

Return of Organization Exempt From Income Tax

2005

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

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

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

C Name of organization
 Please use IRS label or print or type See Specific Instructions
EDUCAUSE
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
4772 WALNUT STREET, SUITE 206
 City or town, state or country, and ZIP + 4
BOULDER, CO 80301

D Employer identification number
84-1455437

E Telephone number
(303) 449-4430

F Accounting method Cash Accrual
 Other (specify) **▶**

G Website: **▶ WWW.EDUCAUSE.EDU**

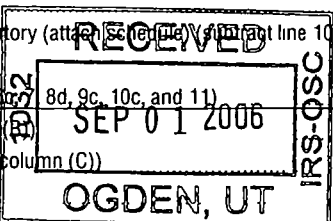
J Organization type (check only one) 501(c) (3) (insert no) 4947(a)(1) or 527

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 **▶ 13,593,394.**

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

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances											
Revenue	1	Contributions, gifts, grants, and similar amounts received:									
		a	Direct public support		1a	1,463.					
		b	Indirect public support		1b						
		c	Government contributions (grants)		1c	385,326.					
		d	Total (add lines 1a through 1c) (cash \$ 386,789. noncash \$)		1d	386,789.					
		2	Program service revenue including government fees and contracts (from Part VII, line 93)							2	8,566,466.
		3	Membership dues and assessments							3	4,126,684.
		4	Interest on savings and temporary cash investments							4	381,561.
		5	Dividends and interest from securities							5	65,841.
		6	a	Gross rents		6a					
			b	Less: rental expenses		6b					
			c	Net rental income or (loss) (subtract line 6b from line 6a)		6c					
	7	Other investment income (describe ▶ ROYALTY INCOME)							7	2,002.	
	8	a	Gross amount from sales of assets other than inventory		(A) Securities	(B) Other					
					8a	360.					
		b	Less: cost or other basis and sales expenses		8b						
		c	Gain or (loss) (attach schedule)		8c	360.					
		d	Net gain or (loss) (combine line 8c, columns (A) and (B))		STMT 1		8d	360.			
	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>									
		a	Gross revenue (not including \$ of contributions reported on line 1a)		9a						
		b	Less: direct expenses other than fundraising expenses		9b						
		c	Net income or (loss) from special events (subtract line 9b from line 9a)		9c						
	10	a	Gross sales of inventory, less returns and allowances		10a						
		b	Less: cost of goods sold		10b						
		c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)		10c						
	11	Other revenue (from Part VII, line 103)							11	63,691.	
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)							12	13,593,394.	
Expenses	13	Program services (from line 44, column (A))							13	11,576,976.	
	14	Management and general (from line 44, column (C))							14	1,761,507.	
	15	Fundraising (from line 44, column (D))							15		
	16	Payments to affiliates (attach schedule)							16		
	17	Total expenses (add lines 16 and 44, column (A))							17	13,338,483.	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)							18	254,911.	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))							19	8,534,745.	
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 2							20	44,739.	
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)							21	8,834,395.	



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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.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ <u>219,235.</u> noncash \$ <u>0.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>			STATEMENT 5	
22		219,235.	219,235.		
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc **	330,000.	296,076.	33,924.	0.
26	Other salaries and wages	5,230,348.	4,170,474.	1,059,874.	
27	Pension plan contributions	383,142.		383,142.	
28	Other employee benefits	452,882.	8,357.	444,525.	
29	Payroll taxes	283,355.		283,355.	
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees	129,960.	95,991.	33,969.	
33	Supplies	96,951.	29,713.	67,238.	
34	Telephone	90,731.	37,508.	53,223.	
35	Postage and shipping	167,844.	154,110.	13,734.	
36	Occupancy	1,061,766.	499,418.	562,348.	
37	Equipment rental and maintenance				
38	Printing and publications	558,036.	546,439.	11,597.	
39	Travel	881,629.	775,376.	106,253.	
40	Conferences, conventions, and meetings				
41	Interest				
42	Depreciation, depletion, etc (attach schedule)	156,765.		156,765.	
43	Other expenses not covered above (itemize)				
a					
b					
c					
d					
e					
f					
g	SEE STATEMENT 3	3,295,839.	4,744,279.	<1,448,440.>	
44	Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	13,338,483.	11,576,976.	1,761,507.	0.

