMERICA	Employer identification number 52-1609875
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions 1101 KING STREET, NO. 520	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions ALEXANDRIA, VA 22314-2960	

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

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

- The books are in the care of ▶ **THE ORGANIZATION**
 Telephone No ▶ **(703)739-2577** FAX No ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the **whole group**, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a Form 990-T corporation) extension of time until **AUGUST 15, 2006** to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 - ▶ calendar year **2005** or
 - ▶ tax year beginning _____, and ending _____
- 2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ _____
- b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ _____
- c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.