

Return of Organization Exempt From Income Tax

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

2005

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2005 calendar year, or tax year beginning, 2005, and ending, 20

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: MILITARY OFFICERS' BENEVOLENT CORP. D Employer identification number: 59-3141377. E Telephone number: (813) 634-4675. F Acctg. method: Cash, Accrual, Other (specify).

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

H & 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

H(c) Are all affiliates included? (If "No," attach a list. See instructions.) Yes No

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number

M Check if organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

G Website: N/A

J Organization type (check only one) 501(c)(3) 4947(a)(1) or 527

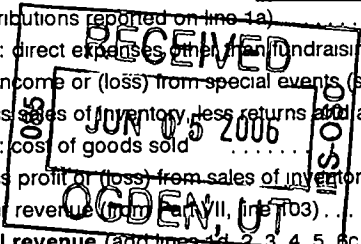
K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 678,429

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

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

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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. (See the instructions.)

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)#4 (cash \$ <u>6,000</u> noncash \$ _____) If this amount includes foreign grants, ck. here <input type="checkbox"/>	22	6,000	6,000		
23	Specific assistance to individuals (attach schedule)#5	23	29,500	29,500		
24	Benefits paid to or for members (attach schedule)#5	24				
25	Compensation of officers, directors, etc	25				
26	Other salaries and wages	26	7,200	7,200		
27	Pension plan contributions	27				
28	Other employee benefits	28				
29	Payroll taxes	29	551	551		
30	Professional fundraising fees	30				
31	Accounting fees	31	3,040	3,040		
32	Legal fees	32				
33	Supplies	33				
34	Telephone	34	654	654		
35	Postage and shipping	35	42	42		
36	Occupancy	36				
37	Equipment rental and maintenance	37				
38	Printing and publications	38	3,495		3,495	
39	Travel	39				
40	Conferences, conventions, and meetings	40				
41	Interest	41				
42	Depreciation, depletion, etc. (attach schedule)	42				
43	Other expenses not covered above (itemize):					
a	SEE ATTACHMENT #6	43a	15,822	8,104	7,718	
b		43b				
c		43c				
d		43d				
e		43e				
f		43f				
g		43g				
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	66,304	35,500	19,591	11,213

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) aggregate amount of these joint costs \$ _____; (ii) amount allocated to Program services \$ _____;
 (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (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? ► **SEE ATTACHMENT #7**

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)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)

a **SEE ATTACHMENT #8**

(Grants and allocations \$ **35,500**) If this amount includes foreign grants, check here ►

35,500

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

(Grants and allocations \$) If this amount includes foreign grants, check here ►

e Other program services (attach schedule)

(Grants and allocations \$) If this amount includes foreign grants, check here ►

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

35,500

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
A S S E T S	45 Cash -- non-interest-bearing	4,849	45	21,477
	46 Savings and temporary cash investments	83,683	46	33,928
	47a Accounts receivable			
	b Less: allowance for doubtful accounts		47c	
	48a Pledges receivable			
	b Less: allowance for doubtful accounts		48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes and loans receivable (attach schedule)			
	b Less: allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 Investments -- securities (attach schedule) <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	678,442	54	1,061,729
	55a Investments -- land, buildings, and equipment: basis #1.0	806		
	b Less: accumulated depreciation (attach schedule)	806	55c	
56 Investments -- other (attach schedule)		56		
57a Land, buildings, and equipment: basis				
b Less: accumulated depreciation (attach schedule)		57c		
58 Other assets (describe)		58		
59 Total assets (must equal line 74). Add lines 45 through 58	766,974	59	1,117,134	
L I A B I L I T I E S	60 Accounts payable and accrued expenses	29	60	29
	61 Grants payable	44,750	61	53,500
	62 Deferred revenue	102,908	62	87,941
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe)		65	
66 Total liabilities. Add lines 60 through 65.	147,687	66	141,470	
N E T A S S E T S O R S	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted		67	
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds	619,287	72	975,664
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)	619,287	73	975,664	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	766,974	74	1,117,134	

