Form 990-EZ Department of the Tressury

Internal Revende Service

Short Form 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) For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year. The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150

and ending

A	For th	e 2005 calendar year, or tax year beginning	and endir	•				
В	Check it				D Emplo	yer ide	entification	number
F	Addre chang Name chang		INC				10080	
	lmilia lmilia retur		Ro	oom/suite				
F	Final	Specifo 1451 JULIANA PLACE			70	3 <u>–3</u>	<u>04-12</u>	04
ī		seed House City or town, state or country, and ZIP + 4			F Group	Exem	ption	
Ë	Popul	ALEXANDRIA, VA 22304-1516			Numb			
	• Sa	illon 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a comp	leted	G Accour	iting met	nod: [Cash	X Accrual
		Schodule A (Form 990 or 990-EZ).		Other (specify) <u>l</u>	<u> </u>		
ī	Wabsi	a; ► N/A	<u></u> .				e organizati	
J	Organ	zation type (check only one)— X 501(c) (4 3 (lnsert no.) 4947(a)(1) or	527	required to	attach S	<u>ichedu</u>	<u>18 B (Form 990</u>), 990-EZ, or 990-PF)
K	Chack	if the organization's gross receipts are normally of the than \$25,000. The organization	tion need n	ot file a reti	urn with I	ihe IRS	; but if the	
	organi	ration chooses to file a return, be sure to file a complete return. Som as the require a complete	e return.					61 110
<u>L</u>	Add lir	es 55, 6b, and 7b, to line 9 to determine gross receipts; il \$100,000 of more, the Form #9y inste	ad of Form	99D-EZ	>	- \$		51,110.
	ert l	🔡 Revenue, Expanses, and Changes in Net Assets of Funglidate	ITCA2 (3)	No bank so	01 H 10 16 11 12	SUIDCHO	as.j	<u> </u>
	1	Contributions, gifts, grants, and similar amounts received Program service revenue including government fees and contracts	# Y	····	····- -	1		50,965.
	2	Program service revenue including government fees and contracts	•		····- -	2		
	3	Membership dues and assessments			}	_3		
	4	Investment income				4		
	5a	Gross amount from sale of assets other than inventory 5a			- 8	*****		
	b	Less: east or other basis and sales expenses				*****		
	C	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)			👢	5c		
ě	5	Special events and activities (attach schedule). If any amount is from gaming, check here	E.					
Revenue	8	Gross revenue (not including \$ of contributions						
æ		reported on line 1) Ba				X0AVAQ 0AV0X0 X0X0X0		
	b	Less: direct expenses other than fundralsing expenses				•		
	C	Net income or (loss) from special events and activities (line Ba less line 6b)	···-·			8c		
	7a	Gross sales of inventory, less returns and allowances 7a				222		
	b	Less: cost of goods sold 7b				~~		
	¢	Gross profit or (toss) from sales of Inventory (line 7a less line 7b)		7c -		145.		
	8	Other revenue (describe - INTEREST		8		51,110.		
_	g	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	т Э	····		9 10		10,000.
	10	Grants and similar arrounts pald STM	ı		······ ├	11		10,000
	11	Benefits gaid to grifor members			⊢	12		
8	12	Salaries, other compensation, and employee benefits				13		4,462.
enses	13	Professional fees and other payments to independent contractors				14		1,1021
ä	14	Occupancy, rent, utilities, and maintenance				15		
	15	Printing, publications, postage, and shipping Other expenses (describe CORPORATE REGISTRATION FEE				16		25.
	15					17		14,487.
	17	Total expenses (add lines 10 through 16) Excess or (deficit) for the year (line 9 less line 17)	·····		-	18		36,623.
ş	18	Net assets or fund balances at beginning of year (from line 27, column (A))			P 0	******		
Net Assets	'3	(must agree with end-of-year figure reported on prior year's return)			l i	19		26,344.
*	20	Other changes in net assets or fund balances (attach explanation)				20	•	
ž	21	Net assets or fund balances at end of year (combine lines 18 through 20)				21		62,967.
1	art)					EZ.		.,
803	<u> </u>	(See page 41 of the instructions.)		Beginning c			(B) En-	d of year
2	2 Co	sh, savings, and lavesiments		9,	643.	22		69,626.
2	9 19	nd and huildign	1			23		
2	4 ^+	ner assets (describe SEE STATEMENT 1		19,	350.			0.
2:	- VI 5 Tn	ial assets			993.			69,626.
2		al liabilities (describe SEE STATEMENT 2) [649.			6,659.
2	7 Ne	l assets or lund balances (line 27 of column (B) must agree with line 21)		26,	344.	27		62,967.
52. 02	3421 -01-06	LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions	3.				Form 99	0-EZ (2005)

