SCANNED JUL 192085

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047 Open to Public Inspection

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

A	For the	ne 2004 calendar year, or tax year beginning	and	ending		
В	Check i applica				D Employer i	dentification number
	Addı Char	dress label or EDUCAUSE			84-1	455437
	Nam	ne type Al I I I I I I I I I I I I I I I I I I	delivered to street address)	Room/suite	E Telephone	number
	Initia retur	al Specific 4772 WALNUT STREET, S	UITE 206		(303) 449-4430
	Fina				F Accounting me	
	lretur		· · · · · · · · · · · · · · · · · · ·		Other (specify)	>
	Appl	 Section 501(c)(3) organizations and 4947(a)(1) must attach a completed Schedule A (Form 990 	nonexempt charitable trusts	H and I are not appl	licable to sec	ction 527 organizations.
			UI 99U-EZ).	H(a) Is this a group r	eturn for affilia	ntes? Yes X No
		ite: ►WWW.EDUCAUSE.EDU		H(b) If "Yes," enter nu		
<u>J</u>	Organ	nization type (check only one) X 501(c) (3) (insert r		7 H(c) Are all affiliates i (If "No," attach a	included?	N/A Yes No
		there 🕨 📖 if the organization's gross receipts are norma		H(d) is this a separat	e return filed b	oy an or-
	organı	ization need not file a return with the IRS, but if the organization	on received a Form 990 Package			ruling? Yes X No
	in the	mail, it should file a return without financial data Some state	s require a complete return.	I Group Exemption		
	0	was the Add base Ch Ob Ob and 40b he had 40	12 027 656	M Check ► X Sch B (Form 99		tion is not required to attach
		receipts Add lines 6b, 8b, 9b, and 10b to line 12	12,937,656.		0, 990-EZ, or	990-27)
	art I			ances		
	1		, 1a	1,3	00	
		a Direct public support b Indirect public support	1 <u>1a</u>		•••	
			10	505.0	50	
		c Government contributions (grants)	9,259 noncash \$	331,7		539,259.
		· · · · · · · · · · · · · · · · · · ·) 1d 2	7,964,748.
	2		Contracts (from Part VII, life 95)	•	3	3,825,368.
	3 4		}		4	305,310.
	5	Durdende and interest from equipment	ŀ		5	42,203.
	1	Cross rants	6a		3	42,203.
	6	IN INAL Z 3 ZUUD TY	6b	 		
		b Less rental expenses Net rental income or (loss) (subtract line on from the	<u> </u>			
	7	Other investment income of the New YALTY	INCOME) 6c	3,127.
Revenue	,	a Gross amount from sales of assets other	(A) Securities	(B) Other		3,127.
Ver	"	than inventory	219,185. 8a		30.	
æ		b Less cost or other basis and sales expenses	221,163. 8b			
		c Gain or (loss) (attach schedule)	<1,978.>8c			
		d Net gain or (loss) (combine line 8c, columns (A) and (B))	2010		2 80	4,163.
	9		_		_ 0	
		a Gross revenue (not including \$	of contributions			
		reported on line 1a)	9a			
3		b Less direct expenses other than fundraising expenses	96			
•		c Net income or (loss) from special events (subtract line 9)			90	
	10		10a			
		b Less cost of goods sold	10b			
		c Gross profit or (loss) from sales of inventory (attach scho			10c	
	11		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	11	29,126.
	12	•	, and 11)		12	12,713,304.
	13				13	10,408,449.
ses	14				14	1,685,953.
Expenses	15				15	· · · · · · · · · · · · · · · · · · ·
Ĕ	16				16	
	17				17	12,094,402.
	18		12)		18	618,902.
et	19	Net assets or fund balances at beginning of year (from lir	ne 73, column (A))		19	7,771,013.
Net	20	Other changes in net assets or fund balances (attach exp	lanation) SEE	STATEMENT	3 20	144,830.
	21	Net assets or fund balances at end of year (combine lines	s 18, 19, and 20)		21	8,534,745.
423 01-	001 13-05	LHA For Privacy Act and Paperwork Reduction Act No	tice, see the separate instruction	ons.		Form 990 (2004)

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EDUCAUSE

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303,836.

101,369.

805,779.

12,830,447.

3,454,439.

	ere required, attached schedules and amounts wit uld be for end-of-year amounts only.	hin the description column	(A) Beginning of year		(B) End of year
45	Cash - non-interest-bearing	2,396,740.	45	1,718,207	
	Savings and temporary cash investments		7,054,492.	46	7,354,187
47 a	Accounts receivable	47a 136,598.			
b	Less allowance for doubtful accounts	47b 7,069.	127,729.	47c	129,529
48 a	Pledges receivable	48a			
b	Less allowance for doubtful accounts	48b		48c	
49	Grants receivable		78,310.	49	95,724
50	Receivables from officers, directors, trustees,				
	and key employees			50	
51 a	Other notes and loans receivable	51a]		
b	Less allowance for doubtful accounts	51b		51c	
52	Inventories for sale or use			52	
53	Prepaid expenses and deferred charges		136,477.	53	175,970
54	Investments - securities STMT	8 ► Cost X FMV	1,567,847.	54	2,951,625
55 a	Investments - land, buildings, and				
	equipment basis	55a			
b	Less accumulated depreciation	55b		55c	
56	Investments - other			56	
57 a	Land, buildings, and equipment basis	57a 1,400,142.	.]		

iabilities 64b b Mortgages and other notes payable 35,484. 35,484. Other liabilities (describe DEPOSIT 65 4,072,806. 4,295,702. 66 Total liabilities (add lines 60 through 65) Organizations that follow SFAS 117, check here X and complete lines 67 through 69 and lines 73 and 74 7,655,722. 8,418,811. 67 Unrestricted 15,934.