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

a	Total revenue, gains, and other support per audited financial statements		a	407,715
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1	-14,966	
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify): SEE ATTACHMENT #11	b4	-8,750	
	Add lines b1 through b4			b -23,716
c	Subtract line b from line a			c 431,431
d	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		
	Add lines d1 and d2			d
e	Total revenue (Part I, line 12). Add lines c and d			e 431,431

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

a	Total expenses and losses per audited financial statements		a	66,305
b	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify):	b4		
	Add lines b1 through b4			b
c	Subtract line b from line a			c 66,305
d	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify): SEE ATTACHMENT #12	d2	-1	
	Add lines d1 and d2			d -1
e	Total expenses (Part I, line 17). Add lines c and d			e 66,304

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SEE ATTACHMENT #13				

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)		Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings		
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)	75b	X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? Note. Related organizations include section 509(a)(3) supporting organizations. If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization.	75c	X
d	Does the organization have a written conflict of interest policy?	75d	X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances

Part VI Other Information (See the instructions.)		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77	X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . .	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	X
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement . .	79	X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization ► _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a	Enter direct and indirect political expenditures (See line 81 instructions.)	81a	N/A
b	Did the organization file Form 1120-POL for this year?	81b	X

Part 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?	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	3,733	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		X
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		X
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?		X
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.		X
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	X
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	X
86	501(c)(7) orgs Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) orgs Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX.	88	X
89a	501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under section 4911	N/A, section 4912 N/A; section 4955 N/A	
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	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	N/A	
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization	N/A	
90a	List the states with which a copy of this return is filed	FL GA	
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions)	90b	1
91a	The books are in care of	SEE ATTACHMENT #14	
	Located at	Telephone no	
		ZIP + 4	
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
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
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
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.)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Excl. code	(D) Amount	
Note: Enter gross amounts unless otherwise indicated.					
93 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities		18,753			
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		19,726			
100 Gain or (loss) from sales of assets other than inventory		28,060			
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		66,539		0	0
105 Total (add line 104, columns (B), (D), and (E))					66,539

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).
▼	

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 int.	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

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

- (a) Did organization, during the year, receive any funds, directly or indirectly, from a personal benefit contract?
 - (b) Did the organization, during the year, pay premiums, directly or indirectly, for a personal benefit contract?
- 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 of which preparer has any knowledge.

Signature of officer: *Luther R. Lloyd*

Type or print name and title: **LUTHER R. LLOYD**

Paid Preparer's Use Only

Preparer's signature: *[Signature]*

Firm's name (or yours if self-employed), address, and ZIP + 4: **HORGAN & COMPANY, 6408 W LINEBAUGH, TAMPA FL 33625**

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

OMB No. 1545-0047

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
MILITARY OFFICERS' BENEVOLENT CORP.

Employer identification number
59-3141377

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See 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 empl. benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

Total number of other employees paid over \$50,000 ▶ 0

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See 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 ▶ 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 instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ. Schedule A (Form 990 or 990-EZ) 2005

Part III **Statements About Activities** (See 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 ... ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B.)		X
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.		
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?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
3a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments).	3a	X
b Do you have a section 403(b) annuity plan for your employees?	3b	X
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c	X
4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	X

Part IV **Reason for Non-Private Foundation Status** (See 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 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 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.)	155,582	182,334	105,211	83,214	526,341
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975.	18,801	15,155	14,114	10,133	58,203
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 . . . #15	4,504	1,985	5,879	6,212	18,580
23 Total of lines 15 through 22	178,887	199,474	125,204	99,559	603,124
24 Line 23 minus line 17.	178,887	199,474	125,204	99,559	603,124
25 Enter 1% of line 23.	1,789	1,995	1,252	996	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ▶	26a	12,062
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	279,303
c Total support for section 509(a)(1) test. Enter line 24, column (e) ▶	26c	603,124
d Add Amounts from column (e) for lines: 18 <u>58,203</u> 19 <u>18,580</u> 22 <u>18,580</u> 26b <u>279,303</u> . . . ▶	26d	356,086
e Public support (line 26c minus line 26d total) ▶	26e	247,038
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶	26f	40.96 %

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:

(2004) _____ (2003) _____ (2002) _____ (2001) _____

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:

(2004) _____ (2003) _____ (2002) _____ (2001) _____

c Add Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ . . . ▶	27c	
d Add Line 27a total _____ and line 27b total ▶	27d	
e Public support (line 27c total minus line 27d total) ▶	27e	
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶	27f	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶	27g	%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) . . . ▶	27h	%

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

Part V Private School Questionnaire (See the instructions.)