	n 990-EZ (2005) SOCIETY OF VACUUM COATER				30-	-01	100	80	Paga 2
	graff Statement of Program Service Accomplishme		ructions	.)				pense	
Wh;	t is the organization's primary exempt purpose? SEE STATEME	NT 4				(Re	Detiup	for 50	1(c)(3)
Des pro	cribe what was achieved in carrying out the organization's exempt purposes. It ided, the number of persons benefited, or other relevant information for each	n a clear and concise manner, d program litle.	escribe	the services		494) trusts	tions and s; optional
	TO PROVIDE A SCHOLARSHIP FUND TO F		CAT	ION		† ~~;	ı — ·		
	OF PEOPLE PARTICIPATING IN A COURS								
	COATING TECHNOLOGY AT ACCREDITED I	NSTITUTIONS				ŀ			
	(Grants \$) If this amount includes foreign	grants, check here		>		262		10	,000.
29								-	
					- <u></u>				
	(Grants \$) If this amount includes foreign	grants, check here		<u>.</u> . >		29a			
30					—				
	(Grants \$) If this amount includes foreign	grants, check hare			$\overline{}$	30a			
31	Other program services (attach schedule)					304		•	
	(Grants \$) If this emount includes foreign					31a			
32	Total program service expenses (add lines 28a through 31a)					32		10	,000.
	List of Officers, Directors, Trustees, and Key					ge 42 (of the ins	structio	ns.)
		(0) This and sussans hours	151.5.				utions		
	(A) Name and address	(8) Title and average hours per week devoted to		mpensadon paid, enter		implo fit pla			Expense ount and
	, ,	position	,	-0)		eferre			allowances
			ļ <u> </u>	-	com	pensa	itlon		
		_	1						
****	SEE STATEMENT 5				<u> </u>	~	\longrightarrow		
		 					\longrightarrow		
		-							
							\rightarrow		
		-							
	Other Information (Note the attachment requirement	t In General Instruction V, pa	ge 14.					Ι¥	'esi No
33	Did the organization engage in any activity not previously reported to the IRS						T 2	19	Х
34	Were any changes made to the organizing or governing documents but not re-							14	Х
35	If the organization had income from business activities, such as those						200		
	reported on Form 990-T, attach a statement explaining your reason t	for not reporting the income	on For	m 990-T.			2000		
	Did the organization have unrelated business gross income of \$1,000 or mor							Ба	Х
b	If 'Yes,' has it filed a tax return on Form 990-T for this year?						<u>3</u> 6	Бb	N/A
	Was there a liquidation, dissolution, termination, or substantial contraction di			елt.)				6	X
	Enter amount of political expenditures, direct or indirect, as described in the li						— /'''		
	Did the organization file Form 1120-POL for this year?						37	<u>76</u>	X
зва	Did the organization borrow from, or make any loans to, any officer, director,					. prior	1	_	
	year and still unpaid at the start of the period covered by this return?		38b		/A		38	<u> </u>	X
	If "Yes," attach the schedule specified in the line 38 instructions and enter the				$\frac{A}{A}$		- 000		*****
39 h	501(c)(7) organizations. Enter: a Initiation fees and capital contributions in Gross receipts, included on line 9, for public use of club facilities		39a 39b		/A		000		
	501(c)(3) organizations. Enter amount of tax imposed on the organization of		oan		, <u></u> .		- 200		0.000 0.000000
-46	section 4911 O - ; section 4912				0.		200		0.000
b	501(c)(3) and (4) organizations. Did the organization engage in any section			i the vear or r		éčám	ie intt	*****	
-	aware of an excess benefit transaction from a prior year? If 'Yes,' attach an ex						40	₃₆	x
G	Enter amount of tax imposed on organization managers or disqualified person			·· ·· ·· ······					 1 - 5-
	sections 4912, 4955, and 4958					▶_			0.

d_Enter amount of tax on line 40c reimbursed by the organization

	0-EZ(2005) SOCIETY OF VACUUM COATERS FOUNDATION, INC	30-0110080 Page 3
-01111 22	0-EZ (2005) SOCIETY OF VACUUM COATERS FOUNDATION, INC. Other Information (Note the attachment requirement in General Instruction V, page 14.) (Continued on the Continued on th	inued)
*81 1	Other information (Note the attachment reconstruction of the MONE)	
41 Lis	t the states with which a copy of this return is filled. NONE books are in care of SOCIETY OF VACUMM COATERS Telephon	e no. ▶ 505-856-7188
42a Th	cated at > 71 PINON HILL PLACE NE, ALBUQUERQUE, NM	ZIP+4 ► 87122
	any time during the calendar year, did the organization have an interest in or a signature or other authority	
עם	er a financial account in a foreign country (such as a bank account, securities account, or other financial	Yes No
30	count)?	42b X
lf '	Yes," enter the name of the foreign country: 🕨	
Se	e the instructions for exceptions and filing requirements for Form TD F 90-22.1.	
c At	any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c X
lf '	Yes, enter the name of the foreign country: 🕨	
43 Se	action 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	
a n	tenter the amount of tay-exempt interest received or accrued during the tax year	▶ 43 N/A
Please Sign	Under penalties of perjuny, I declare that I have aparined this return, including accompanying schedules and statements, and to the be correct, and complete. Declaration of inspects than officed is based on all information of which propers has any knowledge.	st of my knowledge and devel, it is 1700.
Here	Symptore of officer	Ľate
	JOHN T. FERR VICE CHAIR	
	Type or print name and the	Preparer's 99N
Pald	Preparer's signature	Jor PTIN
Prepare	Flowering for white	EIN ►
Use On	Hasterologed 4001 INDIAN SCHOOL RD NE SUITE 110	Phone >
	144400 INTP-4 TO TOTOTICE NIM 97110	no. (505) 268~4335

Form 990-EZ (2005)

om	•990-E	Z (2005)	SOCIET	Y OF	VACUUI	4 CO	ATERS_	FOUNDA	TION,	, INC			-0110	080_	Pag	e 3
P£	n V	Other I	nformatio	n (Note	the attachm	ent requ	irement in	General Instr	uction V,	page 1	4.) (Contir	nned)				—
31	List th The br	e states with v	which a copy of a of ► SOC	t this retur CETY	n is filed. ► OF VA	NON1	COATI					no. > 5	05-8 <u>5</u> ••4 ► 8	6-71 7122	88	
Ь	At any over a accou	time during N financial acco nt)?	ne calendar ye:	ar, did the n country (organization h (such as a bar	ave an in	terest in or a	signature or of account, or of	other au th e	ority ial				42b		lo X
	See th Alt any If "Yes	e instructions time during the enter the na	for exceptions he calendar ye me of the fore:	and filing ar, did the ign country	requirements organization f v:	naintain a	in office out	.1. side of the U.S eu of Form 10		here				4 2¢	<u> </u>	<u>x</u>
	and e	etar the smou	nt of tax-exem	ot interest	received or ac	crued du	ring the tax.	year manying schedu mation of which				▶ 1 4	13	N/A	θ,	_
Sig Hei		Signature Type or pi	of officer Int game and ti <u>t</u> l					···					nte			
	i parer's Only	Preparer's Signification of the property of th	MACI	RIE, L IND JQUER	revid & IAN SC	COM			100	Check III employee	· • ·	Preparer or PTW EIN Phone P 00.		268	-43	35
_														Form 990	-EZ (20	105)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treesury Internal Revenue Service