1,096,306

Net Assets or Fund Balances 15,291. 68 68 Temporarily restricted 100,000. 100,000. 69 Permanently restricted Organizations that do not follow SFAS 117, check here 70 through 74

57b

SEE STATEMENT

70 Capital stock, trust principal, or current funds 71 Paid-in or capital surplus, or land, building, and equipment fund 72

Total assets (add lines 45 through 58) (must equal line 74)

Loans from officers, directors, trustees, and key employees

Less accumulated depreciation

Accounts payable and accrued expenses

Other assets (describe

Grants payable

Deferred revenue

64 a Tax-exempt bond liabilities

59

60

61

62

63

Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, 73 column (A) must equal line 19, column (B) must equal line 21)

Total liabilities and net assets / fund balances (add lines 66 and 73)

7,771,013. 8,534,745. 12,830,447. 11,843,819.

70

71

72

369,066. 57c

59

60

61

62

63

64a

113,158.

942,972.

11,843,819.

3,094,350.

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

orm 990 (200 Part IV-A	Reconciliation of R	evenue per Audited	Part IV-B Recond	ciliation of Exp	enses per A	udited
	Return	its with Revenue per			with Expen	ses per
per audite	enue, gains, and other support ed financial statements included on line a but not on orm 990	▶ a 1285813	Total expenses and le audited financial state b Amounts included or line 17, Form 990 (1) Donated services	osses per ements i line a but not on	▶ a 1	2094402.
on investi (2) Donated s and use of (3) Recoverie year gran (4) Other (spi STMT 1 Add amou t Line a min d Amounts 990 but n (1) Investmen not includine 6b, Fo (2) Other (spi Add amou e Total reve	ments \$ services of facilities \$ es of prior ts \$ ecify) O \$ 144,8 unts on lines (1) through (4) nus line b included on line 12, Form not on line a: nt expenses ded on orm 990 \$ ecify) sunts on lines (1) and (2) enue per line 12, Form 990	b 144,83 c 1271330	(2) Prior year adjustmen reported on line 20, Form 990 (3) Losses reported on line 20, Form 990 (4) Other (specify) Add amounts on line: C Line a minus line b d Amounts included on 990 but not on line a (1) Investment expenses not included on line 6b, Form 990 (2) Other (specify) Add amounts on line: B Total expenses per line.	\$\$ \$\$ \$ (1) through (4) In line 17, Form \$\$ \$\$ \$ (1) and (2)	d	0.
(line c plu				a ayea if not compan		2094402.
Part V	List of Officers, Direc	Statements with Revenue per ther support hents a but not on a 12858134. a but not on b 12858134. a but not on b 12858134. b 12858134. b 12858134. b 12858134. a but not on b 12858134. b 12858134. b 12858134. b 12858134. a but not on b 12858134. b 12858134. b 12858134. a Total expenses and losses per audited financial statements b Amounts included on line a but not on line a but not on line 17, Form 990 (3) Losses reported on line 20, Form 990 (4) Other (specify) 5 Add amounts on lines (1) through (4) c Line a minus line b d Amounts included on line 17, Form 990 tut not on line a (1) investment expenses not not not not not not not included on line 6b, Form 990 (2) Other (specify) and (2) and (2) and (2) b 12713304. a 12094402. b 12094402. c 12094402. a Total expenses per line 17, Form 990 (2) Other (specify) and (2) and (3) Add amounts on lines (1) and (2) a Total expenses per line 17, Form 990 (3) Losses reported on line 20, Form 990 (4) Other (specify) 5 Add amounts on lines (1) and (2) a Total expenses per line 17, Form 990 (2) Other (specify) 5 Add amounts on lines (1) and (2) a Total expenses per line 17, Form 990 (3) Losses reported on line 20, Form 990 (4) Other (specify) 5 Add amounts on lines (1) and (2) a Total expenses per line 17, Form 990 (3) Losses reported on line 20, Form 990 (4) Other (specify) 5 Add amounts on lines (1) and (2) a Total expenses per line 17, Form 990 (a) Compensation (b) Title and average house (list each one even if not compensation of the plus line				
	(A) Name and a	ddress	per week devoted to	(If not paid, enter	plans & deferred	account and
SEE STA	ATEMENT 11		- - -	1,275,032.	141658.	0.
			_			
			_			
			-			
			_			

Form	990 (2004) EDUCAUSE 84-1455	437	,	Page (
Pa	t VI Other Information		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?	77	ļ	X
	If "Yes," attach a conformed copy of the changes			
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X	<u> </u>
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	X	L
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year?	79	ļ	X
	If "Yes," attach a statement			
80 a	is the organization related (other than by association with a statewide or nationwide organization) through common membership,		1	v
	governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	ļ	Х
D	If "Yes," enter the name of the organization and check whether it is exempt or nonexempt			4
01 -	and check whether it is exempt or nonexempt Enter direct or indirect political expenditures. See line 81 instructions.			
	Did the organization file Form 1120-POL for this year?	81b	•	Х
	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than	0.0		
02 0	fair rental value?	82a		X
h	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an	- U-u		
	expense in Part II (See instructions in Part III) 82b N/A			
83 a		83a	X	
b		83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not			
	tax deductible? N/A	84b		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A	85a		<u> </u>
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	ļ	
	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			1
	owed for the prior year			
C	Dues, assessments, and similar amounts from members 85c N/A	4		
d	Section 162(e) lobbying and political expenditures 85d N/A	-		
е	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) Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	┨		1
9		85g	-	
n	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? N/A	OEL		
86	allocable to nondeductible lobbying and political expenditures for the following tax year? 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on line 12 86a N/A	85h		
	Gross receipts, included on line 12, for public use of club facilities 86b N/A	1		
87	501(c)(12) organizations. Enter a Gross income from members or shareholders 87a N/A	1		
b,	Gross income from other sources (Do not net amounts due or paid to other sources	1		
_	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,	1]	
	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 ▶ , section 4912 ▶ 0 . , section 4955 ▶ 0 .			
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year or did it become aware of an excess benefit transaction from a prior year?			
	If "Yes," attach a statement explaining each transaction	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 NONE	<u>-</u>	-	56
D D	Number of employees employed in the pay period that includes March 12, 2004 The books are in care of ► EDUCAUSE Telephone no ► (303)	410	-44	
91	The books are in care of ► EDUCAUSE Telephone no ► (303)	117	77	<u> </u>

