

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)
▶ 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 7/01/05, and ending 6/30/06

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
UNITED STATES BIATHLON ASSOCIATION
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
49 PINELAND DRIVE 301-A
 City or town, state or country, and ZIP + 4
NEW GLOUCESTER ME 04260

D Employer identification no.
03-0279959
E Telephone number
207-688-6500
F Accounting method: Cash Accrual Other (specify)

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

H 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 ▶
H(c) Are all affiliates included? Yes No
 (If "No," attach a list. See instr.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number ▶
M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

G Website: ▶ WWW.USBIATHLON.ORG

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 ▶ 910,925

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

| | | | | |
|---|---|------------|-----------------|-----------|
| Revenue | 1 Contributions, gifts, grants, and similar amounts received: | | | |
| | a Direct public support | 1a | 536,900 | |
| | b Indirect public support | 1b | 318,884 | |
| | c Government contributions (grants) | 1c | | |
| | d Total (add lines 1a through 1c) (cash \$ <u>450,746</u> noncash \$ <u>405,038</u>) | 1d | | 855,784 |
| | 2 Program service revenue including government fees and contracts (from Part VII, line 93) | 2 | | |
| | 3 Membership dues and assessments | 3 | SEE STATEMENT 1 | 18,385 |
| | 4 Interest on savings and temporary cash investments | 4 | | 6,780 |
| | 5 Dividends and interest from securities | 5 | | |
| | 6a Gross rents | 6a | | |
| | b Less: rental expenses | 6b | | |
| | c Net rental income or (loss) (subtract line 6b from line 6a) | 6c | | |
| 7 Other investment income (describe ▶) | 7 | | | |
| 8a Gross amount from sales of assets other than inventory | (A) Securities | | (B) Other | |
| | | 8a | 19,436 | |
| | b Less: cost or other basis and sales expenses | 8b | | |
| | c Gain or (loss) (attach schedule) | 8c | 19,436 | |
| d Net gain or (loss) (combine line 8c, columns (A) and (B)) | 8d | SEE STMT 2 | 19,436 | |
| 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 | | |
| 10a 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 | | 10,540 | |
| 12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) | 12 | | 910,925 | |
| Expenses | 13 Program services (from line 44, column (B)) | 13 | | 626,480 |
| | 14 Management and general (from line 44, column (C)) | 14 | | 273,716 |
| | 15 Fundraising (from line 44, column (D)) | 15 | | 163,045 |
| | 16 Payments to affiliates (attach schedule) | 16 | | |
| | 17 Total expenses (add lines 16 and 44, column (A)) | 17 | | 1,063,241 |
| Net Assets | 18 Excess or (deficit) for the year (subtract line 17 from line 12) | 18 | | -152,316 |
| | 19 Net assets or fund balances at beginning of year (from line 73, column (A)) | 19 | | 1,753,612 |
| | 20 Other changes in net assets or fund balances (attach explanation) | 20 | SEE STATEMENT 3 | -194 |
| | 21 Net assets or fund balances at end of year (combine lines 18, 19, and 20) | 21 | | 1,601,102 |

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Part II Statement of Functional Expenses

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

| Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I. | | (A) Total | (B) Program services | (C) Management and general | (D) Fundraising |
|---|-----|-----------|----------------------|----------------------------|-----------------|
| 22 Grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | 22 | | | | |
| 23 Specific assistance to individuals (attach schedule) <input type="checkbox"/> | 23 | | | | |
| 24 Benefits paid to or for members (attach schedule) <input type="checkbox"/> | 24 | | | | |
| 25 Compensation of officers, directors, etc. | 25 | | | | |
| 26 Other salaries and wages | 26 | 236,747 | 52,209 | 110,556 | 73,982 |
| 27 Pension plan contributions | 27 | | | | |
| 28 Other employee benefits | 28 | 46,414 | 18,812 | 7,443 | 20,159 |
| 29 Payroll taxes | 29 | | | | |
| 30 Professional fundraising fees | 30 | | | | |
| 31 Accounting fees | 31 | 7,125 | | 7,125 | |
| 32 Legal fees | 32 | | | | |
| 33 Supplies | 33 | 263,031 | 258,654 | 4,377 | |
| 34 Telephone | 34 | 10,586 | | 10,586 | |
| 35 Postage and shipping | 35 | 4,263 | | 4,263 | |
| 36 Occupancy | 36 | 18,048 | | 18,048 | |
| 37 Equipment rental and maintenance | 37 | | | | |
| 38 Printing and publications | 38 | | | | |
| 39 Travel | 39 | 194,307 | 180,429 | 10,677 | 3,201 |
| 40 Conferences, conventions, and meetings | 40 | | | | |
| 41 Interest | 41 | 4,105 | | 4,105 | |
| 42 Depreciation, depletion, etc. (attach schedule) | 42 | 3,083 | | 3,083 | |
| 43 Other expenses not covered above (itemize): | | | | | |
| a SEE STATEMENT 4 | 43a | 275,532 | 116,376 | 93,453 | 65,703 |
| b | 43b | | | | |
| c | 43c | | | | |
| d | 43d | | | | |
| e | 43e | | | | |
| f | 43f | | | | |
| g | 43g | | | | |
| 44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15) | 44 | 1,063,241 | 626,480 | 273,716 | 163,045 |