Name of the organization

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

Employer identification number

30: 0110080

OMB No. 1545-0047

	SOCIETY OF VACUUM COATES	RS FOUNDATION, I		<u>30 01100</u>	
Part I	Compensation of the Five Highest Paid El (See page 1 of the instructions. List each one. If there are none	mployees Other Than e, enter 'None.")	Officers, Direc		
1	(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 & deterred compensation	(e) Expense account and other allowances
NONE					
		- -			
		· · 	<u> </u>		<u> </u>
					<u> </u>
Total number o	of other employees paid				
Part II-A	Compensation of the Five Highest Paid In (See page 2 of the instructions, List each one (whether individ	ndependent Contracto uals or firms). If there are none, i	rs for Professi enter 'None.")	ional Service	es
	(a) Name and address of each independent contractor paid mor		(b) Type of s	service	(c) Compensation
NONE -					
					
		 _			
	of others receiving over	▶ 0			
Part II-B		essional services, whether individ	ors for Other S uals or	ervices	
	(a) Name and address of each independent contractor paid mor		(b) Type of :	service	(c) Compensation
NONE					
			_ ,		
	of other contractors receiving over		***************************************	0 Y 0 Y 0 X 0 X 0 Y 0 0 0 0 0 0 0 0 0 0	
\$50,000 for oti	herservices	▶ . 0	*******************	****************	(0.00.00.00.00.00.00.00.00.00.00.00.00.0