ZIP+4 ► 80301

Form 990 (2004)

▶ 92

Located at ▶ 4772 WALNUT STREET, SUITE 206, BOULDER, CO

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

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513, or 514	(5)
ınt	(E) Related or exempt function income
	3,711,985. 1,970,939.
	947,689. 1,046,987.
5,310. 2,203.	3,825,368.
2,203.	
3,127.	
	4,163.
	29,126.
0,640.	11,536,257. 12,174,045.
	instructions) of the organization's
age 34 of the	
come	(E) End-of-year assets
	<u> </u>

Note:	Enter gross amounts unless otherw	vise		ea business income		ed by section 512, 513, or 514	(E)
Indica	ated.		(A)	(B)	(C) Exclu-	(D)	Related or exempt
93 P	rogram service revenue		Business code	Amount	sion	Amount	function income
	•	ŀ	0000		code		3,711,985.
	ANNUAL CONFERENCE				\vdash		
	CORPORATE SALES		F 4 1 0 0 0	007 140	\vdash		1,970,939.
	ADVERTISING		541800	287,148.	\vdash		
-	SPONSORSHIP INCOME						947,689.
е	SUBSCRIPTION INCOM	ME					1,046,987.
f N	ledicare/Medicaid payments						
	ees and contracts from government age	encies					
-	lembership dues and assessments					·	3,825,368.
	iterest on savings and temporary cash i	Invectmente			14	305,310.	
	• • •	IIIVESIIIEIIIS			14	42,203.	
	ividends and interest from securities				13	42,203.	
	et rental income or (loss) from real esta	ite			 -		
a d	ebt-financed property						
b n	ot debt-financed property						
98 N	et rental income or (loss) from personal	I property					
99 0	ther investment income				15	3,127.	
100 G	ain or (loss) from sales of assets						
	ther than inventory				18		4,163.
	et income or (loss) from special events					· · · · · · · · · · · · · · · · · · ·	
		ſ					
	ross profit or (loss) from sales of invent	tory		16			
	ther revenue						20 126
а	OTHER REVENUES						29,126.
b							
C							
d							
е							
	ubtotal (add columns (B), (D), and (E))			287,148.		350,640.	11,536,257.
	otal (add line 104, columns (B), (D), and	-	•			•	12,174,045.
	Line 105 plus line 1d, Part I, should		int on line 1	2 Port I		<u>, , , , , , , , , , , , , , , , , , , </u>	
Mote.	VIII Relationship of Activ	vities to the	Accompl	ishment of Evemn	+ Dur	Acce /See name 34 of the	inetziictione \
Line					importa	intly to the accomplishment	of the organization's
			or such purpo	ses)			
	SEE STATEMENT	12					
		•					
Par	IX Information Regarding	ng Taxable	Subsidiar	ies and Disregard	ed En	tities (See page 34 of the	nstructions)
	(A)	(B)	1	(C)		(D)	(E)
	ne, address, and EIN of corporation,	Percentage of	.	Nature of activities		Total income	End-of-year
	partnership, or disregarded entity	ownership interes					assets
			%				
	N/A		%			<u> </u>	
			%				
		1	%				
Par	X Information Regarding	ng Transfers	s Associa	ted with Personal	Bene	fit Contracts (See pag	e 34 of the instructions)
	Did the organization, during the year, re						Yes X No
	Did the organization, during the year, re-	-	-			iai belielit contract.	Yes X No
(D)	Dia the organization, allfing the year, ba	ay premiums, one	•	•	miraci		168
,				al .			
,	· If "Ves" to (h) file Form 8870 and	Form 4720 (see					as and ballof it is to to
,		Form 4720 (see			statemen er has any	ts, and to the best of my knowled knowledge	ge and belief, it is true,
47		Form 4720 (see			statemen r has any	ts, and to the best of my knowled knowledge N How Kins Pi	ge and belief, it is true,
,		Form 4720 (see		g accompanying schedules and all information of which prepare	<u>Briài</u>	11	ge and belief, it is true,

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 Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