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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 \$ _____ ; (ii) the amount allocated to Program services \$ _____ ; (iii) the amount allocated to Management and general \$ _____ ; and (iv) the amount allocated to Fundraising \$ _____

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

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

What is the organization's primary exempt purpose?

▶ **NATIONAL GOVERNING BODY FOR OLYMPIC SPORT OF BIATHLON.**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

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

a **TEAM TRIALS, TRAINING AND COMPETITION.**

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

581,553

b **ATHLETE DEVELOPMENT PROGRAMS**

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

44,927

c

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

d

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

e Other program services (attach schedule)

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

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

626,480

Part IV Balance Sheets (See the instructions.)

| | | (A) Beginning of year | | (B) End of year | |
|---|---|---|-----------|--------------------|-----------|
| Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only. | | | | | |
| Assets | 45 | Cash-non-interest-bearing | 104,053 | 45 | 3,939 |
| | 46 | Savings and temporary cash investments | 5,304 | 46 | 7,158 |
| | 47a | Accounts receivable | 15,842 | | |
| | b | Less: allowance for doubtful accounts | | 47c | 15,842 |
| | 48a | Pledges receivable | 1,443,156 | | |
| | b | Less: allowance for doubtful accounts | | 48c | 1,443,156 |
| | 49 | Grants receivable | | 49 | |
| | 50 | Receivables from officers, directors, trustees, and key employees (attach schedule) | | 50 | |
| | 51a | Other notes and loans receivable (attach schedule) | | | |
| | b | Less: allowance for doubtful accounts | | 51c | |
| | 52 | Inventories for sale or use | 3,306 | 52 | 950 |
| | 53 | Prepaid expenses and deferred charges | 12,774 | 53 | 8,349 |
| | 54 | Investments-securities SEE STATEMENT 5 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV | 294,268 | 54 | 255,142 |
| | 55a | Investments-land, buildings, and equipment: basis | | | |
| | b | Less: accumulated depreciation (attach schedule) | | 55c | |
| 56 | Investments-other (attach schedule) | | 56 | | |
| 57a | Land, buildings, and equipment: basis | 21,676 | | | |
| b | Less: accumulated depreciation (attach schedule) SEE STATEMENT 6 | 15,777 | 57c | 5,899 | |
| 58 | Other assets (describe <input type="checkbox"/>) | | 58 | | |
| 59 | Total assets (must equal line 74). Add lines 45 through 58. | 1,880,027 | 59 | 1,740,435 | |
| Liabilities | 60 | Accounts payable and accrued expenses | 86,698 | 60 | 60,296 |
| | 61 | Grants payable | | 61 | |
| | 62 | Deferred revenue | | 62 | |
| | 63 | Loans from officers, directors, trustees, and key employees (attach schedule) | | 63 | |
| | 64a | Tax-exempt bond liabilities (attach schedule) | | 64a | |
| | b | Mortgages and other notes payable (attach schedule) | | 64b | |
| | 65 | Other liabilities (describe <input type="checkbox"/> SEE STATEMENT 7) | 39,717 | 65 | 79,037 |
| 66 | Total liabilities. Add lines 60 through 65 | 126,415 | 66 | 139,333 | |
| 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 | 216,605 | 67 | 95,444 |
| | 68 | Temporarily restricted | 1,537,007 | 68 | 1,505,658 |
| | 69 | Permanently restricted | | 69 | |
| | 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) | 1,753,612 | 73 | 1,601,102 | |
| 74 | Total liabilities and net assets/fund balances. Add lines 66 and 73. | 1,880,027 | 74 | 1,740,435 | |