Statements About Activities (Seepons 2 of the instructions) Vos During the year, has the organization attempted to instructions to the instructions of the problem of the lobbing activities. Population of the problem of the problem of the problem of the problem of the lobbing activities of the problem of the problem of the lobbing activities. Population of the problem of the problem of the problem of the lobbing activities of the problem of the problem of the lobbing activities. Problem of the lobbing activities. Problem of the problem o		A (Form 990 or 990-EZ) 2005 SOCIETY OF VACUUM COATERS FOUNDATION, INC 30-011		Yes	No
public polation on a ligiplative maths or referendam? If Yes,* inter this total expenses paid or incurred in connection with the bubbying activities. In a of Part Vi-B, or part Vi-B,	~~~~			163	
public polation on a ligiplative maths or referendam? If Yes,* inter this total expenses paid or incurred in connection with the bubbying activities. In a of Part Vi-B, or part Vi-B,	Du	ng the year, has the organization attempted to influence national, state, or local legislation, including any altempt to influence			ŀ
illies of Part VI-B. (Organizations that made an election under section SOI(fit) by Ning Form S768 must complete Part VI-B. (Other organizations checking Yes' must complete Part VI-B. AND attents a statement giving a defailed description of the lobbying activities. Dursty the year, his the reganization chair their deserby or denderity, engoged in any of the Information and with any state present a stitution of closes, relative, key employees, or mambers of field families, or with any state the organization with which any such presso is stitutional as on infect, directly, custee, engoling, or owner, or principal beneficiary? (If the answer to any queestion is Yes, "attach a detailed statement explaining the transactions.) 1. Lending of money or other extension of oredit? 2. Purmoshing of goods, services, or facilities? 1. Purmoshing of goods, services, or facilities? 2. Purmoshing of goods, services, or facilities? 3. De you was easier as securities, fellowships, student learns, state, services,	DII!	uc coloion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the			
lies of Part V-E0. Operations that mode an section under section 50 (ft) by filing Form 5766 must complete Part VFA. Other organizations checking 'frest must complete Part VFA AND attents a statement giving a defaulted description of the lobbying activities. During the year, last the enganization in Hard ristery for individually engaged in any of the following active with any substantial contributions, present a stituted as an offerer, dischort, instantially engaged in any of the following active with any substantial contributions, present a stitute of activities, creations by symptoyees, or manches of filent framilies, or with any trackles or garden with which any such persons a stitute of activities of the strained forms.) It contains the experiment explaining the trained forms.) It contains the experiment explaining the trained forms.) It contains grown and product a strained creation of credit? It furnishing of goods, services, or facilities? It governs the grants for scholarships, followships, student loans, etc.? (If 'Yes', attach an explanation of how your determine that engigients quality to receive pagnitude.) It governs the grants for scholarships, followships, student loans, etc.? (If 'Yes', attach an explanation of how your determine that engigients quality to receive pagnitudes? It go you make grants for scholarships, followships, student loans, etc.? (If 'Yes', attach an explanation of how your determine that engigients quality to receive pagnitudes? It go you make grant to good the services organization of the services? It go you make grant 30 years	lob	oying activities 🕨 \$ \$ \$ (Must equal amounts on line 38, Part VI-A, or	1 1		١.,
Cognitionists that mode an election under section 50(fit by him per some 366 must complete Part VFA. Other oxparizations checking Yes' must complete Part VFA. Other oxparizations checking Yes' must complete Part VFA. Other oxparization state of the sta	line	i of Part VI-B.)	1 1	******	2
chacking Yes' must compile Part VPE AND attent a statement giving a detailed description of the lobbying schuldes. The organization is find indexty or disease, readors, less than 9 substantial contributions, but states, directors, offices, creators, key employees, or members of their families, or with any substantial contributions, trustees, and or find. Indextor, insteader, and or members of their families, or with any substantial contributions, state in a detailed statement explaining the transactions.) Lending of money or other extension of credit? Lending of money or other extension of credit? Payment of compensation (or payment or relimbursement of expenses if more than \$1,000)? Payment of compensation (or payment or relimbursement of expenses if more than \$1,000)? Payment of compensation, or scates? Payment of substantial products, schoolships, followships, student loans, etc.? (if Yes', ettach an explanation of hew you determine that recipioting quality to receive payments. SEE STATEMENT 7. 3a X you do you make grained 49(b) annually gain for your employees? But you make grained 49(b) annually gain for your employees? But you will be received by the organization receive a contribution of qualities real property interest under section 170(ht)? 3b you make any expanses account for paticipating denors where disnores have the right to provide advice on the use or distribution of funds? But you provide credit counsation, doold management, credit regula, or debit negotiation sendors? But you be provide credit counsation, doold management, credit regulation for the provide advice on the use or distribution of funds? A protect, state, of focal grain for your employees? But you provide credit counsation, doold management, credit regulation of the provide advice on the use or distribution of funds? A protect state of the support for accompanies the support for depote the first funds. A protect state of the support schedule in Pret IV-A.) A progratization is not a private foundation because it is:	On	anizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations			
During the year, list the organization, either disectly, or indirectly, anguaged in any of the following acts with any substantial contributors, trusted, circles, offices, or protects, was multipleyed, members of their families; or with any fixable organization with which any such person is affiliated as an officer, director, funder, implicitly owner, or principal beneficiary? (if the answer to any question is "Yes," attache a detailed statement explaining the transaccions.). Sale, exchange, or leading of property? Landing of money or other extension of credit? Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? Transfer of any part of its income or assets? By one make grants for scholarships, followships, student leans, etc.? (If Yes, attach an explanation of how you determine that recipients qualify to ecceive payments) SEE, STATEMENT 7. 3a. X. 3b. 9 you have a section 40(36) annuity (plan for your employee? 3b. 10 uning the year, did the organization proteive a constribution of qualified real property interest under section 170(b)? 3b. 10 uning the year, did the organization proteive a constribution of qualified real property interest under section 170(b)? 3c. 10 uning the year, did the organization proteive a constribution of qualified real property interest under section 170(b)? 3c. 10 uning the year, did the organization proteive a constribution of qualified real property interest under section 170(b)? 3c. 2 unitariation and a private foundation because it is: (Flexes check only ONE application because in the protein product of constraints). 3c. 2 unitariation is not a private foundation because it is: (Flexes check only ONE application based to the lateral to under the product of the based to a first IV-A). 3c. 3 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i). 3d. 4 A church, convention of churches, or association of churches. Se	cha	cking "ves" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
person is alterated as an officer, director, flusters, implicity owns in plantoplas elementary; for the authors of soft section of property? Lending of money or other extension of credit? Furnishing of goods, services, or facilities? Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? Transfer of any part of its income or assets? 10 you make gursts for scholarships, fellowships, student loans, stc.? (if 'yes, 'attach an explanation of new you determine that recipients quality to receive payments) 10 you make gursts for scholarships, fellowships, student loans, stc.? (if 'yes, 'attach an explanation of new you determine that recipients quality to receive payments) 10 up you have a section 403(b) amountly plant for your employees? 10 up you have a section 403(b) amountly plant for your employees? 10 up you have a section 403(b) amountly plant for your employees? 10 up you have a section 403(b) amountly plant for your employees? 10 up you have a section 403(b) amountly plant for your employees? 10 up you provide credit countering to the receive payments) 10 up you provide credit countering, debt management, credit repair, or debt negotiation services? 10 up you provide credit countering, debt management, credit repair, or debt negotiation services? 10 up you provide credit countering, debt management, credit repair, or debt negotiation services? 10 up you provide credit countering, debt management, credit repair, or debt negotiation services? 10 up you provide credit countering, debt management, credit repair, or debt negotiation services? 11 A compensation of Non-Private Foundation Status (See pages 3 through 5 of the lestinctions.) 12 A nogarization that normality receives a provide provide active to the structure of the provide active to the support Schedule in Part IV-A) 13 A nogarization of that other or payment of great your services and provide credit repair to provi	Du	ing the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors,			(
plesso is alleuted as an officer, director, flusters, implicity owns or plantage territorial and state or detailed statement explaining the furnisections.) Sale, exchange, or leasting of property? Landing of money or other extension of credit? Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? 1 Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? 2 Transfer of any part of its income or assets? 2 B D you make grants for scholarships, fallowships, student loans, etc.? (if 'Yes,' attach an explanation of how you determine that recipients quality to receive payments) 1 Du you have a section 403(b) annually plant for your employees? 2 B D you make grants for scholarships, fallowships, student loans, etc.? (if 'Yes,' attach an explanation of how you determine that recipients quality to receive payments) 1 Du you have a section 403(b) annually plant for your employees? 2 B D you make grants for scholarships, and for your employees? 3 Du you have a section 403(b) annually plant for your employees? 3 Du you provide credit countering in the receive payments) 3 Du you provide credit countering in the state of the payments of the payments of the payment of the payments of	ţru	tees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such	2000000		
Sale, exchange, or leading of property? Lending of money or other extension of credit? Lending of money or other extension of credit? Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? 22	ПĒ	ana is amiliated as an officer, director, trustee, majority owner, or principal penenciary: (in the abover to early question is the con-			.
Defining of money or other extension of credit? Funnishing of goods, services, or facilities? Funnishing of any part of its income or assets. Funnishing of any part of its income or assets. Funnishing of any part of	a Sa	a, exchange, or leasing of property?	22		<u> </u>
Furnishing of goods, services, or facilities? 28			26		;
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? 2	b Le	ding of money or other extension of creat?			Г
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the type of supporting organization: Provide the following information about the supported organizations. (See page 6 of the lastructions.) (a) Name(s) of supported organization(s) (b) Line number of the following information about the supported organization (see page 6 of the lastructions.) (b) Line number of the following information about the supported organization (see page 6 of the lastructions.)	3	X An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations desc	ribed in:		
Provide the following information about the supported organizations. (See page 6 of the lastructions.) (a) Name(s) of supported organization(s) (b) Line number from about the supported organization (s) OCIETY OF VACUUM COATERS 12			ribes		
(a) Name(s) of supported organization(s) OCIETY OF VACUUM COATERS 12					_
(a) Name(s) of supported organization(s) trum about OCIETY OF VACUUM COATERS 12		Provide the following information about the supported organizations: (see page 6 or die listebouous.)	(h) Hi	ne nur	nhe
		(a) Name(s) of supported organization(s)			
			,	า	
	OÇ	IETY OF VACUUM COATERS	<u> </u>		_
The state of the s		· · · · · · · · · · · · · · · · · · ·			
					_