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

2004

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

EDUCAUSE

Employer identification number 84 1455437

Part I Compensation of the Five Highest Paid Emplo (See page 1 of the instructions List each one If there are none, enter	-	er T	han Off	icers, Directo	rs, and Trus	
(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	
B. WILLIAMS	EMPLO	YEE				
4772 WALNUT ST, STE 206 BOULDER, CO	40 HR	s /	WEEK	102,000.	13,000.	
R.PETERSON	EMPLO	YEE				
4772 WALNUT ST, STE 206 BOULDER, CO	40 HR	s /	WEEK	109,704.	13,000.	
R. RICHTER	EMPLO	YEE				
4772 WALNUT ST, STE 206 BOULDER, CO	40 HR	s /	WEEK	126,504.	6,325.	
S. WORONA	EMPLO	YEE				
1112 16TH ST NW, STE 600, WASHINGTON, DO	40 HR	s /	WEEK	150,816.	16,000.	
T. SITKO	EMPLO	YEE				
4772 WALNUT ST, STE 206 BOULDER, CO Total number of other employees paid	40 HR	s /	WEEK	119,616.	16,000.	
over \$50,000 Part II Compensation of the Five Highest Paid Indepe	ndent C	0 ontr	actors f	or Profession	al Services	
(See page 2 of the instructions List each one (whether individuals or				"None ")		
(a) Name and address of each independent contractor paid more the	an \$50,000			(b) Type of s	service	(c) Compensation
GAIL SALAWAY				IETWORK		
163-A 30TH STREET, #280, BOULDER, CO	80301		- 1	CONSULTING	;	85,496.
ROBERT KVAVIK				IETWORK		
223 N. GUADALUPE, SANTA FE, NM 8750	l <u>-1850</u>			CONSULTING		69,125.
JUDITH PIRANI				IETWORK		
P.O. BOX 1803, BREWSTER, MA 02631				CONSULTING	;	87,895.
Total number of others receiving over \$50,000 for professional services		0				

84-145	55 4 3	7 P	age 2
		Yes	No
се			
38, Part VI-A,			x
ecking	1		Δ.
ributors, any such "Yes,"			
	2a		X
	2b		Х
	2c		Х
RM 990	2d	Х	
	2e		х
	3a		Х
	3b	Х	
	4a 4b		X
	עד ן	·I	
l's name, city,			
n 170(b)(1)(A)(iv))		
al public			
, and gross 33 1/3% of esses acquired)			
organizations descr ction 509(a)(3))	ribed in		

Part III Statements About Activities (See page 2 of the instructions)		Yes	No
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)	i i		
or line i of Part VI-B)	1		Х
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	•	Х
b Lending of money or other extension of credit?	<u>2b</u>	ļ <u>.</u>	X
c Furnishing of goods, services, or facilities?	2c		Х
		,,	
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 99	2d	X	
e Transfer of any part of its income or assets?	2e		Х
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)	3a	X	Х
b Do you have a section 403(b) annuity plan for your employees?	3b	1	
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?	4a		Х
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 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)			
A school Section 170(b)(1)(A)(ii) (Also complete Part V)			
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, or	:itv		
and state	, , ,		
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 X 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% o	f		
its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acqu	ired		
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 organization	s described in		
(1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a))(3))		
Provide the following information about the supported organizations (See page 5 of the instructions)	(6)1.		
(a) Name(s) of supported organization(s)		ne num rom abo	
An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)	<u>L</u>		

Pal	Note: You may use the	e worksheet in the insti	ructions for converting	from the accrual to th	e cash method of	acco	unting.
	dar year (or fiscal year ning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000		(e) Total
15	Gifts, grants, and contributions received (Do not include unusual	1 280 050	2 014 205	1 958 026	1.159.88	30.	6,522,070.
10	grants See line 28) Membership fees received	3 652 264	3 628 399	1,958,026. 3,535,305.	3.414.45	55.	14,230,423.
16 17	Gross receipts from admissions,	3,032,204.	3/020/333.	3/333/303.	5,111,15	-	11/200/1200
17	merchandise sold or services						
	performed, or furnishing of					ĺ	
	facilities in any activity that is					I	
	related to the organization's charitable, etc., purpose	6.894.064.	6,390,708.	5,322,474.	5,284,54	15.	23,891,791.
18	Gross income from interest,	0/052/0020	<u> </u>		- , ,		
	dividends, amounts received from					İ	
	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	318,691.	307,231.	427,481.	430,93	33.	1,484,336.
19	Net income from unrelated business	70.046	04 073	40 460	05 75		201 246
	activities not included in line 18 Tax revenues levied for the	70,246.	94,873.	40,469.	95 , 75	00.	301,346.
20	organization's benefit and either						
	paid to it or expended on its behalf The value of services or facilities						
21	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			SEE STATEME			
	Do not include gain or (loss) from sale of capital assets			<53,372.			> <79,699.
23_	Total of lines 15 through 22	12325224.	12435416.				46,350,267.
24	Line 23 minus line 17	5,431,160.					22,458,476.
25	Enter 1% of line 23	123,252.	124,354.	112,304.	103,59		N/A
26	Organizations described on lines 1				· h-	26a	N/A
b	Prepare a list for your records to sho unit or publicly supported organizati						
	Do not file this list with your return.			ued the amount shown in		26b	N/A
	Total support for section 509(a)(1) t					26c	N/A
ď	Add Amounts from column (e) for I		19				
•	rida riiilaanta irani aaranii (a) iarii	22	26b		▶	26d	N/A
е	Public support (line 26c minus line 2	26d total)			▶[26e	N/A
f	Public support percentage (line 26	e (numerator) divided by	line 26c (denominator)	<u> </u>		26f	N/A %
27	Organizations described on line 12						
	records to show the name of, and to	tal amounts received in e	ach year from, each "disq	ualified person " Do no t fi	le this list with you	r retu	rn. Enter the sum of
	such amounts for each year		•		0		0
	(====)	• (2002)	•	2001)	0 • (2000	•	0.
b	For any amount included in line 17 t						
	and amount received for each year, the described in lines 5 through 11, as well						
	the larger amount described in (1) o					11 (110 6	illiount received and
	· · · •	• (2002)	0 . (2		0 . (2000))	0.
C	Add Amounts from column (e) for I		,	. 14 220	422	,	
,	• •	91,791. 20		16 14,230, 21		27c	44,644,284.
d		0 • ar	id line 27b total		0. ▶	27d	0.
е	Public support (line 27c total minus	line 27d total)			·	27e	44,644,284.
f	Total support for section 509(a)(2) t	est Enter amount on line	23, column (e)	▶ 271 46,	350,267.		00 0101
g		·				27g	96.3194%
	Investment income percentag					27h	3.2024%
2A !	linusual Grants: For an organization	n descriped in line 10-11	or 12 that received any I	unusuai orants durino 200	uu inrouan 2003. Ni	repare	a list for your records