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

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

** SEE STATEMENT 4

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

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

What is the organization's primary exempt purpose? ► SEE STATEMENT 6	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a EDUCAUSE CENTER FOR APPLIED RESEARCH (ECAR) - EXPENSES INCURRED TO HELP HIGHER EDUCATION LEADERS MAKE BETTER DECISIONS ABOUT INFORMATION TECHNOLOGY	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	1,411,003.
b PUBLICATIONS - EXPENSES INCURRED IN PROMOTING ALL PROFESSIONAL PAPERS AND REPORTS, PLUS, RELATED PRINTING AND MAILING COSTS.	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	1,231,243.
c NET@EDU - EXPENSES INCURRED TO PROMOTE NETWORKING IN HIGHER EDUCATION	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	849,082.
d PROFESSIONAL DEVELOPMENT - EXPENSES INCURRED IN PRESENTING/PROMOTING EDUCAUSE SEMINARS AND INSTITUTES.	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	1,461,541.
e Other program services (attach schedule) SEE STATEMENT 7	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	6,624,107.
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	11,576,976.

Part IV Balance Sheets (See the instructions)

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

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	1,718,207.	45	1,020,177.
	46 Savings and temporary cash investments	7,354,187.	46	8,496,909.
	47 a Accounts receivable	47a 103,021.		
	b Less allowance for doubtful accounts	47b 7,069.	129,529.	47c 95,952.
	48 a Pledges receivable	48a		
	b Less allowance for doubtful accounts	48b		48c
	49 Grants receivable		95,724.	49 150,257.
	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		175,970.	53 220,645.
	54 Investments - securities \$TMT 8 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		2,951,625.	54 3,219,294.
	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 1,447,283.			
b Less accumulated depreciation	57b 1,179,280.	303,836.	57c 268,003.	
58 Other assets (describe ▶ SEE STATEMENT 9)		101,369.	58 123,863.	
59 Total assets (must equal line 74) Add lines 45 through 58		12,830,447.	59 13,595,100.	
Liabilities	60 Accounts payable and accrued expenses	805,779.	60	998,317.
	61 Grants payable		61	
	62 Deferred revenue	3,454,439.	62	3,726,904.
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe ▶ DEPOSIT)		35,484.	65 35,484.
66 Total liabilities. Add lines 60 through 65)		4,295,702.	66 4,760,705.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	8,418,811.	67	8,718,637.
	68 Temporarily restricted	15,934.	68	15,758.
	69 Permanently restricted	100,000.	69	100,000.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	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)		8,534,745.	73 8,834,395.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73		12,830,447.	74 13,595,100.

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	13638133.
b Amounts included on line a but not on Part I, line 12:			
1 Net unrealized gains on investments	b1		
2 Donated services and use of facilities	b2		
3 Recoveries of prior year grants	b3		
4 Other (specify) UNREALIZE GAIN ON INVESTMENTS	b4	44,739.	
Add lines b1 through b4			b 44,739.
c Subtract line b from line a			c 13593394.
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 0.
e Total revenue (Part I, line 12). Add lines c and d			e 13593394.

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

a Total expenses and losses per audited financial statements		a	13338483.
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 0.
c Subtract line b from line a			c 13338483.
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)	d2		
Add lines d1 and d2			d 0.
e Total expenses (Part I, line 17). Add lines c and d			e 13338483.

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 STATEMENT 10		330,000.	21,500.	0.

Part VI Other information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		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 N/A		
83 a	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	
84 a	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?		
	N/A		
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?		
	N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
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?		
	N/A		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
	N/A		
86	501(c)(7) organizations 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) organizations 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		X
89 a	501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; 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		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		
b	Number of employees employed in the pay period that includes March 12, 2005	90b	56
91 a	The books are in care of ▶ EDUCAUSE Telephone no. ▶ (303) 449-4430 Located at ▶ 4772 WALNUT STREET, SUITE 206, BOULDER, CO ZIP + 4 ▶ 80301		
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 ▶ N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	91b	X
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 ▶ N/A	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.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a ANNUAL CONFERENCE					3,903,832.
b CORPORATE SALES					2,199,570.
c ADVERTISING	541800	409,869.			
d SPONSORSHIP INCOME					782,564.
e SUBSCRIPTION INCOME					1,270,631.
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					4,126,684.
95 Interest on savings and temporary cash investments			14	381,561.	
96 Dividends and interest from securities			14	65,841.	
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			15	2,002.	
100 Gain or (loss) from sales of assets other than inventory			18		360.
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue.					
a OTHER REVENUES					63,691.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		409,869.		449,404.	12,347,332.
105 Total (add line 104, columns (B), (D), and (E))					13,206,605.