	Note: You may use the	worksheet in the instr	cked a box on line uctions for converting	g from the accrual	to the cash meth	ad of account	ting.
eginr	iar year (or liscal year ling in)	(a) 2004	(h) 2003	(c) 2002	(d) 24	001	(e) Total
	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)						
16	Membership fees received	,					<u>-</u>
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, atc., purpose						
18	Gross Income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975						
19	Net income from unrelated business				1		
20	activities not included in line 18 Tax revenues levied for the organization's benefit and either						
2 1	paid to it or expended on its behalf. The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.		<u>.</u>				,
22	Other income. Attach a schedule. Do not include gain or (foss) from sale of capital assets		,				
23	Total of lines 15 through 22	0.		· •	0.	0.	0
24	Line 23 minus line 17	.,-	<u>"</u> .				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
25	Enter 1% of line 23 Organizations described on lines 10		amenda la acturan (a)	line 24		▶ 262	N/A
26 b	Prepare & list for your records to sho	outhe name of and amou	ot contributed by each	nerson (other than a	governmental	***************************************	
н	unit or publicly supported organization	n) whose total gifts for 2	001 through 2004 ex	geded the amount she	own in line 26a.	**************************************	
	Do not file this list with your return.	Enter the total of all thes	e excess amounts			. P 28b	N/A
c	Total support for section 509(a)(1) to					. ▶ 26c	N/A
d	Add: Amounts from column (e) for lin	nes: 18	1	9		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	37/3
		22	2	6b		281	N/A N/A
θ		6d total)				268	N/A
f	Public support percentage (line 26s	(numerator) divided by	iline 25c (denominati	orj)		<u>▶ 261</u>	
27	Organizations described on line 12: records to show the name of, and tot such amounts for each year:	al amounts received in e	ach year from, each "d	isqualified person." Do	not fife this list w	ith your return.	Enter the sum of
	{2004}	(2003)		(2002)		(2001)	
Þ	For any amount included in line 17 th and amount received for each year, t described in lines 5 through 110, as	hat was more than the la well as individuals.) Do n	rger of (1) the amou of file this list with yo	it on line 25 for the yea or return. After compa	ar or (2) \$ 5,000. (li uting the difference	nçlud e in the lis	t organizations
	the larger amount described in (1) or (2004)	r (2) , enter the sum of the {2003}	ese differences (the ex	cess amounts) for eac (2002)	h year:	(2001)	
	Add: Amounts from column (a) for li	nes: 15_		16			
	Add: Amounts from column (e) for la 17 Add: Line 27a total	20		21 _,		27 c	N/A
đ	Add: Line 27a total .	an	id line 27b total			🟲 27 <u>.d.</u>	N/A
6	Public support (line 27c total minus l	line 27d total)				278	N/A
f	Total support for section 509(a)(2) to	est: Enter amount on line	23, column (e)	🕨 [271]	<u>N/A</u>	.	NT / A
	Public support percentage (line						N/A_
g							N/A
	Investment income percentage Unusuat Grants: For an organization						

Schedule A (Form 990 or 990-EZ) 2005 SOCIETY OF VACUUM COATERS FOUNDATION, INC

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

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

1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation

Does the organization certify that it has compiled with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50,

(To be completed ONLY by schools that checked the box on line 6 in Part IV) Yes No Does the organization have a racially nundiscriminatory policy toward students by statement in its charter, bylaws, other governing 29 29 instrument, or in a resolution of its governing body? Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brocheres, catalogues, 30 30 and other written communications with the public dealing with student admissions, programs, and scholarships? Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of 31 soficitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known 31 to all parts of the general community it serves? It "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) Does the organization maintain the following: 32a Records Indicating the racial composition of the student body, faculty, and administrative staff? Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 32b Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student 32c admissions, programs, and scholarships? Copies of all material used by the organization or on its behalf to solicit contributions? 324 If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) Does the organization discriminate by race in any way with respect to: 33 33a Students' rights or privileges? 38b Admissions policies? Employment of faculty or administrative staff? 334 Scholarships or other financial assistance? 33e Educational policies? 33f 33g Athletic programs? Other extracurricular activities? If you answared "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? 348 Has the organization's right to such ald ever been revoked or suspended?