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

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		Yes	No
LJ	instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues,			
•	and other written communications with the public dealing with student admissions, programs, and scholarships?	30	[
31	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?	31		
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)			
		_ l		
		-		
		-		
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	Ì		
	admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	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	-		
а	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
C	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
е	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	_ 34a		
	Has the organization's right to such aid ever been revoked or suspended?	34b		
J	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,			1
	1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		}

P	art VI-A Lobbying (To be comple	Expenditures by Eleted ONLY by an eligible organ	ization that filed Form 5768)						N/A
Che	eck 🕨 a 🔛 if the organiz	zation belongs to an affiliated	group Check	<u>b</u> lf	you che	cked "a" and "I	imited c	ontrol"	provisions apply
		imits on Lobbying E	-			(a Affiliated tot	group		(b) To be completed for ALL electing organizations
	(The te	rm "expenditures" means amo	ounts paid of incurred)			N/I			
					00	IN / F	7		
	Total lobbying expenditures				36				
	Total lobbying expenditures		(alrect lobbying)		37				
	Total lobbying expenditures	•			39				
	Other exempt purpose exper				40				
	Lobbying nontaxable amoun	ditures (add lines 38 and 39)			40				
41	If the amount on line 40 is		ng nontaxable amount is -					1	
	Not over \$500,000	•	ount on line 40	`				1	
	Over \$500,000 but not over \$1,00		15% of the excess over \$500,000	,					
	Over \$1,000,000 but not over \$1,5		10% of the excess over \$1,000,00	Į.	41			1	
	Over \$1,500,000 but not over \$17		5% of the excess over \$1,500,000	[
	Over \$17,000,000	\$1,000,000	, ,	J					
42	Grassroots nontaxable amou	unt (enter 25% of line 41)			42				
43		Enter -0- if line 42 is more th	han line 36		43				
44	Subtract line 41 from line 38	Enter -0- if line 41 is more th	han line 38		44				
	Caution: If there is an am	ount on either line 43 or lir	ne 44, you must file Form	4720.					
Cal	lendar year (or	(a)	Lobbying Exper	C)		ar Averaging F	erioa (d)		N/A (e)
fisc	cal year beginning in)	0004	2003	200	2		2001		Total
45	Lobbying nontaxable amount								0.
46	Lobbying ceiling amount							*************	
	(150% of line 45(e))								0.
47	Total lobbying								
	expenditures								0.
48	Grassroots nontaxable								
_	amount								0.
49	Grassroots ceiling amount								0.
	(150% of line 48(e))			· · · · · · · · · · · · · · · · · · ·					
อบ	Grassroots lobbying expenditures								0.
P	art VI-B Lobbying	Activity by Nonelec							
_		only by organizations that did					1		N/A
	ring the year, did the organiza			, including an	y attemp	ot to	Yes	No	Amount
ıntl	luence public opinion on a leg	islative matter or referendum,	, through the use of				-		······································
a	Volunteers		ness reported on lines a three	uah h \				-	
D	= :	nclude compensation in expe	nses reported on illies & (Nro	ugii II.)					
Y C	Media advertisements Mailings to members, legisla	ators or the nublic						\vdash	1.4.4.4
u e	B 11 1								
G f	Grants to other organization								
'n		rs, their staffs, government of	ficials, or a legislative body						
h		ninars, conventions, speeche		ns					
	Total lobbying expenditures		-						0.
	If "Yes" to any of the above,	also attach a statement giving	g a detailed description of the	lobbying act	ivities				

	A (Form 990 or 990-EZ) 2004				<u>-145543</u>	<u>7</u>	Page
Part '		garding Transfers To an zations (See page 11 of the inst		d Relationships With Nonc	haritable		
51 D		rectly or indirectly engage in any of		r organization described in section		····	
		section 501(c)(3) organizations) or i					
a Ti	ransfers from the reporting org	ganization to a noncharitable exemp	t organization of			Yes	No
	(i) Cash				51a(i)		X
-	ii) Other assets				a(ii)		X
	ther transactions	to with a nancharitable averant area	anization.		b(i)		Х
	· · · · · · · · · · · · · · · · · · ·	its with a noncharitable exempt orga i noncharitable exempt organization			b(ii)		X
•	ii) Rental of facilities, equipme				b(iii)		X
•	v) Reimbursement arrangeme				b(iv)		X
(1	v) Loans or loan guarantees				b(v)		X
•	•	membership or fundraising solicita			b(vi)		X
	•	mailing lists, other assets, or paid e			C	!	X
gı	oods, other assets, or services	given by the reporting organization	If the organization received			N/A	
	1	nent, show in column (d) the value o	or the goods, other assets, o	(d)		IN / E	•
(a) Line no	Amount involved	Name of noncharitable ex	kempt organization	Description of transfers, transactions	s, and sharing ar	ranger	nents
					· ·		