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

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

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

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

34a Does the organization receive any financial aid or assistance from a governmental agency?		
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

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

N/A

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
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount. Enter the amount from the following table --		
If the amount on line 40 is --	The lobbying nontaxable amount is --	
Not over \$500,000	20% of the amount on line 40	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
Over \$17,000,000	\$1,000,000	
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

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

4-Year Averaging Period Under Section 501(h)

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

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

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See 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:	Yes	No	Amount
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.)			

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

(I) Cash

(II) Other assets

b Other transactions:

(I) Sales or exchanges of assets with a noncharitable exempt organization

(II) Purchases of assets from a noncharitable exempt organization

(III) Rental of facilities, equipment, or other assets

(IV) Reimbursement arrangements

(V) Loans or loan guarantees

(VI) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

	Yes	No
51a(I)		<input checked="" type="checkbox"/>
a(II)		<input checked="" type="checkbox"/>
b(I)		<input checked="" type="checkbox"/>
b(II)		<input checked="" type="checkbox"/>
b(III)		<input checked="" type="checkbox"/>
b(IV)		<input checked="" type="checkbox"/>
b(V)		<input checked="" type="checkbox"/>
b(VI)		<input checked="" type="checkbox"/>
c		<input checked="" type="checkbox"/>

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Desc. of transfers, transactions, & sharing arrangements
N/A			

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

SCHEDULE OF OTHER INVESTMENT INCOME

ATTACHMENT 1: PAGE 1 - 990 PAGE 1, PART I, LINE 7

OPEN TO PUBLIC INSPECTION	For calendar year 2005 or tax period beginning	, and ending
Name of Organization	Employer Identification Number	
MILITARY OFFICERS' BENEVOLENT CORP.	59-3141377	

Description	Amount
MUTUAL FUND CAPITAL GAIN DIVIDENDS	19,726
Total	19,726

SCHEDULE OF GAIN/LOSS FROM SALE OF ASSETS OTHER THAN INVENTORY

ATTACHMENT 2: PAGE 1 - 990 PAGE 1, PART I, LINE 8

OPEN TO PUBLIC
INSPECTION

For Calendar year 2005, or tax year period beginning

and ending

Name of Organization

MILITARY OFFICERS' BENEVOLENT CORP.

Employer Identification Number

59-3141377

Name of Security or Description of Property	Acquisition Date	How Acquired			Date Sold
To Whom Sold	Gross Sale Price	Basis	Sales Expense	Gain or (Loss)	Accumulated Depreciation
Total					
Publicly traded securities	275,058	246,998		28,060	

SCHEDULE OF OTHER CHANGES IN NET ASSETS OR FUND BALANCES

ATTACHMENT 3: PAGE 1 - 990 PAGE 1, PART I, LINE 20

NOT OPEN TO PUBLIC
INSPECTION

For calendar year 2005 or tax period beginning _____, and ending _____

Name of Organization

MILITARY OFFICERS' BENEVOLENT CORP.

Employer Identification Number

59-3141377

Description of Changes	Total Amount
NET ASSETS RELEASED FROM RESTRICTIONS	-8,750
Total	-8,750

SCHEDULE CASH GRANTS AND ALLOCATIONS

ATTACHMENT 4: PAGE 1 - 990 PAGE 2, PART II, LINE 22

OPEN TO PUBLIC INSPECTION	For Calendar year 2005, or tax year period beginning	and ending
----------------------------------	---	-------------------

Name of Organization MILITARY OFFICERS' BENEVOLENT CORP.	Employer Identification Number 59-3141377
--	---

Class of Activity	Donee's Name and Address	Amount Given	Relationship/Organizational Status
GRANTS	VARIOUS	6,000	
		Total	
		6,000	