Schedule A (Form 990 or 990-EZ) 2005

35

Schedule A (Form 990 or 990-EZ)	2005 SOCIETY O	VACUUM COA	TERS FO	UNDA	TION, I	NC	30	<u>-0110080</u>	
Pert VI-A Lobbying E	xpenditures by Ele d ONLY by an eligible organ	eting Public Chai ization that filed Form 576	rities (See par 8)	ge 9 of ti	ie instructions	5.} 			I/A
Gheck 🟲 a 🔃 If the organiza	tion belongs to an affiliated	group. Check	<u>▶ b it</u>	you chec			<u>ontrol"</u>	provisions apply,	
1.1-	mits on Lobbying B	voenditures			(a Affiliated		ļ	(u) To be complete	ed for ALL
					tota		- 1	electing organ	
(The terr	n 'expenditures' means amo	onts barn of alcorren.)		1	N/F				
		ofo Johhuing)		36	**, -	•			
36 Total lobbying expenditures to) influence public opinion (g	rassroots loopying)		37					
37 Total lobbying expenditures to) influence a legislative door	(orrect loopying)		38					-
38 Total lobbying expenditures (a				39			1		
39 Other exampt purpose expend40 Total exampt purpose expand	illures	11.11		40		—			
				00000000	44.40000000000000000000000000000000000	· • · · · · · · · · · · · · · · · · · ·	*****		00000000000000000000000000000000000000
41 Lobbying nontaxable amount. If the amount on line 40 is -		ig nonlaxable amount is -					~~~		
Not over \$500,000		_		000000000000000000000000000000000000000	~	~~~~~~~~ ~~~~~~~~~			0.40.20.40.40.40.60.60.60.60.60.60.60.60.60.60.60.60.60
Over \$500,000 but not over \$1,000				000000000000000000000000000000000000000	~^~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Over \$1,000,000 but not over \$1,50				41	·····				
Over \$1,500,000 but not over \$17,0				***************************************	040202020202020202020202020202020202020			**************************************	
Over \$17,000,000	\$1,000,000					~~~~~		~~~~~~~~~~~~~~~~~ °60~~~~~~~~~~~~~~~~~~~	(0) 0) 00000 00000
42 Grassroots nontaxable amour				42					
48 Subtract line 42 from line 36.				43					
44 Subtract line 41 from line 38.	Enter -0- il line 41 is more t	han Ilne 38		44	~~~~~ ~~	***********	00 (0.00	(02020000000000000000000000000000000000	**************************************
Caulion: If there is an amo		- 44 160 Fa	4300			**************************************	******** *********		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
	i I	Labbying Ex	penditures Duri	ng 4-Yea	ır Averaging i	Period			N/A
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 200			(d) 2002	·	(e Tol	
45 Lobbying nontaxable									0.
amount	0.0000000000000000000000000000000000000	020202000000000000000000000000000000000	212400000000000000000000000000000000000		*************	~~~~~~			0.
46 Lobbying ceiling amount							~~~~	0.00	0.
(150% of line 45(e))	***********************	***************************************	<u>.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	20000000	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	********	*******	25.7	
47 Total lobbying									0.
expenditures									
amount thuman									0.
49 Grassroots celling amount	0.000 000 000 000 000 000 000 000 000 0		* * * * * * * * * * * * * * * * * * *	00000000000000000000000000000000000000	, , , , , , , , , , , , , , , , , , ,	*********	*******	000 000	_
(150% of line 48(e)}				*********		/*************************************	~~~~		0.
50 Grassroots lobbying									
expenditures Part VI B Lobbying /	Activity by Nonelec	ting Public Chari	ties	i				,	0. N/A
(For reporting of During the year, did the organization	inly by organizations that di					T			
luting the year, did the organizati Influence public opinion on a legis			on, more any an	, accomp		Yes	No	Amou	nt
a Volunteers								~~~~~~	~~~~~~~~~~~ ~~~~~~~~~~~~~~~~~~~~~~~~~~
b Paid staff or management (In								070700000000000000000000000000000000000	
c Media advertisements									
d Mailings to members, legislat]			
e Publications, or published or						<u> </u>			
f Grants to other organizations							<u> </u>	<u> </u>	
g Direct contact with registators									
h Rallies, demonstrations, sem						0,000,00	********		0.
i Total tobbying expenditures (Add lines c through h.) Iso attach a statement nivin					**********		İ	U.

Part VIII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the Instructions.) Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 51 501(c) of the Gode (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? No a Transfers from the reporting organization to a nuncharitable exempt organization of: 51a(l) Х (I) Cash Х (II) Other assets b(i) (I) Sales or exchanges of assets with a noncharitable exempt organization X **b**(II) (III) Purchases of assets from a noncharitable exempt organization X b(111) (III) Rental of tacilities, equipment, or other assets b(lv) (Iv) Reimbursement arrangements X (Y) Loans or loan guarantees Х (vi) Performance of services or membership or fundralsing solicitations Sharing of facilities, equipment, mailing lists, other assets, or pald employees 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 (a) Name of noncharitable exempt organization Description of transfers, transactions, and sharing arrangements Amount involved Line no 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? X No h If 'Yes,' complete the following schedule: (c) (b) (a) Type of organization Description of relationship Name of organization

Schedule A (Form 990 or 990-EZ) 2005 SOCIETY OF VACUUM COATERS FOUNDATION, INC

30-0110080

Schedule A (Form 990 or 990-EZ) 2005

Page 6

Schedule B (Farm 980, 980-EZ, or 990-PF)

Department of the Tressury Internal Revenue Service Schedule of Contributors

Supplementary Information for line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

SOCIETY OF VACUUM COATERS FOUNDATION, INC

OMB No. 1545-0047

2005

Name of organization

Employer identification number

30-0110080

Organization type (check one): Section: Filers of: \overline{X} 501(c)($\overline{3}$) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt cheritable trust not treated as a private foundation ... 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation ___ 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule-see instructions.) General Rule-[X] For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.) Spacial Rules-For a section 501(c)(3) organization filling Form 990, or Form 990 EZ, that met the 33 1/3% support test under Regulations sections 1.509(a)-3/1.170A-9(e) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.) For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Paris I, II, and III.) For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the Parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing

LHA For Paperwork Reduction Act Notice, see the Instructions

requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

for Form 990, Form 990-EZ, and Form 990-PF.

Employer identification number

SOCIETY OF VACUUM COATERS FOUNDATION, INC.

30-0110080

Pert I	Contributors (See Specific Instructions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1_	THE COMMUNITY FOUNDATION 7325 BEAUFONT SPRINGS DRIVE, STE 210 RICHMOND, VIRGINIA 23225	\$\$0,000 <u>.</u>	Person X Payroll Noncash (Complete Part II if there Is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		. \$	Person Payroll Noncash (Complete Part II if there Is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payrolt Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
28452 172-01		\$	Person Payroll

FORM 990-EZ	C	THER ASSETS	<u>. </u>	STATEMENT	_1
DESCRIPTION		1	BEG. OF YEAR	END OF YEA	ıR
DUE FROM SOCIETY OF	VACUUM COATERS		19,350.		0.
TOTAL TO FORM 990-E	Z, LINE 24	=	19,350.		0.
FORM 990-EZ	ОТН	ER LIABILITIES		STATEMENT	
DESCRIPTION			BEG. OF YEAR	END OF YEA	AR.
SCHOLARSHIPS PAYABL ACCOUNTS PAYABLE	Æ	_	2,500. 149.	5,00 1,65	
TOTAL TO FORM 990-E	Z, LINE 26	-	2,649.	6,65	9.
FORM 990-EZ	CASH GRAN	rs and allocatio	ns	STATEMENT	3
CLASSIFICATION DON	IEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHI	TRUOMA T	[
-	EN'S UNIVERSITY	QUEEN'S UNIVERSITY, KINGSTON, ONTAR 705 BROAD STREE		5,00	0.
	\$		UNIVERSITY 5	5,00	0.
TOTAL INCLUDED ON F	ORM 990-EZ, LINI	E 10		10,00	00.
FORM 990-EZ PART	! III - STATEMENT PRIMARY EXEM		n's	STATEMENT	4

EXPLANATION

TO SUPPORT THE VACUUM COATING INDUSTRY BY ENGAGING IN CHARITABLE, EDUCATIONAL & SCIENTIFIC ACTIVITIES.