C	s the organization directly or in ode (other than section 501(c' "Yes," complete the following)(3)) or in section 527?	one or more tax-exempt org	panizations described in section 501(c)	of the Yes	X	☑ No
	(a Name of or) ganization	(b) Type of organization	(c) Description of rel	ationship		
			<u> </u>				
		<u></u>	<u> </u>				
	N						
				 			
		<u></u>					
			<u> </u>				

FORM 990 GAIN (LOSS	S) FROM PUBLICLY	ROM PUBLICLY TRADED SECURITIES			
DESCRIPTION	GROSS SALES PRICI	COST OR E OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)	
SEE STATEMENT	219,185	. 221,163.	0	<1,978.>	
TO FORM 990, PART I, LINE	8 219,185	. 221,163.	0	<1,978.>	

FORM 990 GA	IN (LOSS) FROM SA	TE OF OTHER	ASSETS		STATEMENT	2
	- (LOOD) TROIT DE	——————————————————————————————————————	ADDETO	· · · · · · · · · · · · · · · · · · ·	OTATEMENT	
DESCRIPTION		DATE ACQUIRED	DAT: SOL:		ETHOD QUIRED	
EQUIPMENT		VARIOUS	VARIO	US PU	RCHASED	
NAME OF BUYER	GROSS C SALES PRICE OTE		PENSE SALE	DEPREC	NET GA OR (LO	
	9,330.	136,660.	0.	133,47	1. 6,1	41.
TO FM 990, PART I, LN	9,330.	136,660.	0.	133,47	1. 6,1	41.
FORM 990 OTHER	CHANGES IN NET A	ASSETS OR FUN	D BALAN	CES :	STATEMENT	3
DESCRIPTION					AMOUNT	
UNREALIZED GAIN / (LOS	SS) ON INVESTMENT	?S		_	144,8	30.
TOTAL TO FORM 990, PAI	RT I, LINE 20				144,8	30.
TOTAL TO FORM 990, PAI	RT I, LINE 20			_	144,8	30.
TOTAL TO FORM 990, PAR		R EXPENSES		=	144,8	
		(B)	(C)		
	OTHER		MANAG)	STATEMENT	4
FORM 990 DESCRIPTION MISCELLANEOUS	OTHER (A) TOTAL	(B) PROGRAM SERVICES	MANAGI AND GI) EMENT ENERAL	STATEMENT (D)	4
DESCRIPTION MISCELLANEOUS EXPENSE BANK CHARGES	OTHER (A) TOTAL <105.> 108,877.	(B) PROGRAM SERVICES 2,619. 97,340.	MANAGI AND GI) EMENT ENERAL <2,724.>	STATEMENT (D)	4
FORM 990 DESCRIPTION MISCELLANEOUS EXPENSE BANK CHARGES ADVERTISING SPEAKERS	(A) TOTAL <105.> 108,877. 38,137. 139,521.	(B) PROGRAM SERVICES 2,619. 97,340. 36,549. 139,521.	MANAGI AND GI) EMENT ENERAL <2,724.> 11,537. 1,588.	STATEMENT (D)	4
FORM 990 DESCRIPTION MISCELLANEOUS EXPENSE BANK CHARGES ADVERTISING SPEAKERS ALLOCATED OVERHEAD	OTHER (A) TOTAL <105.> 108,877. 38,137.	(B) PROGRAM SERVICES 2,619. 97,340. 36,549.	MANAGI AND GI) EMENT ENERAL <2,724.>	STATEMENT (D)	4
FORM 990 DESCRIPTION MISCELLANEOUS EXPENSE BANK CHARGES ADVERTISING SPEAKERS ALLOCATED OVERHEAD MEALS & ENTERTAINMENT	(A) TOTAL <105.> 108,877. 38,137. 139,521. 819,783. 1,476,525.	(B) PROGRAM SERVICES 2,619. 97,340. 36,549. 139,521. 597,280. 1,455,050.	MANAGI AND GI) EMENT ENERAL <2,724.> 11,537. 1,588.	STATEMENT (D)	4
FORM 990 DESCRIPTION MISCELLANEOUS EXPENSE BANK CHARGES ADVERTISING SPEAKERS ALLOCATED OVERHEAD MEALS & ENTERTAINMENT TRANSPORTATION INSURANCE	(A) TOTAL <105.> 108,877. 38,137. 139,521. 819,783.	(B) PROGRAM SERVICES 2,619. 97,340. 36,549. 139,521. 597,280.	MANAGI AND GI) EMENT ENERAL <2,724.> 11,537. 1,588.	STATEMENT (D)	4
FORM 990 DESCRIPTION MISCELLANEOUS EXPENSE BANK CHARGES ADVERTISING SPEAKERS ALLOCATED OVERHEAD MEALS & ENTERTAINMENT TRANSPORTATION INSURANCE ALLOCATION OF	(A) TOTAL <105.> 108,877. 38,137. 139,521. 819,783. 1,476,525. 107,043. 46,147.	(B) PROGRAM SERVICES 2,619. 97,340. 36,549. 139,521. 597,280. 1,455,050. 107,043.	MANAGI AND GI	22,724.> 11,537. 1,588. 22,503. 21,475.	STATEMENT (D)	4
FORM 990 DESCRIPTION MISCELLANEOUS EXPENSE BANK CHARGES ADVERTISING SPEAKERS ALLOCATED OVERHEAD MEALS & ENTERTAINMENT TRANSPORTATION	(A) TOTAL <105.> 108,877. 38,137. 139,521. 819,783. 1,476,525. 107,043. 46,147. <1,861,269.> 1,158,125.	(B) PROGRAM SERVICES 2,619. 97,340. 36,549. 139,521. 597,280. 1,455,050. 107,043.	MANAGI AND GI	22,724.> 11,537. 1,588. 22,503. 21,475. 18,844.	STATEMENT (D)	4
FORM 990 DESCRIPTION MISCELLANEOUS EXPENSE BANK CHARGES ADVERTISING SPEAKERS ALLOCATED OVERHEAD MEALS & ENTERTAINMENT TRANSPORTATION INSURANCE ALLOCATION OF SALARIES & OVERHEAD CONTRACT LABOR DUES & SUBSCRIPTIONS	(A) TOTAL <105.> 108,877. 38,137. 139,521. 819,783. 1,476,525. 107,043. 46,147. <1,861,269.> 1,158,125. 43,946.	(B) PROGRAM SERVICES 2,619. 97,340. 36,549. 139,521. 597,280. 1,455,050. 107,043. 27,303. 1,144,777. 15,345.	MANAGI AND GI	22,724.> 11,537. 1,588. 22,503. 21,475. 18,844. 61,269.> 13,348. 28,601.	STATEMENT (D)	4
FORM 990 DESCRIPTION MISCELLANEOUS EXPENSE BANK CHARGES ADVERTISING SPEAKERS ALLOCATED OVERHEAD MEALS & ENTERTAINMENT TRANSPORTATION INSURANCE ALLOCATION OF SALARIES & OVERHEAD CONTRACT LABOR	(A) TOTAL <105.> 108,877. 38,137. 139,521. 819,783. 1,476,525. 107,043. 46,147. <1,861,269.> 1,158,125.	(B) PROGRAM SERVICES 2,619. 97,340. 36,549. 139,521. 597,280. 1,455,050. 107,043. 27,303.	MANAGI AND GI	22,724.> 11,537. 1,588. 22,503. 21,475. 18,844.	STATEMENT (D)	4