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

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

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	SEE STATEMENT 11

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

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

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

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

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: Brian L. Hawkins Date: Aug 22, 2006 Type or print name and title: BRIAN L. HAWKINS, PRESIDENT

Paid Preparer's Use Only: Preparer's signature: [Signature] Date: AUG 08 2006 Check if self-employed: Preparer's SSN or PTIN: _____

Firm's name (or yours if self-employed), address, and ZIP + 4: CBIZ ACCOUNTING, TAX & ADVISORY OF CO
1 BOULDER PLAZA, 1801 13TH ST., STE 210
BOULDER, CO 80302 EIN: _____ Phone no.: (303) 444-0471

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information-(See separate instructions.)

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

OMB No 1545-0047

2005

Name of the organization **EDUCAUSE** Employer identification number **84 1455437**

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

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

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<u>RICHARD KATZ</u> 4772 WALNUT ST, STE 206, BOULDER, CO	EMPLOYEE 40.00	225,000.	22,500.	
<u>CYNTHIA GOLDEN</u> 1150 18TH ST, NW, STE 1010, WASHINGTO	EMPLOYEE 40.00	160,008.	16,001.	
<u>MARK A. LUKER</u> 1112 16 TH, NE, STE 600, WASHINGTON,	EMPLOYEE 40.00	260,520.	26,020.	
<u>DIANA OBLINGER</u> 1150 18TH ST, NW, STE 1010, WASHINGTO	EMPLOYEE 40.00	225,000.	22,500.	
<u>STEVEN L. WORONA</u> 4772 WALNUT ST, STE 206, BOULDER, C	EMPLOYEE 40.00	156,984.	15,698.	
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 page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>ROBERT KVAVIK</u> 223 N. GUADALUPE, SANTA FE, NM 87501-1850	NETWORK CONSULTING	79,000.
<u>GAIL SALAWAY</u> 163-A 30TH STREET, #280, BOULDER, CO 80301	NETWORK CONSULTING	66,735.
<u>JUDITH PIRANI</u> P.O. BOX 1803, BREWSTER, MA 02631	NETWORK CONSULTING	61,975.

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

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

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

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

Part III Statements About Activities (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	X	
e Transfer of any part of its income or assets?		X
3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)		X
b Do you have a section 403(b) annuity plan for your employees?	X	
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

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

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

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

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

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

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

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

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	539,259.	1,389,959.	2,014,205.	1,958,026.	5,901,449.
16 Membership fees received	3,825,368.	3,652,264.	3,628,399.	3,535,305.	14,641,336.
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	7,964,748.	6,894,064.	6,390,708.	5,322,474.	26,571,994.
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	350,640.	318,691.	307,231.	427,481.	1,404,043.
19 Net income from unrelated business activities not included in line 18	97,869.	70,246.	94,873.	40,469.	303,457.
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			SEE STATEMENT 12	<53,372.>	<53,372.>
23 Total of lines 15 through 22	12777884.	12325224.	12435416.	11230383.	48,768,907.
24 Line 23 minus line 17	4,813,136.	5,431,160.	6,044,708.	5,907,909.	22,196,913.
25 Enter 1% of line 23	127,779.	123,252.	124,354.	112,304.	

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

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2004) 0. (2003) 0. (2002) 0. (2001) 0.		
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) 0. (2003) 0. (2002) 0. (2001) 0.		
c Add: Amounts from column (e) for lines: 15 5,901,449. 16 14,641,336. 17 26,571,994. 20 _____ 21 _____	27c	47,114,779.
d Add: Line 27a total 0. and line 27b total 0.	27d	0.
e Public support (line 27c total minus line 27d total)	27e	47,114,779.
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)	27f	48,768,907.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g	96.6082%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h	2.8790%

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

NONE

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

N/A

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

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
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.)		
34 a	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 page 9 of the instructions.)

N/A

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

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

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred)			
		N/A	
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		
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 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) 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 (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B **Lobbying Activity by Nonelecting Public Charities**

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

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	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.)			0.