FORM 990-EZ PART IV - LIST OF TRUSTEES AND	F OFFICERS, DIRE O KEY EMPLOYEES	CTORS,	STATEN	ient 5
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	
CLARK BRIGHT	PRESIDENT			
4202 SOUTH SANTA RITA AVE, TUSCON, AZ	0.00	0.	0.	0.
PETER MARTIN	VICE PRESIDENT			
902 BATTELLE BLVD, RICHLAND, WA 99352	0.00	0.	0.	0.
JOHN FELTS	PAST PRESIDENT			
2021 ALASKA PACKER PL, #3,ALAMEDA,CA	0.00	0.	0.	0.
MICHAEL ANDREASEN	TREASURER			
PO BOX 2529, FAIRFIELD, CA 94533-0252	0.00	0.	0.	0.
DAVID GLOCKER	SECRETARY			
10 VANTAGE DRIVE, #4, ROCHESTER, NY	0.00	0.	0.	0.
FRANK T. ZIMONE 1259 NORTH CHURCH ST., MOORESTOWN NJ	DIRECTOR 0.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990-EZ, PAR	T IV	0.	0.	0.

FOI	RM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS	s	TATEM	IENT	
A)	DIRECTLY	ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL CONTRACT?	[]	YES	(X)	NO
В}	DID THE (ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	. []	YES	[X]	NO

SCHEDULE A EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS STATEMENT PART III, LINE 3A

QUALIFYING RECIPIENTS ARE STUDENTS AT ACCREDITED INSTITUTIONS ENGAGED IN AN UNDERGRADUATE OR GRADUATE COURSE OF STUDY IMPORTANT TO VACUUM COATING TECHNOLOGY.

print. SOCIETY OF VACUUM COATERS FOUNDATION, INC Number, street, and room or suite no. If a P.O. box, see Instructions. 1451 JULIANA PLACE Sing the	, . 0650	ID-11 47-7664\		Page 2
# If you see filling for an Additional front automaticy deviation and automatic Schronich extension on a previously filled Form 6868. # If you do filing for an Automatic 3-Morth Extension, complete only Part I (or pages 1). ###################################			Laback this bo	v ▶ [X]
## Jyou or \$10 for an Automatic 3-Month Extension, complete only Part 1 (or page 1). Part Month of Complete Part 1 Part 1 Part 2 Part 1 Part 2 Part 1 Part 2 Part	 If you ar 	e filing for an Additional (not automatic) 3-Month Extension, complete only Park if and	reviewely filed	
Name of Exempt Organization Security Organization	Nate: Only	complete Part II if you have stready been granted an automatic ormonin extension on a	MENIOUSIY INCO	TOTAL GOOD.
Name of Exempt Organization SOCIETY OF VACUUM COATERS FOUNDATION, INC SOCIETY OF VACUUM COATERS Form 900-82 Form 900-83 Form 900-84 Form 900-85 Form 900-84 Form 900-85 Form 900-84		A Jally and (not sustainatio) 3-Month Extension of Time - Must file	e Original a	nd One Copy.
SCOTETY OF VACUUM COATERS FOUNDATION, INC SCOTETY OF VACUUM COATERS 1451 JULIANA PLACE For IRSU use only For IRSU For I	geansu:			Employer identification number
Number, street, and room or suite no. If a P.O. box, see instructions. Number, street, and room or suite no. If a P.O. box, see instructions.	Туре ог	Name of Exempt Organization		Employer logistings and station
Number, street, and room or suite no. If a P.O. box, see instructions. 451 JULIANA PLACE	print.	SOCIETY OF VACUUM COATERS FOUNDATION, INC		30-0110080
451 JULTANA PLACE	File by the		200000000000000000000000000000000000000	For IRS use only
City, town or post offices, states, and ZIP code. For a foreign acidness, see instructions. Carry Common	due data for	1451 JULIANA PLACE	**************************************	
Form 990 X Form 990-PF Form 990-T (sec. 401a) or 408(a) trusty Form 1910 Form 1920 Form 6970 Form 6990-PF Form 990-T (surst other than above) Form 4720 Form 6999 Form 6990-PF Form 6990-PF Form 6990-PF Form 990-T (surst other than above) Form 4720 Form 6999 Form 6990-PF Form 6990-PF Form 990-PF Form 990-PF Form 6990-PF	retum. See			
Form 990-BL Form 990-F	Check typ	ne of return to be filed (File a separate application for each return):		
The books are in the care of ▶ SCCIETY OF VACUMM COATERS Telephone No. ▶ 505-836-7188 Felsphone No. ▶ 505-836-7188 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 this is for part of the group, wheck this box. If this is for an additional Smonth extension of time until NOVEMBER 15, 2006 For calendar year 2005, or other tax year beginning and attach a list with the names and ElNs of all members the extension is for calendar year 2005, or other tax year beginning and ending if the tax year is for least than 12 months, whock reason: initial return Final return Change in accounting period it this tax year is for least than 12 months, whock reason: initial return Final return Change in accounting period it this tax year is for least than 12 months, whock reason: initial return Final return Change in accounting period it is the tax year is for least than 12 months, whock reason: initial return Final return Change in accounting period it is the tax year is for least than 12 months, whock reason: initial return Final return Change in accounting period it is the splication is for Form 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions 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 with the form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Faderal Tax Payment System). See instructions If this application is the splin period is a substant of the splin period is considered to the best of my knowledge and balar, it true, correct, and complete, and that I are automated to prepase this form. Signature P Title Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax includes any t		1990 E FOIL 930-FF - 10111 330 1 (000-10-10)		
The books are in the care of ▶ SCCIETY OF VACUMM COATERS Telephone No. ▶ 505-836-7188 Felsphone No. ▶ 505-836-7188 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 this is for part of the group, wheck this box. If this is for an additional Smonth extension of time until NOVEMBER 15, 2006 For calendar year 2005, or other tax year beginning and attach a list with the names and ElNs of all members the extension is for calendar year 2005, or other tax year beginning and ending if the tax year is for least than 12 months, whock reason: initial return Final return Change in accounting period it this tax year is for least than 12 months, whock reason: initial return Final return Change in accounting period it this tax year is for least than 12 months, whock reason: initial return Final return Change in accounting period it is the tax year is for least than 12 months, whock reason: initial return Final return Change in accounting period it is the tax year is for least than 12 months, whock reason: initial return Final return Change in accounting period it is the splication is for Form 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions 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 with the form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Faderal Tax Payment System). See instructions If this application is the splin period is a substant of the splin period is considered to the best of my knowledge and balar, it true, correct, and complete, and that I are automated to prepase this form. Signature P Title Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax includes any t	STOP: Do	not complete Part II if you were not already granted an automatic 3-month extension	n on a previou	ısly filed Form 8868.
Telephone No. ▶ 505—856—7188 FAX No. ▶ If the organization does not have an office or place of business in the United States, check this box			····	<u> </u>
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City or town, province or state, and country (including postal or ZIP code)		Number and street (include suite, room, or apt. no.) or a P.O. box number		
	523832 05-01-05	City or town, province or state, and country (including postal or ZIP code)		