EDUCAUSE				84-1455437
GIFTS & AWARDS	127,534.	124,495.	3,039.	
TECHNOLOGY EXPENSES	165,357.	165,357.		
INCOME TAXES	29,010.		29,010.	
FELLOWSHIPS	103,675.	103,675.		
CREDIT CARD				
PROCESSING FEES	3,528.	3,528.		
REPAIRS &				
MAINTENANCE	47,668.		47,668.	
TOTAL TO FM 990, LN 43	2,825,148.	4,287,101.	<1,461,953.>	

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 5
PART III

EXPLANATION

ADVANCE HIGHER EDUCATION BY PROMOTING THE INTELLIGENT USE OF INFORMATION TECHNOLOGY

FORM 990	CASH GRANT	STATEMENT		
CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
NETWORK RESEARCH & DEVELOPMENT	THE UNIVERSITY OF ILLINOIS	152 CAB, MC-476 CHAMPAIGN, IL 61820	NONE	1,627.
NETWORK RESEARCH & DEVELOPMENT	HISPANIC ASSOC. OF COLLEGES & UNIV.	8415 DATAPOINT DR., STE 400, SAN ANTONIO, TX 78229	NONE	9,965.
NETWORK RESEARCH & DEVELOPMENT	THE UNIV. OF WISCONSIN - MADISON	1402 UNIVERSITY AVENUE, RM 416, MADISON, WI 53706	NONE	16,996.
NETWORK RESEARCH & DEVELOPMENT	TURTLE MOUNTAIN COMMUNITY COLLEGE	P.O. BOX 340, BELCOURT, ND 58316	NONE	11,304.
NETWORK RESEARCH & DEVELOPMENT	UNIVERSITY OF ARKANSAS	2801 S UNIVERSITY AVE, LITTLE ROCK, AR 72204	NONE	24,509.
NETWORK RESEARCH & DEVELOPMENT	UNIVERSITY OF TEXAS SYSTEM	601 COLORADO ST. AUSTIN, TX 78701	NONE	30,490.
NETWORK RESEARCH & DEVELOPMENT	UNIVERSITY OF MICHIGAN	ANN ARBOR, MI 48109	NONE	18,175.

EDUCAUȘE				84-1455437
NETWORK UNIVERSITY OF RESEARCH & ALASKA DEVELOPMENT		0X 757500 BANKS, AK	NONE	28,521.
TOTAL INCLUDED ON FORM 990,	PART II, LIN	JE 22		141,587.
FORM 990	OTHER PROGR	RAM SERVICE	SS S	STATEMENT 7
DESCRIPTION			GRANTS AND ALLOCATIONS	EXPENSES
ANNUAL CONFERENCE LIASON ON LINE EDUCATIONAL ACTIVITY POLICY MEMBERSHIPS NATIONAL LEARNING INFRASTRUCT (NLII) ADVANCED NETWORKING PROJECT NATIONAL SCIENCE FOUNDATION	CTURE INITIAT (AN-MSI)	LIVE		2,487,323. 404,962. 253,909. 543,345. 541,455. 849,569. 201,486. 398,270.
STRATEGIC INITIATIVE TOTAL TO FORM 990, PART III	, LINE E	_		5,797,860.
FORM 990 G	OVERNMENT SEC	CURITIES		STATEMENT 8
DESCRIPTION	COST/FMV	U.S. GOVERNME	STATE AND	TOTAL GOV'T SECURITIES
U.S. GOVERNMENT SECURITIES	FMV	2,951,62	25.	2,951,625.
TOTAL TO FORM 990, LINE 54,	COL B	2,951,62	25.	2,951,625.
FORM 990	OTHER A	ASSETS		STATEMENT 9
DESCRIPTION				AMOUNT
DEPOSITS OTHER ASSETS ACCRUED INTEREST				47,460. 6,151. 47,758.
TOTAL TO FORM 990, PART IV,	LINE 58, COI	LUMN B		101,369.