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 page 12 of 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: N/A

Table with 3 columns: Question/Code, Yes, No. Rows for 51a(i), a(ii), b(i), b(ii), b(iii), b(iv), b(v), b(vi), and c. 'Yes' column is empty, 'No' column contains 'X' for all rows.

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. The table is mostly empty.

52 a 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:

N/A

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. The table is mostly empty.

FORM 990	GAIN (LOSS) FROM SALE OF OTHER ASSETS				STATEMENT	1
DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED			
EQUIPMENT	VARIOUS	VARIOUS	PURCHASED			
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)	
	360.	73,790.	0.	73,790.	360.	
TO FM 990, PART I, LN 8	360.	73,790.	0.	73,790.	360.	

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	2
DESCRIPTION		AMOUNT	
UNREALIZED GAIN / (LOSS) ON INVESTMENTS		44,739.	
TOTAL TO FORM 990, PART I, LINE 20		44,739.	

FORM 990	OTHER EXPENSES			STATEMENT	3
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
MISCELLANEOUS EXPENSE	4,539.	4,614.	<75.>		
BANK CHARGES	36,659.	26,229.	10,430.		
ADVERTISING	14,564.	11,791.	2,773.		
SPEAKERS	125,218.	125,218.			
ALLOCATED OVERHEAD	826,625.	609,556.	217,069.		
MEALS & ENTERTAINMENT	1,620,890.	1,579,731.	41,159.		
TRANSPORTATION	97,249.	97,249.			
INSURANCE	53,288.	33,577.	19,711.		
ALLOCATION OF SALARIES & OVERHEAD	<1,930,805.>		<1,930,805.>		
CONTRACT LABOR	1,441,234.	1,399,403.	41,831.		
DUES & SUBSCRIPTIONS	38,510.	5,660.	32,850.		
AV RENTAL	276,217.	274,328.	1,889.		
TUITION REIMBURSEMENT	11,570.		11,570.		

EDUCAUSE

84-1455437

GIFTS & AWARDS .	136,275.	132,244.	4,031.
TECHNOLOGY EXPENSES	257,588.	257,588.	
INCOME TAXES	57,050.		57,050.
FELLOWSHIPS	99,600.	99,600.	
CREDIT CARD			
PROCESSING FEES	87,491.	87,491.	
REPAIRS &			
MAINTENANCE	42,077.		42,077.
TOTAL TO FM 990, LN 43	<u>3,295,839.</u>	<u>4,744,279.</u>	<u><1,448,440.></u>

FORM 990 OFFICER COMPENSATION ALLOCATION STATEMENT 4
PART II, LINE 25

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
BRIAN L. HAWKINS	330,000.	21,500.		351,500.
A. PROGRAM SERVICES	33,924.			33,924.
B. MANAGEMENT AND GENERAL	296,076.	21,500.		317,576.
C. FUNDRAISING				
TOTAL PROGRAM SERVICES				33,924.
TOTAL MANAGEMENT AND GENERAL				317,576.
TOTAL FUNDRAISING				
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PARTS V-A AND V-B				351,500.

FORM 990 CASH GRANTS AND ALLOCATIONS STATEMENT 5

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
NETWORK RESEARCH & DEVELOPMENT	CALIFORNIA STATE UNIVERSITY	401 GOLDEN SHORE 5TH FLOOR, LONG BEACH, CA 90802	NONE	61,127.
NETWORK RESEARCH & DEVELOPMENT	UNIVERSITY OF ARKANSAS	2801 S UNIVERSITY AVE, LITTLE ROCK, AR 72204	NONE	66,366.
NETWORK RESEARCH & DEVELOPMENT	UNIVERSITY OF TEXAS SYSTEM	601 COLORADO ST. , AUSTIN, TX 78701	NONE	52,246.
NETWORK RESEARCH & DEVELOPMENT	MICHIGAN TECHNICAL UNIVERSITY	HOUGHTON, MI 49931	NONE	<3,396.>
NETWORK RESEARCH & DEVELOPMENT	UNIVERSITY OF ALASKA	PO BOX 757500 , FAIRBANKS, AK 99775	NONE	42,892.