FORM 8688 EXPLANATION FOR EXTENSION STATEMENT ₿

EXPLANATION

ADDITIONAL TIME WILL BE NEEDED TO COMPLETE THE INFORMATION NEEDED TO FILE THE RETURN DUE TO THE DEATH OF AN IMMEDIATE FAMILY MEMBER OF THE FINANCE DIRECTOR. THE SITUATION WAS A PROLONGED DETERIORATION OF HEALTH THAT REQUIRED HER PRESENCE OUT-OF-STATE FOR SEVERAL MONTHS.

<u> </u>	(Rev. 12-2004)			Page 2
• If you a	re filing for an Additional (not automatic) 3-Month Extension, complete only Part II and	check this box	х	
Note: Onl	y complete Part II if you have already been granted an automatic 3-month extension on a p	reviously filed	Form 8868.	
If you a	ra 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 a	nd One Copy	y.
Type or	Name of Exempt Organization		Employer iden	tification number
print.	SOCIETY OF VACUUM COATERS FOUNDATION, INC		30-011	0080
File by the extended	Number, street, and room or suite no. If a P.O. box, see instructions.		For IRS use on	
due data for filing the	1451 JULIANA PLACE			-1
return. See	City, town or post office, state, and ZIP code. For a foreign address, see Instructions. ALEXANDRIA, VA 22304-1516			
	e of return to be filed (File a separate application for each return):			<u> </u>
X Form	n 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) For	n 1041-A [n 4720 [Form 5227	Form 8870
STOP: Do	not complete Part II if you were not stready granted an automatic 3-month extension	***		200
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	oks are in the care of SOCIETY OF VACUMM COATERS			
	one No. ► 505-856-7188 FAX No. ►			. \Box
● litthic is	ganization does not have an office or place of business in the United States, check this by	×		> └─
tox ►	for a Group Return , enter the organization's four digit Group Exemption Number (GEN) for a Group Return, enter the organization's four digit Group Exemption Number (GEN)			
		nd FINS of all I	ixə etti sledimləti	lension is for.
	2005	nd anding		
	——————————————————————————————————————	nd ending I return	Change is	accounting period
	in detail why you need the extension	i i G tuarii	rrm Allande ti	accounting period
	E STATEMENT 8			
			<u></u> .	
8a If this	s application is for Form 990-BL, 990-PF, 990-T, 4720, or 6089, enter the tentative tax, less efundable credits. See instructions	any	\$	
b if this	s application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and ea syments made, include any prior year overpayment allowed as a credit and any emount p	tlmated		
prev	iously with Form 8868		<u>\$</u>	
c Bala	nce Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required on or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instruction	deposit with F	-TD	N/A
	Signature and Verification	//IS		N/A
Under penal	ties of perjury, I declare that I have examined this form, including accompanying schedules and statem rect, and complete, and that I am authorized to prepare this form.	ents, and to the	best of my knowle	dge and belief,
	. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		. 0	15/06
Signature P	Title C.P.A.	_ IDC	Date ► 8	12/00 m
	Notice to Applicant - To Be Completed by the	e IKS		
	have approved this application. Please attach this form to the organization's return.			
dete.	в ve по t approved this application. However, we have granted a 10-day grace period from of the organization's return (including any prior extensions). This grace period is considere	the later of the	date shown be	low or the due
other	wise required to be made on a timely return. Please attach this form to the organization's t	o to de a validi	extension of tim	e for elections
	ave not approved this application. After considering the reasons stated in Item 7, we cann		radioad for an ar	danaian afsi
file. V	Ve are not granting a 10-day grace period.	ire flaut koot i	equest for an ex	O) sign) to noisisen
	annot consider this application because it was filed after the extended due date of the re-	um for which :	an extension we	a remuested
Othe			- CA (CA) (CA)	з годованы.
		•		
Director			Date	
Alternate i different the	falling Address - Enter the address if you want the copy of this application for an addition the one entered above.	nal 3-month ex	tension returned	to an address
	Name MACKIE REID & COMPANY P.A. CPA'S			
lype or print	Number and street (include suite, room, or apt. no.) or a P.O. box number 4001 INDIAN SCHOOL RD. NE, SUITE 110			
29832 5-01-05	City or town, province or state, and country (including postal or ZIP code) ALBUQUERQUE, NEW MEXICO 87110			