•				
FORM 990 OTHER REVENUE NO	OT INCLUDED ON F	ORM 990	STATI	EMENT 10
DESCRIPTION			Al	MOUNT
UNREALIZE GAIN ON INVESTMENTS				144,830.
TOTAL TO FORM 990, PART IV-A				144,830.
FORM 990 PART V - LIST OF TRUSTEES AND	OFFICERS, DIRECT CONTROL OF THE CONT	TORS,	STATI	EMENT 11
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
BRIAN L. HAWKINS 1150 18TH STREET, NW, SUITE 1010 WASHINGTON, DC 20036	PRESIDENT 40 HRS / WEEK	314,088.	29,000.	0.
RICHARD KATZ 4772 WALNUT STREET, SUITE 206 BOULDER, CO 80301	VICE PRESIDENT 40 HRS / WEEK	216,000.	28,400.	0.
JEFFREY W. NOYES UNIVERSITY OF TEXAS, 6900 NORTH LOOP 1604 WEST SAN ANTONIO, TX 78249-0677	DIRECTOR 0	0.	0.	0.
PERRY O. HANSON III FELDBERG COMMUNICATIONS CENTER/MS 017 WALTHAM. MA 02454-9110	DIRECTOR 0	0.	0.	0.
CAROLE A BARONE, PHD 1150 18TH STREET, NW, SUITE 1010 WASHINGTON, DC 20036	VICE PRESIDENT 40 HRS / WEEK	185,808.	9,290.	0.
MARK A. LUKER 1112 16TH STREET NW, SUITE 600 WASHINGTON, DC 20036	VICE PRESIDENT 40 HRS / WEEK	250,320.	24,968.	0.
DAVID WARD AMERICAN COUNCIL OF EDUCATION, ONE DUPONT CIRCLE WASHINGTON, DC 20036-1193	DIRECTOR 0	0.	0.	0.

EDUCAUSE			84	-1455437
CYNTHIA GOLDEN 1150 18TH STREET, NW, SUITE 1010 WASHINGTON, DC 20036	VICE PRESIDENT 40 HRS / WEEK		26,000.	0.
DIANA OBLINGER 1150 18TH STREET, NW, SUITE 1010 WASHINGTON, DC 20036	VICE PRESIDENT 40 HRS / WEEK		24,000.	0.
JOHN E. BUCHER OBERLIN COLLEGE OBERLIN, OH	TREASURER 0	0.	0.	0.
KATHLEEN CHRISTOPH UNIVERSITY OF WISCONSIN-MADISON, 1301 UNIVERSITY AVENUE, ROOM 207 MADISON, WI 53706	VICE CHAIR 0	0.	0.	0.
WILLIAM H. PRITCHARD FOOTHILL-DEANZA COMM COLLEGE, 12345 EL MONTE ROAD LOS ALTOS HILLS, CA 94022	TREASURER 0	0.	0.	0.
ROBYN R. RENDER UNIVERSITY OF NO CAROLINA PO BOX 2688, 910 RALEIGH ROAD CHAPEL HILL, NC 27515-2688	SECRETARY 0	0.	0.	0.
GEORGE O. STRAWN NATIONAL SCIENCE FOUNDATION, 4201 WILSON BLVD, ROOM 305 ARLINGTON, VA 22230	DIRECTOR 0	0.	0.	0.
JOHN C. HITT UNIVERSITY OF CENTRAL FLORIDA ORLANDO, FL	DIRECTOR 0	0.	0.	0.
ELLEN J. WAITE-FRANZEN BROWN UNIVERSITY PROVIDENCE, RI	DIRECTOR 0	0.	0.	0.
REBECCA L. KING BAYLOR UNIVERSITY INDEPENDENCE, TX	DIRECTOR 0	0.	0.	0.
MARGARET F. PLYMPTON LEHIGH UNIVERITY BETHLEHEM, PA	DIRECTOR 0	0.	0.	0.
DAVID L SMALLEN HAMILTON COLLEGE CLINTON, NY	DIRECTOR 0	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART	v	1,275,032.	141658.	0.

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FORM S	990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 12 ACCOMPLISHMENT OF EXEMPT PURPOSES
LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	ANNUAL CONFERENCE WHERE MEMBERS & NONMEMBERS PRESENT & ATTEND PRESENTATIONS AND NETWORK IDEAS WITH OTHER MEMBERS AND NONMEMBERS.
93B	REVENUE FROM SALES OF COFERENCE BOOTH SPACES AND PUBLICATIONS.
93D	REVENUE FROM CORPORATE SPONSORSHIP OF VARIOUS CONFERENCES, SEMINARS AND OTHER PROGRAMS.
94	REVENUE GENERATED FROM ANNUAL DUES FROM COLLEGES, UNIVERSITIES AND CORPORATE MEMBERS.
103A	REVENUE GENERATED PRIMARILY FROM THE SALES OF A POLICIES AND PRACTICES PUBLICATION AND SOME MINOR HONORARIUM RELATED TO THEIR EXEMPT PURPOSE.

SCHEDULE A	OTHER INC	OME	STATEMENT 13		
DESCRIPTION	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT	
OTHER INCOME REALIZED GAINS (LOSSES) UNREALIZED GAINS (LOSSES)	0. 0. 0.	0. 0. 0.	113,724. <14,039.> <153,057.>		
TOTAL TO SCHEDULE A, LINE 22	0.	0.	<53 , 372 . >	<26,327.>	