Part VI Other Information (continued)

| | | Yes | No |
|---|-------------------|-----|----|
| 82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? | | X | |
| b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) | 82b 34,450 | | |
| 83a Did the organization comply with the public inspection requirements for returns and exemption applications? | | X | |
| b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? | N/A | | |
| 84a Did the organization solicit any contributions or gifts that were not tax deductible? | | | X |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 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. | N/A | | |
| c Dues, assessments, and similar amounts from members | 85c | | |
| d Section 162(e) lobbying and political expenditures | 85d | | |
| e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices | 85e | | |
| f Taxable amount of lobbying and political expenditures (line 85d less 85e) | 85f | | |
| 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) orgs. Enter: a Initiation fees and capital contributions included on line 12 | 86a | | |
| b Gross receipts, included on line 12, for public use of club facilities | 86b | | |
| 87 501(c)(12) orgs. Enter: a Gross income from members or shareholders | 87a | | |
| b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) | 87b | | |
| 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 |
| 89a 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) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction | | | X |
| c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year sections 4912, 4955, and 4958 ▶ 0 | | | |
| d Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ 0 | | | |
| 90a List the states with which a copy of this return is filed ▶ NY | | | |
| b Number of employees employed in the pay period that includes March 12, 2005 (See instructions.) | 90b 4 | | |
| 91a The books are in care of ▶ MAX COBB Telephone no. ▶ 207-688-6500 49 PINELAND DRIVE Located at ▶ NEW GLOUCESTER, ME ZIP + 4 ▶ 04260 | | | |
| 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)? | | | X |
| If "Yes," enter the name of the foreign country ▶ | | | |
| See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | | |
| At any time during the calendar year, did the organization maintain an office outside of the United States? | | | X |
| c If "Yes," enter the name of the foreign country ▶ | | | |
| 92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 | | | |

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

Note: Enter gross amounts unless otherwise indicated.

| | Unrelated business income | | Excluded by sec. 512, 513, or 514 | | (E) Related or exempt function income |
|--|---------------------------|---------------|-----------------------------------|---------------|--|
| | (A) Business code | (B) Amount | (C) Exclusion code | (D) Amount | |
| 93 Program service revenue: | | | | | |
| a _____ | | | | | |
| b _____ | | | | | |
| c _____ | | | | | |
| d _____ | | | | | |
| e _____ | | | | | |
| f Medicare/Medicaid payments | | | | | |
| g Fees and contracts from government agencies | | | | | |
| 94 Membership dues and assessments | | | | | 18,385 |
| 95 Interest on savings and temporary cash investments | | | 14 | 6,780 | |
| 96 Dividends and interest from securities | | | | | |
| 97 Net rental income or (loss) from real estate: | | | | | |
| a debt-financed property | | | | | |
| b not debt-financed property | | | | | |
| 98 Net rental income or (loss) from personal property | | | | | |
| 99 Other investment income | | | | | |
| 100 Gain or (loss) from sales of assets other than inventory | | | 18 | 19,436 | |
| 101 Net income or (loss) from special events | | | | | |
| 102 Gross profit or (loss) from sales of inventory | | | | | |
| 103 Other revenue: a _____ | | | | | |
| b MISCELLANEOUS BIATHLON INCOME | | | | | 10,540 |
| c _____ | | | | | |
| d _____ | | | | | |
| e _____ | | | | | |
| 104 Subtotal (add columns (B), (D), and (E)) | | | 0 | 26,216 | 28,925 |
| 105 Total (add line 104, columns (B), (D), and (E)) | | | | | 55,141 |

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). |
|----------|---|
| 103B | MISCELLANEOUS INCOME FROM BIATHLON EVENTS. |
| 94 | MEMBERSHIP DUES FROM ATHLETES AND OTHER PARTICIPANTS. |

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).

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.

Please Sign Here

Signature of officer: **MAX COBB** *CLIENT'S COPY* Date: _____
 Type or print name and title: **EXECUTIVE DIRECTOR**

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed: Preparer's SSN or PTIN (See Gen. Instr. W): **P00136499**

Firm's name (or yours if self-employed), address, and ZIP + 4: **JMM & ASSOCIATES, INC.**
309 COLLEGE STREET, PO BOX 385
BURLINGTON, VT 05402-0385 EIN: **03-0280081**
 Phone no.: **802-658-0043**