SCHEDULE OF SPECIFIC ASSISTANCE TO INDIVIDUALS

ATTACHMENT 5: PAGE 1 - 990 PAGE 2, PART II, LINE 23

OPEN TO PUBLIC INSPECTION	For calendar year 2005 or tax period beginning _____, and ending _____	Employer Identification Number
Name of Organization MILITARY OFFICERS' BENEVOLENT CORP.		59-3141377

Description of Activity	Total Amount
VARIOUS SCHOLARSHIPS & FINANCIAL ASSISTANCE	29,500
Total	29,500

SCHEDULE OF OTHER EXPENSES

ATTACHMENT 6: PAGE 1 - 990 PAGE 2, PART II, LINE 43

OPEN TO PUBLIC INSPECTION	For calendar year 2005 or tax period beginning _____, and ending _____		
Name of Organization		Employer Identification Number	
MILITARY OFFICERS' BENEVOLENT CORP.		59-3141377	

Other Expenses	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
ADVERTISING	3,042			3,042
WEBSITE COSTS	251			251
RECOGNITION	2,406			2,406
MEALS & ENTERTAINMENT	1,276			1,276
OFFICE OPERATION	743			743
INVESTMENT MGT FEES	5,958		5,958	
BANK CHARGES	16		16	
DUES & SUBSCRIPTIONS	134		134	
LICENSES & FEES	196		196	
INSURANCE & BONDS	1,800		1,800	
Total	15,822		8,104	7,718

PRIMARY EXEMPT PURPOSE

ATTACHMENT 7: PAGE 1 - 990 PAGE 3, PART III

OPEN TO PUBLIC

INSPECTION

For calendar year 2005 or tax period beginning

, and ending

Name of Organization

MILITARY OFFICERS' BENEVOLENT CORP.

Employer Identification Number

59-3141377

Primary Purpose

FINANCIAL GRANTS TO UNIFORMED OFFICERS' FAMILIES TOTAL CLIENTS SERVED IN
2005 - 35

PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 8: PAGE 1 - 990 PAGE 3, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2005 or tax period beginning		, and ending	
Name of Organization MILITARY OFFICERS' BENEVOLENT CORP.			Employer Identification Number 59-3141377	
Part III - Statement of Program Service Accomplishments				
Grants and allocations	35,500	Amount includes foreign grants	Program service expenses	35,500
Exempt Purpose Achievements				

SCHEDULE OF INVESTMENT SECURITIES

ATTACHMENT 9: PAGE 1 - 990 PAGE 4, PART IV, LINE 54

OPEN TO PUBLIC
INSPECTION

For calendar year 2005 or tax period beginning

, and ending

Name of Organization

MILITARY OFFICERS' BENEVOLENT CORP.

Employer Identification Number

59-3141377

Description of Investment Security	Cost or FMV	EOY Book Value
SEE ATTACHED LIST	FMV	1,061,729
Total		1,061,729

SCHEDULE OF INVESTMENT LAND, BUILDINGS & EQUIPMENT

ATTACHMENT 10: PAGE 1 - 990 PAGE 4, PART IV, LINE 55

OPEN TO PUBLIC INSPECTION For Calendar year 2005, or tax year period beginning and ending

Name of Organization: MILITARY OFFICERS' BENEVOLENT CORP. Employer Identification Number: 59-3141377

Category or Description of Property	Cost or Other Basis	Accumulated Depreciation	End of Year Book Value	Ending FML (990-PF Only)
OFFICE EQUIPMENT 0	806	806		
Total	806	806		

SCHEDULE OF OTHER REVENUE INCLUDED

ATTACHMENT 11: PAGE 1 - 990 PAGE 5, PART IV-A, LINE B(4)

OPEN TO PUBLIC
INSPECTION

For calendar year 2005 or tax period beginning , and ending .

Name of Organization

MILITARY OFFICERS' BENEVOLENT CORP.

Employer Identification Number

59-3141377

Description of Other Revenue	Total Amount
NET ASSETS RELEASED FROM RESTRICTIONS	-8,750
Total	-8,750

SCHEDULE OF OTHER EXPENSES NOT INCLUDED

ATTACHMENT 12: PAGE 1 - 990 PAGE 5, PART IV-B, LINE D(2)

OPEN TO PUBLIC
INSPECTION

For calendar year 2005 or tax period beginning , and ending

Name of Organization

MILITARY OFFICERS' BENEVOLENT CORP.