TOTAL INCLUDED ON FORM 990, PART II, LINE 22

219,235.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 6
PART III

EXPLANATION

ADVANCE HIGHER EDUCATION BY PROMOTING THE INTELLIGENT USE OF INFORMATION TECHNOLOGY

FORM 990 OTHER PROGRAM SERVICES STATEMENT 7

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
ANNUAL CONFERENCE		2,862,455.
LIASON		407,282.
ON LINE EDUCATIONAL ACTIVITIES		406,263.
POLICY		720,580.
MEMBERSHIPS		458,228.
NATIONAL LEARNING INFRASTRUCTURE INITIATIVE (NLII)		1,154,949.
ADVANCED NETWORKING PROJECT (AN-MSI)		
NATIONAL SCIENCE FOUNDATION (NMI)		356,775.
STRATEGIC INITIATIVE		257,575.
TOTAL TO FORM 990, PART III, LINE E		6,624,107.

FORM 990 GOVERNMENT SECURITIES STATEMENT 8

DESCRIPTION	COST/FMV	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
U.S. GOVERNMENT SECURITIES	FMV	3,219,294.		3,219,294.
TOTAL TO FORM 990, LINE 54, COL B		3,219,294.		3,219,294.

FORM 990	OTHER ASSETS	STATEMENT	9
DESCRIPTION		AMOUNT	
DEPOSITS		47,460.	
OTHER ASSETS		22,151.	
ACCRUED INTEREST		54,252.	
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B		123,863.	

FORM 990	PART V-A - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT	10
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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 40.00	330,000.	21,500.	0.
JEFFREY W. NOYES UNIVERSITY OF TEXAS, 6900 NORTH LOOP 1604 WEST SAN ANTONIO, TX 78249-0677	DIRECTOR 0.00	0.	0.	0.
PERRY O. HANSON III 415 S. ST, FELDBERG COMM CENTER, PO BOX 549110 WALTHAM. MA 02454-9110	CHAIR 0.00	0.	0.	0.
DAVID WARD AMERICAN COUNCIL OF EDUCATION, ONE DUPONT CIRCLE WASHINGTON,DC 20036-1193	DIRECTOR 0.00	0.	0.	0.
JOHN E. BUCHER OBERLIN COLLEGE, 148 WEST COLLEGE ST OBERLIN, OH 44074-1575	TREASURER 0.00	0.	0.	0.
KATHLEEN CHRISTOPH UNIVERSITY OF WISCONSIN-MADISON, 1301 UNIVERSITY AVENUE, ROOM 207 MADISON, WI 53706	VICE CHAIR 0.00	0.	0.	0.

SCHEDULE A	OTHER INCOME			STATEMENT 12
DESCRIPTION	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT
OTHER INCOME	0.	0.	0.	113,724.
REALIZED GAINS (LOSSES)	0.	0.	0.	<14,039.>
UNREALIZED GAINS (LOSSES)	0.	0.	0.	<153,057.>
TOTAL TO SCHEDULE A, LINE 22	0.	0.	0.	<53,372.>

• If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.		
Type or print. File by the extended due date for filing the return. See instructions	Name of Exempt Organization EDUCAUSE	Employer identification number 84-1455437
	Number, street, and room or suite no. If a P O box, see instructions 4772 WALNUT STREET, SUITE 206	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions BOULDER, CO 80301	

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

- Form 990
- Form 990-EZ
- Form 990-T (sec 401(a) or 408(a) trust)
- Form 1041-A
- Form 5227
- Form 8870
- Form 990-BL
- Form 990-PF
- Form 990-T (trust other than above)
- Form 4720
- Form 6069

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **EDUCAUSE**
Telephone No **(303) 449-4430** 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 is for

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2006**

5 For calendar year **2005**, or other tax year beginning _____ and ending _____

6 If this tax year is for less than 12 months, check reason. Initial return Final return Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS NECESSARY TO GATHER THE INFORMATION REQUIRED TO FILE A COMPLETE AND ACCURATE RETURN

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$ _____

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____

c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ **N/A**

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title Date

Notice to Applicant - To Be Completed by the IRS

- We **have** approved this application. Please attach this form to the organization's return
- We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions) This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return
- We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period
- We **cannot consider** this application because it was filed after the extended due date of the return for which an extension was requested
- Other _____

Director _____ By: _____ Date _____

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Type or print	Name CBIZ ACCOUNTING, TAX & ADVISORY OF CO
	Number and street (include suite, room, or apt. no.) or a P.O. box number 1 BOULDER PLAZA, 1801 13TH ST., STE 210
	City or town, province or state, and country (including postal or ZIP code) BOULDER, CO 80302