Employer Identification Number

59-3141377

Description of Other Investment Expenses	Total Amount
ROUNDING	- 1
Total	- 1

CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

ATTACHMENT 13: PAGE 1 - 990 PAGE 5, PART V-A

OPEN TO PUBLIC INSPECTION For calendar year 2005 or tax period beginning , and ending

Name of Organization MILITARY OFFICERS' BENEVOLENT CORP. Employer Identification Number 59-3141377

(A) Name and Address	(B) Title and Average Hrs. per Week	(C) Compensation (If not paid, enter 0)	(D) Cont. to Employee Ben. Plans & Def Comp.	(E) Expense Account & Other Allowances
COL. LUTHER R. LLOYD 1010 AMERICAN EAGLE BLVD C/O MOBC SUN CITY CENTER, FL 33573	PRESIDENT 32.00	0	0	0
COL. RONALD V. BUCHERT 1010 AMERICAN EAGLE BLVD. C/O MOBC SUN CITY CENTER, FL 33573	CHAIRMAN 2.00	0	0	0

BOOKS ARE IN CARE OF

ATTACHMENT 14 - 990 PAGE 7, PART VI, LINE 91A

For calendar year 2005 or tax period beginning _____, and ending _____	
Name of Organization MILITARY OFFICERS' BENEVOLENT CORP. Part VI - Line 91a	Employer Identification Number 59-3141377

Individual Name COL. LUTHER R. LLOYD
or
Business Name:

Street Address 819 FREEDOM PL # 207 - SUN CITY, FL

U S Address:
Zip code 33573 City _____ State _____
or

Foreign Address
City _____
Province or State _____
Country _____
Postal code _____
Phone Number (813) 642-9450

SCHEDULE OF OTHER INCOME

ATTACHMENT 15: PAGE 1 SCH A PAGE 3, PART IV-A, LINE 22, OTHER INCOME

OPEN TO PUBLIC INSPECTION For Calendar year 2005, or tax year period beginning and ending

Name of Organization: MILITARY OFFICERS' BENEVOLENT CORP. Employer Identification Number: 59-3141377

Other Income Description	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
CAP GAIN DIVIDE	4,504	1,985	5,879	6,212	18,580
Total	4,504	1,985	5,879	6,212	18,580

2005 DETAIL STATEMENTS

MILITARY OFFICERS' BENEVOLENT
59-3141377

STATEMENT #1 - UNRELATED BUSN INC AMT (990-EO PG 8 Line 99(B))

MUTUAL FUNDS - CAPITAL GAIN DIVIDENDS.....	19,726
TOTAL CARRIED TO 990-EO PG 8 Line 99(B).....	19,726

STATEMENT #2 - ()

	Beginning	Ending
3M COMPANY.....	2,544	5,735
ADOBE SYSTEMS INC.....	1,882	5,618
AFFILIATED COMPUTER.....	3,431	0
AMBAC FINANCIAL GROUP INC.....	2,957	0
AMERICAN EXPRESS.....	4,171	5,712
AMERICAN INTERNATIONAL.....	3,152	8,461
AMGEN INC.....	2,309	4,574
ANHEUSER BUSCH.....	2,892	0
APACHE CORP.....	4,046	5,961
BANK OF AMERICA CORP.....	2,726	0
BANK OF AMERICA INTERNOTE 6.7%.....	5,151	5,001
BANK OF AMERICA INTERNOTE 6.85%.....	10,342	10,026
BANK OF NEW YORK.....	2,674	0
BAXTER INTERNATIONAL.....	0	4,179
BIOMET INC.....	2,647	0
CHEVRON TEXACO CORP.....	4,201	6,358
CISCO SYSTEMS.....	3,207	3,852
CITIGROUP, INC.....	3,806	7,377
COACH INC.....	0	2,300
CVS CORP.....	0	6,288
DANAHER CORP.....	3,559	4,797
DELL COMPUTER CORP.....	3,371	5,451
ENDOWMENT - COMMUNITY FOUNDATION.....	11,521	115,025
EXXON MOBIL CORP.....	3,383	7,021
FEDERAL FARM CREDIT 5.25 06/11.....	25,508	24,844
FEDERAL HOME BANK02/17/09.....	24,945	24,352
FEDERAL HOME LOAN BANK 05/25.....	25,078	0
FEDERAL HOME LOAN 4.44 06/08.....	25,063	24,750
FEDERAL HOME LOAN BANK 4.75 06/09.....	25,211	24,781
FIRST DATA CORP.....	2,425	6,236
GENERAL DYNAMICS.....	2,406	3,764
GENERAL ELECTRIC.....	6,023	8,342
HARLEY DAVIDSON.....	3,827	0
IBM.....	3,352	3,452
INTEL CORP.....	2,526	3,769
JOHNSON & JOHNSON.....	4,947	4,748
JOHNSON CONTROLS INC.....	3,616	0
JP MORGAN CHASE.....	0	5,914
LINEAR TECHNOLOGY.....	1,744	0
LOWES COMPANIES.....	3,628	5,933
MBNA CORP.....	3,101	0
MEDTRONIC INC.....	3,378	5,527
MICROSOFT CORP.....	4,623	6,511
OMNICOM GROUP.....	3,626	5,193

Continued On Page 2

2005 DETAIL STATEMENTS

MILITARY OFFICERS' BENEVOLENT
59-3141377

PEPSICO INC.....	3,550	6,026
PFIZER, INC.....	3,334	2,006
PRAXAIR INC.....	4,768	7,308
PROCTOR GAMBLE.....	2,864	6,367
QUALCOM CORP.....	0	5,428
SLM CORP.....	3,204	7,327
STI INT'L EQUITY INDEX.....	47,163	95,422
STI INV GRADE BOND.....	20,723	17,435
STI LTD MTG SERVICES.....	48,590	0
STI MID CAP EQUITY.....	12,879	39,581
STI CAP VALUE.....	13,705	17,896
STI SMALL CAP EQUITY.....	31,504	16,417
STI SMALL CAP GRWTH.....	30,283	38,728
STI US GOVT SEC.....	26,296	0
STI VALUE INCOME FUND.....	116,149	0
STI STRATEGIC INCOME.....	14,583	16,319
STI LARGE CAP REL VALUE.....	0	131,324
STI LARGE CAP VALUE EQUITY.....	0	79,375
ST PAUL TRAVELERS.....	0	4,690
SYSCO CORP.....	4,351	0
TARGET CORP.....	3,895	6,157
TEXAS INSTRUMENTS.....	0	2,501
UNITED PARCEL SERVICE.....	3,418	4,208
UNITED TECHNOLOGIES CORP.....	4,754	4,752
UNITEDHEALTH GROUP INC.....	3,785	8,327
US BANCORP.....	3,602	0
WALGREEN COMPANY.....	4,604	5,754
WAL-MART STORES.....	3,592	6,739
WELLPOINT HEALTH NETWORKS.....	2,875	5,585
WELLS FARGO & CO.....	4,972	5,152
FEDERAL FARM BANK 4.7 05/10.....	0	24,649
FEDERAL FARM CREDIT 5.35 12/10.....	0	24,953
FEDERAL HOME LOAN BANK 4.25.....	0	24,672
FEDERAL HOME LOAN BANK 4.4 08/07.....	0	24,825
FEDERAL HOME LOAN BANK 5.0 12/08.....	0	24,985
FEDERAL HOME LOAN BANK 5.0 12/09.....	0	24,969
TOTAL CARRIED TO	678,442	1,061,729

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ 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 MILITARY OFFICERS' BENEVOLENT CORP.	Employer identification number 59-3141377
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 1010 AMERICAN EAGLE BLVD.	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions SUN CITY CENTER FL 33573	

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 ▶ See attachment #14

Telephone No ▶ _____ 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 _____, 20____, and ending _____, 20____

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 \$ _____ 0

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 \$ _____ 0

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 \$ _____ 0

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

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 12-2004)